

Analysis of Medical Students Perception for Community Medicine as Career Option and Subject

Sir,

Health systems across India are struggling with complexities such as huge disease burdens, escalating health care costs, shortages of human resource along with its uneven distribution, and skill mix imbalances. Adequate and efficient health workforce is required to accomplish accessible and equitable health-care provision.^[1] There is a need for Community Medicine specialists who identify the determinants of health and take them into account while planning, promotive, preventive, therapeutic, and rehabilitative measures. The career choices of undergraduate medical students will have an effect on the national availability of health-care workforce. There is a need to increase workforce in areas such as Community Medicine, ophthalmology, and psychiatry in India.^[1] Despite the huge demand for public health doctors in India, the framework of public health remains unsatisfactory. Since the birth of public health administration in 1869, with establishment of community medicine departments in 1955 to promotion of Public Health as an essential requirement for health promotion the subject had roller coaster ride facing challenges about its name, role and future. The “identity crisis syndrome” with community medicine is ringing since many years.^[2-4] Thus among the concern clouds over the subject, it is important to explore community medicine as a subject and career option from undergraduates’ viewpoint.

We conducted a cross-sectional study in SN Medical College, Agra with all the second, third, and final year MBBS students as participants. Questionnaire included both close- and open-ended questions to know unbiased thinking of students about the subject. Data were collected on choice of specialty, reasons for preference and suggestions to improve teaching in community medicine [Tables 1-3]. Qualitative content analysis of student’s feedback was done by categorization and interpretation of data in terms of common themes. A total of 316 students were part of the present study. Only 18 (about 6%) students marked community medicine as career option, and only and only one female student marked it as a only career option she wants. With a dream to become a famous and earning doctor, they just do not want it!! Almost all have not even heard of it before MBBS.

Why they do not want community medicine is important, to work out on solutions. Almost 40% said clearly DO NOT LIKE SPM (Community Medicine) and THEY ARE NOT INTERESTED, 20% were clueless about subject, good number cited it is boring, boring and boring, other reasons were, of course, clinical orientation, they feel branch has no scope with low salary and low satisfaction, rural work, no role models. Students cited.

Table 1: Career choices by MBBS students (n=316)

Branches	% of students
1. Medicine	31
2. Surgery	24
3. Obstetrics and gynecology	12
4. Orthopedics	5.3
5. Dermatology	5.3
6. Pediatrics	2.2
7. Psychiatry	3
8. Radiodiagnosis	8.9
9. ENT, ophthalmology, pathology	1
10. Microbiology, physiology, biochemistry, anatomy	0
11. Community medicine	5.7

Multiple choices answers, all figures in percentages. ENT: Ear, nose, and throat

Table 2: Why they do not want community medicine? (n=298)

Reasons for not opting community medicine	% of students
1. Do not like/not interested	38
2. No idea (clueless)/never thought of it	21
3. Boring/tedious/tough	10
4. Clinical orientation	9
5. No scope/lesser opportunities	8
6. Low salary	8
7. Rural or remote posting	6
8. Less interactive/expressive	4
9. Low satisfaction	3

Multiple choices answers, all figures in percentages

Table 3: Suggestions to improve community medicine teaching (n=316)

Suggestions to improve teaching	% of students
1. More visits and postings	45
2. Interactive teaching	12.5
3. Example based teaching	11
4. Improve projector based teaching	10.5
5. More practical, less theory (practical teaching)	10
6. Effective and attractive	9
7. Comfortable and friendly teaching	4.5
8. No boring topics	4
9. More enthusiastic teachers	1

Multiple choices answers, all figures in percentages

“I am not interested in wandering in villages,” “It is social service branch dealing with illiterate people,” “At PHC level I cannot deal with lunatic persons.”

“You study you forget,” “lot of data,” “much much work...”

“Surgery is my dream, want to do private practice, never thought of it,” “I will earn more money in radiodiagnosis, I would not make more money in community medicine,” “I want to treat patients/cases which I will not be able to do in this field.”

“General crowd think only OBG, medicine people are docs,” “People think doctors are those who can write prescriptions and do operations,” “the only problem is these bunch of docs are seen anything less to the other docs by us.”

“Needs to be more popular subject,” “teachers look frustrated.”

Important findings from profile of students who want community medicine and why were - 61% and 39% were boys and girls, respectively, “except for one female student it was a 2nd or one of choice,” 45% had rural background, none has doctor in family, all showed favorable attitude for rural service. The reasons for why I want it goes like, all were of thought that it improves health profile of community and country, useful for community, helps poor people and communicate with community, it prevents diseases and spread awareness. Some lines from students are as follows:

- “Because I want to become a good doctor rather than a doctor”
- “It is best in nonclinical branch”
- “We can make good India (without diseases)”
- “I can help a large group of people”
- “I want to do pg in spm because it is most important branch (prevention is better than cure).”

As the feedback system is lacking in our medical education system, it is imperative to know students felt needs about teaching. Suggestions to improve teaching in community medicine were included in study. As community medicine is linked to community so more of community visits and rural postings is suggested by 45% students. Students want more effective, attractive and example based teaching. Students stressed on less theory and more practical concept. Students quoted - “Rural postings under teachers,” “increase field work,” “more communication with society.”

They do not like projector teaching because “teachers are only reading from it please explain us, do not read from projectors”!!!

Do not include boring topics like “Type of toilets,” “Reduce thickness of park! (textbook).”

“They should not afraid the students with the subject.”

“Government should support spm,” “Teachers should be more enthusiastic.”

A decade ago, the World Health Organization (SEARO meeting, 2005) has highlighted that “medical graduates who enter the specialty of public health face major handicaps compared with those selecting other specialties. Public health is generally regarded as a dropout specialty in Southeast Asia. Inadequately, trained professionals who do nothing to elevate the status of the

specialty, with some exceptions. This was radically different from the situation in the most developed countries.”^{5]} However, in the past and even now as found in present study, majority students want to pursue their specialization in clinical branches only. Community medicine still is not popular among students as a subject. As the teachers and public health professional, we have a responsibility to teach them with interest and confidence. In terms of making a real difference to policy, members of medical colleges need to be more passionate and shall reinvent themselves to hold important positions in health sector and become the role models.

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There are no conflicts of interest.

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