Speaking for Myself

Medicine and medical education: Perspectives of second-year medical students

DIVYA TRIVEDI

March, April and June 2011. It was a period of trepidation and uncertainty. A period when my future career was to be decided by my performance in the pre-medical entrance examinations for admission to a medical college. There were thousands of other aspirants in the same situation as me. We were aware that some of us would make it and some, unfortunately, would not. What we had in common was a dream. A dream of becoming a healer, a medical professional; of being able to call oneself a doctor. The dream came true for me when I was selected for admission to the prestigious Kasturba Medical College (KMC), Mangalore, for the MBBS batch of 2011.

More than a year down the line, I spent some time reflecting on the year that had gone by, and on my outlook on medicine and the process of medical education. Medicine was my only career choice after I finished school. Well before joining medical college, I had wanted to work in rural areas. I was inspired by Albert Schweitzer’s saga, and had felt that it was important for me to go to areas where there was a need for simple interventions that would make a big difference. I still feel so. While I understand the need to create new generations of doctors, I do not think I would like to be a medical teacher. Having said so, my medical education so far has matched my expectations and I am happy with my choice of career.

As I thought about my experiences and points of view, I wondered what the perspectives of my peers were. Medicine remains a popular career choice for students finishing school. There are many reasons for opting for this career. Therefore, there would be varied perceptions of, and expectations from, both the process of medical education and the subsequent practice of medicine. I thought it would be interesting to understand the perceptions of my peers as it would help to gauge the general attitude of the medical workforce generated at the end of the course.

With this in mind, I decided to question a sample population about their views on medicine and medical education. The inclusion criteria for the sample population were that they should be first-year students of KMC, Mangalore and willing to participate in a questionnaire-based study. A 10-point questionnaire was posted on the KMC Mangalore 2011 Facebook group. It included the following questions:

1. In class XII, and after, was medicine your one and only career choice?
2. When you applied for admission to medical college, were you aware of the different subjects that you would be taught?
3. Do you feel that the subjects taught in first MBBS are relevant to the practice of medicine?
4. Do you feel that the dissection of human cadavers in anatomy helped you learn and understand anatomy better?
5. Would you like to do a postgraduation (MD or MS) in anatomy, physiology or biochemistry?
6. After you become a doctor, would you like to work in rural areas, where there is an acute need for medical doctors?
7. If you were paid a handsome salary, as much as you would earn in a metropolitan city, would you choose to settle in a rural area?
8. After you become a doctor, would you like to teach medical students?
9. Has your experience in medical college so far been more or less the same as you had expected?
10. After nearly a year in medical college, are you happy with your decision to take up medicine as a profession?

Fifty-two participants had responded. Their responses were as follows:

- For 37 (71%) students, medicine was the one and only career choice after completing high school.
- Only 16 (31%) were aware of the subjects that were going to be taught.
- Forty-eight (93%) felt that the subjects taught in first MBBS were relevant to the practice of medicine, and 4 (8%) were not sure.
- All the respondents felt that the study of cadavers helped them learn and understand anatomy better.
- Two (4%) were willing to do a postgraduation in anatomy, physiology or biochemistry, 47 (90%) were certain that they did not want to do so, and 3 (6%) were undecided.
- Forty-six (88%) were willing to work in rural areas, 4 (8%) did not want to, and 2 (4%) were uncertain.
- Twenty-one (41%) were willing to even settle in rural areas if they received a handsome salary, 7 (13%) were not willing to, and 14 (26%) were ambivalent.
- Twenty (38%) wanted to teach medical students, 20 (38%) did not and 12 (25%) were undecided.
- Forty-six (89%) respondents felt that their journey through medical education was what they had expected, 5 (9%) felt that it was not, and 1 (2%) was unsure.
- Forty-eight (93%) were happy with their career choice, while 4 (7%) were still confused.

As is obvious, the only unanimous response was with respect to the dissection of human cadavers. The pleasant surprise was that a large fraction of the students were willing to work and settle in rural areas. I found this odd, given the existing paucity of and dire need for doctors in the rural areas. However, my grandfather (also a doctor, from an MBBS batch of 1944) was not surprised. He was of the opinion that medical students start off with much idealism, but very few are able to sustain it. Finally, the unfortunately predictable result was that few respondents were interested in postgraduation in the basic health sciences.
While these responses may provide some insight into the perspectives of second-year medical students, they might not be representative of the general perspectives all over India. This was a study with a very small sample size, the sample being drawn from only one medical college in a particular geographical area. The study can be made more relevant if one includes more participants from my college as well as other colleges around the country. In addition, following the present cohort through various years of medical education may provide an insight into changes in perspectives over time. I believe it would be good to follow up this cohort for 10 years or more and publish the perspectives of the 46 (88%) who sincerely state today that they would be happy to work in a rural area.

My grandfather’s predictions notwithstanding, I feel that idealism might last longer. The perspectives may change, but the values would remain the same. On this note of optimism, I shall get back to exploring microbiology, pathology, pharmacology and forensic medicine.

ACKNOWLEDGEMENTS
I am grateful to my batchmates at Kasturba Medical College, Mangalore for helping me understand their perspectives.

---

**Announcement for Workshops 2015**

As part of an Indo-US Collaboration, the National Institutes of Health, USA has sponsored a series of workshops since 2006 on various aspects of clinical research (with an emphasis on clinical trials), including biostatistics, study design and randomization issues, data management, research ethics, and regulatory aspects.

As a continuation of this series, three workshops are planned at Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow during 2015 as follows: (i) Workshop on ‘Scientific Paper Writing’ on 27 February to 1 March 2015, (ii) Workshop on ‘Basic Biostatistics’ on 2–4 May 2015, and (iii) Workshop on ‘Advanced Biostatistics’ in September–October 2015 (exact dates to be announced later).

The workshops are aimed at active biomedical researchers who hold faculty positions. Investigators involved in clinical research, who are in a position to lead clinical research studies, should find this workshop useful. Only around 30 applicants will be accepted for each workshop.

Applicants should download an application format (asks for summary of their experience and expertise in clinical research in a structured format) from [https://sites.google.com/site/sgpgihcourses/](https://sites.google.com/site/sgpgihcourses/) and email it as an attachment to sgpgi.courses@gmail.com. The last date for applications for the three courses are 5 January, 15 March and 31 July 2015, respectively. A selection committee will notify the successful applicants of acceptance about 4 weeks before each course.

There is no registration fee, and twin-shared guest house accommodation and boarding will be provided without any charge. However, participants need to fund their travel through their personal funds, their institutions or other sources. We may be able to fund travel for a few qualified applicants whose institution cannot cover their expenses; however, in view of limited funds, this will be possible only in exceptional cases.

For details, contact: Rakesh Aggarwal, Department of Gastroenterology, SGPGI, Lucknow 226014 or sgpgi.courses@gmail.com