

Original Research Article

A study to assess future academic career and service plan of house surgeons

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Received: 27 September 2018

Revised: 31 October 2018

Accepted: 03 November 2018

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ABSTRACT

Background: No healthcare without a workforce has been a universal truth. However, shortages and misdistribution of the qualified healthcare workforce have become global concerns affecting nearly all countries, especially less-developed countries.

Methods: Cross sectional study done on house surgeons in AIMS, BG Nagar, Mandya district, involving 178 house surgeons. Simple proportions were used to analysis the data.

Results: Out of 178 house surgeons, 177 (99.4%) had plan for future academic career and service. 158 (88.7%) had plan for PG course and 19 (10.6%) planned for general practice, 80 (94%) planning to do super specialization and 84 (47.1%) plan to teach in medical colleges. Majority of house surgeons 161 (91.4%) have expressed to work in urban area and 17 (9.5%) in primary health centre in rural areas.

Conclusions: Almost all the house surgeons have planned well in advance about their future academic and career plan.

Keywords: House surgeons, Future plan, Academic career, Service plan

INTRODUCTION

House surgeons training period of one year is an important phase wherein they acquire knowledge, skill and clinical experience in various departments under the guidance of senior faculty. During this period they may plan for their future academic career and service. It is important and interesting to know their plan not only for understanding purpose but also to compare with government of India's health service human resource requirement for our country as per felt need.

India has a rural population of about 72% where doctors are needed to work in government health centres for rendering primary health care services. For every 3500 population one primary health care physician is required

to work in rural and urban area. As on March 2011, 23,887 primary health centres and 4809 community health centres have been established in the country.¹

In spite of appropriate physical structure and availability of para medical staff in these health centres, a large number of medical officers' posts are still vacant.

The number of medical schools in India has grown rapidly in the six post-independence decades; the country now has the largest medical education system in the world.² The growing role of the private sector has been the most dominant feature of the medical education system over these decades, especially the last two³. India stands at the top of a list of countries with the largest numbers of privately-owned medical schools, followed by the United States.^{4,5}

In addition, a survey of five countries in Asia reported approximately 60% of medical students in Bangladesh and Thailand had positive attitudes towards working in rural areas, followed by 50% in China and India, and 33% in Vietnam.⁶

Many determinants contribute to medical students' career intentions and decision to work in rural locations. It is important and difficult for medical students to make the final decision on where to start their career, which will influence their future career opportunities and development, as well as their family and social life. A rural background (i.e., being brought up in a rural area), training in rural areas with a community-based curriculum, early exposure to the community during medical training, and rural location of the medical school motivated medical students to work in rural areas. In addition, gender, personal job concerns, and family factors were identified as associated with medical students' intentions to engage in rural medical work.⁷

Hence this study was undertaken to assess future academic career and service plan of house surgeons.

METHODS

A cross sectional study was done among the house surgeons posted in the department of community medicine, AIMS, BG Nagara, Bellur, Mandya for a period of one year from November 2013 to October 2014. The purpose of the study was clearly explained to the house surgeon and informed consent was taken prior to the study. Those who gave consent to participate in the study are included. The data was collected using pre designed and pre tested questionnaire containing information about the future course of the house surgeons and their future academic and service plans have been included. Institutional ethical committee approval has been taken.

Statistical analysis

All the data were entered in Microsoft excel sheet and simple proportions and percentages were used to analysis the data.

RESULTS

A total of 178 house surgeons were participated in the study. Out of them 177 (99.4%) opined their plan for future academic career and service plan. 158 (88.7%) told they have planned for PG courses in various specialties (MD & MS courses). 20 (12.6%) expressed their views to join DNB course conducted by central government established national board of examinations in various recognized hospitals in addition to PG degree in MD & MS. In medicine and allied PG courses, the choices were general medicine-21.5%, Paediatrics-11.3%, Psychiatry-6.9%, and Radiology, Dermatology and Anesthesia-4.4% each. Community medicine and Pharmacology-1.8%

each and other allied medicine specialities-2.5%. In surgical PG courses the choices expressed were, general surgery-16.4%, Orthopaedics-10.1%, Ophthalmology-3.1%, ENT-0.6% and OBG-10.1% (Table 1).

