

## Training in endocrinology: The Indian perspective

**Chitra Selvan, Sujoy Ghosh, Sanjay Kalra<sup>1</sup>, Abdul Hamid Zargar**

*Department of Endocrinology, Institute of Post Graduate Medical Education and Research, Calcutta, <sup>1</sup>Department of Endocrinology, Bharti Hospital and BRIDE, Karnal, Haryana, India*

Modern day endocrinology as a subspecialty is relatively new, with an explosive growth of knowledge over the last century, bringing it from the oblivion to the popular status that it currently enjoys, both amongst patients and physicians. That the science relies heavily on clinical acumen and logical deductions and the dramatic transformation for the well-being of the patient on appropriate treatment makes it a much sought after specialty. In the last 5 years, India has seen the addition of nine new institutes that offer DM endocrinology, taking the total number of berths including Diploma in National Board to about 55 each year.<sup>[1,2]</sup> This recent increase of seats makes us want to sit up and introspect into the training offered to candidates in a field that is undergoing rapid evolution.

India is a country of many contrasts, and the most obvious of them all is financial. Since most patients pay for their healthcare, instead of a uniform health scheme for the nation, the immediate divide of economics is glaring in the way endocrinology is practiced in a low resource government institute as compared to an institute attached to a private hospital. Thus, expecting uniformity in management protocols and thereby training of candidates is difficult to say the least. The numbers and possibly the clinical profile of patients attending the two setups are expected to be different affecting the exposure of candidates to different clinical scenario.

India is a diverse country with the distinct differences in language, beliefs, attitudes, and ways of life. It is only natural to expect training in academic medicine to reflect this diverse heterogeneity. While certain institutes believe

entirely in didactic method of teaching, certain others believe in the faculty members giving their candidates a lead in the form of a question, which when followed through will teach them a clinical point. Thus teaching techniques are diverse and often diametrically opposite in that in the former situation, the onus of teaching rests with the teacher, while in the latter it is in the hands of the candidate. These differences are relevant because candidates tend to be more comfortable in the format that was in use in their parent institutes. Trainees in endocrinology have been set in their habits by the time they enter the post-doctoral course and adjusting to a new format of teaching can be challenging.

India is a land where many languages are spoken, each so distinct, that there are situations where one can go without comprehending a word of what one's countryman has to say! Some institutes chose to converse in English in the proceedings of departmental activities, some others in Hindi, and some in their state language. While learning the regional language is imperative to interact with patients, the first few months of training at least are rough for all uniformly, some coping better than the others. The ability to participate in department academic activities can be challenging to candidates if they have not been able to break the barrier of language, thereby impairing knowledge transfer.

The institutes who have had a training program in place are obviously better set in terms of an academic calendar in place, contributory roles of the faculty better elucidated as compared to the nascent institutes. Comprehensive training of a post-doctoral candidate in endocrinology needs to cater to different facets including clinical skills, patient interaction skills/communication skills, laboratory medicine, critical review of literature, and research methodology and article writing. The presence of seniors/predecessors who might be more easy to approach, debate with are just the things needed to set the right academic atmosphere, something a nascent institute might be lacking the first couple of years.

Successful training in academic medicine relies heavily

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**Corresponding Author:** Dr. Sujoy Ghosh, Department of Endocrinology, IPGME&R, Kolkata, India. Email: [drsujoyghosh2000@gmail.com](mailto:drsujoyghosh2000@gmail.com)

on mentoring of students by faculty members. The term “mentor” is defined in the Oxford English dictionary as “a person who acts as guide and adviser to another person, especially one who is younger and less experienced.” The trainee-mentor relationship is a dynamic, collaborative reciprocal relationship focusing on the personal and professional development, career advancement, and publication productivity of the trainee.<sup>[3]</sup> While from a distance it may seem like the trainees have all the benefits in this equation, mentors benefit by gaining professional stimulation, personal enrichment, satisfaction, and a sense of giving back to their profession.<sup>[4]</sup>

Although the trainees are trained in groups by many faculty members, the equation shared by the trainee and the mentor(s) is best viewed as a one on one relationship. A healthy mentor-mentee relationship, much like any other relationship, is one where each respects the other, holds the other person’s interest in mind, acknowledges areas of strengths, and works around weaknesses. A recent study looked at the interviews of both mentors and mentees and identified characteristics that are expected in/of each other. Some of the characteristics of an effective mentee are that they be open to feedback and be active listeners and be respectful of the mentor’s time and input. The most valued characteristics of an effective mentor were professional experience and expertise and an altruistic attitude.<sup>[5]</sup> They also found that mentors and mentees who had similar interests and ideas and had shared values in their approach to research, clinical work, and personal life were more likely to have an effective relationship.<sup>[5]</sup>

As important as it is to celebrate effective relations, it is also relevant to identify the ones which are not so successful and identify problems. Most common causes of dissatisfaction are mismatch of goals, expectations, and commitment; reluctance of mentee to own his/her development; or differences in communication or working styles.<sup>[4]</sup> Sometimes, despite the best efforts to restore a working relationship, a break up and a new start with a more matched mentor/mentee might be the better option.

The present day trainees enjoy more than what their predecessors made for with. The internet has drawn literature search out of dingy libraries to the comfort of your office.

The 2-day endocrinology course conducted by the Amrita Institute of Medical Sciences is popular amongst the trainees as it is one of the programs designed just for them to offer an opportunity to interact with faculty from various institutes across the country. The ‘Meet the Professor’ sessions and pre-conference workshops being held as part of national conferences (ESICON, ITSCON, and SAFES) are opportunities for learning and interaction. Continuous inputs from different conferences and training programs help trainee to further their knowledge and training in the subspecialty.

However, we hope that bodies like Endocrine Society of India would provide some guidelines or structured format of teaching and training in Endocrinology, just like the American Board of Examinations or Joint Royal Colleges of Physicians Post Graduate Training Boards in UK. This would help the National Board of Examinations in India, Medical Council of India and all the state/individual university/institute to formally structure endocrinology training in India and provide standardized endocrinology care to our patients.

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