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EDITORIAL

RURAL STAY EXPOSURE FOR UNDERGRADUATE MEDICAL STUDENT

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Key words: PHC: Primary Health Centre, MCI: Medical Council of India

By and large the medical graduate carries the values of the urban middle class. Even those from a rural background are unwittingly co-opted into the urban milieu, discarding their social roots. As a result, fresh graduate doctors have no concept of broad community healthcare needs. Their professional world-view, regardless of whether they pursue a career in the public or private sector, is of providing curative services with considerable high-tech backup. Professionally they aspire to specialise in one or the other clinical disciplines, and their skills are organically linked to the back-up infrastructure of a tertiary care hospital. On a conceptual level, it is quite clear that no national health system can work through only a network of tertiary care hospitals.[1]

Empathy and sympathy for the less fortunate may be qualities lacking in doctors who are not exposed to rural life. Their impression of the community's health status may be lopsided. In their future practice, students may not consider the patient's economic status while prescribing treatment.[2]

It has been observed that medical graduates are failing not only in understanding the community but also in evaluation of contextual needs of the society. When they start functioning as doctor, manager and scientist during postings as Medical officer at PHCs; getting difficulty by virtue of inexperience in planning and management of health care services.

As per Medical Council of India guidelines, health care delivery system is a part of the teaching curriculum covered in theory and also the undergraduate students are supposed to be taken for field visit to get the actual picture of the situation[3]. As a part of the MCI institutional goals the undergraduate students coming out of a medical institute should acquire basic management skills in the area of human resources, materials and resource management related to health care delivery[3]. However studies have shown the PHC related knowledge of the undergraduates to be poor [4, 5].

Even during internship posting the exposure they get regarding management aspects is usually not adequate [6, 7].Furthermore the duration of internship in community medicine has been decreased to 2 months. Also there are talks of making PHC posting mandatory. This calls for incorporating the PHC management related aspects in undergraduate training itself.

In short, it is felt that medical training should largely be in a decentralized setting outside a tertiary care hospital, in close proximity with the public health and social environment. The training package should include an exposure to the rural community, covering aspects like: agriculture, other occupations, local-self-government institutions, health & education facilities, markets, transport & communication, family structure and dynamics, caste and communal dynamics, cultural and religious traditions, festivals, local maternity and child health practices, etc. The students should also undergo training on the roles of the various public healthcare functionaries. [1]

This editorial discuss the achievement of students exposed to the rural community with an objectives to understand the importance of communication, to study the Indian Primary Health Care system and administrative pattern in practice to help and support the poor community in need, to understand socio-environmental issues that influence on rural health, to know the family health needs and to understand about awareness generation and its importance in the community.

There are very few medical colleges in India having structured village exposure cum stay program designed to meet the demand of the society. It has been attempted well in a single rural based medical college of Gujarat named Pramukhswami Medical College, Karamsad from year 2007-08.

This medical college has designed two types of village stay for one week duration each in 2nd MBBBS & 3rd MBBS with different objectives where students are staying with villagers in day and night along with facuties from the dept. of Community Medicine. The activities designed in 2nd MBBS are related with basic issues of daily living a common person is exposed of. Activities help the students in knowing the administrative set up in villages as per Indian democracy and how a person living below poverty line gets support. Students are persuaded for not only to study family but to build relationship and get the feeling of empathy inside. They also study Indian primary health care in practice at village level and evaluate the structure based on certain parameters identified. They also motivated to arrange a health education session and practice a mode in active participation of villagers. This process gives those hands on experience of community and their contextual needs.

While activities of 3rd MBBS are designed to strengthen the knowledge and practice of health care management and service delivery component at Primary Health Centre. Objectives of visit are mainly based on Supervision, monitoring, evaluation, leadership & observation of administrative and health care activities in Primary Health Centre. The time for visit identified as three months before final examination, could be considered optimum as the students would have finished their class room based teaching by then. In our study observation we have tried to evaluate the effect of this postings on the PHC related knowledge of the undergraduates.

As we know, India is a signatory to 'Health for All' and also one of the foremost endorsers of primary health care model. PHCs are the final point through which the integrated health services are supposed to be channeled. Given the sheer number of national programmes and the staffing pattern, it calls on part of the medical officer in charge to have considerable managerial skills.

We are hopeful to have such exposure to be taken place in all the medical colleges of our country and also become the part of medical curriculum to fulfill the dream of 'Health for All"

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