Table 1: House surgeons plan for PG course.

PG course	Number	Percentage (%)
Medicine and allied subjects	General medicine	34
	Pediatrics	18
	Psychiatry	11
	Anesthesia	07
	Radio diagnosis	07
	Dermatology	07
	Community medicine	03
	Pharmacology	03
	Physical medicine and rehabilitation	03
	Aviation medicine	01
	Physiology	01
	Pathology	01
	General surgery	26
Surgery and allied subjects	Orthopedics	16
	OBG	16
	Ophthalmology	05
	ENT	01
	Total	158
		100

Table 2: House surgeons desire of place to work.

Place of work	Number	Percentage (%)
Urban area	161	91.5
Rural area	17	9.5
Total	178	100

Table 3: House surgeons preferences for super specialty courses.

Super specialty course	Number	Percentage (%)
Cardiology	27	33.7
Neurology	08	10
Gastroenterology	02	2.5
Pulmonologist	02	2.5
Endocrinology	01	1.2
Oncology	04	5
Urology	08	10
Plastic surgery	07	8.8
Cardiothoracic surgery	04	5
Surgical oncology	02	2.5
Others	15	18.8
Total	80	100

161 (91.4%) house surgeons desired to work in urban area, while only 17 (9.5%) told to work as medical officer in PHC'S of rural area (Table 2). 19 (10.6%) told they will work as general practitioner and 40 (22.4%) to work in Indian defense services (Army, Air force and Navy).

84 (41.1%) house surgeons told they are interested in taking up teaching career in medical colleges after PG degrees, while 25 (14%) expressed to go abroad and settle there. Further 80 (44.9%) house surgeons expressed their desire for super specialization courses, cardiology-33.7%, neurology-10%, urology-10%, plastic surgery-8.7%, oncology-5%, cardiothoracic surgery-5% and surgical oncology-2.5% gastroenterology-2.5%, pulmonology-2.5%, endocrinology-1.2% (Table 3).

DISCUSSION

The results of the study showed that, even though during houseman ship, the house surgeons are required to acquire knowledge, skill and clinical experience in various departments but more than 99% have already planned for their future career and service plans. This shows that early and proper planning of house surgeons regarding their future career and service plan as to what they want to become and where they want to serve. 91% house surgeons planned to work in urban areas and only 9% in rural areas, this is in contrast to massive requirements of doctors in rural area than urban. It is heartening to see more than 88% of house surgeons have strong plans to pursue post-graduation in various fields. More interestingly there is already inbuilt desire to become super specialists in various fields. Another interesting outcome is more than 47% of house surgeons have shown their desire to take up teaching career in medical colleges.

Diwan et al study showed that, majority of students (91%) wished to pursue a postgraduate specialist degree. Nearly 40% of students were willing to work in a rural area for two years after their graduation. Over two thirds of students saw themselves establish careers in urban areas while a little over a fifth would practice in rural areas. Only a small minority of students saw themselves as having careers abroad.⁸ Liu et al study in China, 52% medical graduate expressed to work in rural medical institutions after graduation.⁶ Qing et al reported that, 32.6% medical students from five medical universities in Guangxi, a western province of China, had a positive attitude toward working in township health centers.⁹

Another study by Zhang et al showed that 19.1% of Chinese medical students from three

Medical schools of different regions of China expressed definite willingness toward a primary care career in community health centers.¹⁰

CONCLUSION

It is clear from the above study that the house surgeons have already decided their future plans in academics and career at the earliest than delaying which will really help them to pursue their needs for betterment of the community and improve their quality of life. The study also helps the administrator to build up the strategies for improving health care system.

ACKNOWLEDGEMENTS

The authors wish to acknowledge the Principal, AIMS, BG Nagar, Mandya district for giving permission to conduct this study. The authors also gave hearty thankful to all the school children, teachers who participated and gave their cooperation in conducting the survey.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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Cite this article as: Manjunath M, Biradar MK, Lankeshwar S. A study to assess future academic career and service plan of house surgeons. *Int J Community Med Public Health* 2018;5:5381-4.