

## Impact Of One Day Sensitization Program On Improving Quality Healthcare Delivery By Medical Interns At Rural Centres

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### Abstract:

The medical interns are being trained in various Outpatient departments in the tertiary care hospitals where they are posted. Though they are getting trained at OPD, many a times they face difficulties in handling rural patients and in delivering patient care customized to rural patients. This workshop focused on sensitizing the medical interns posted in rural primary health care centres. The program was tailored to meet the need of health care delivery to rural patients exclusively. Students were graded for their attitude and patient care practice and quality of healthcare delivery by the Rural Medical Officer and the review patients before and after the sensitization program. The results revealed a greater difference in the parameters for which the students were graded. Key Words: Hepatitis B, Interns, Needle Stick Injury, Universal Precautions.

**Key words** :Patient care practice, Rural hospitals, medical interns

### Introduction:

Patient care is an art and it can be learnt through hands-on training. Delivering health care may differ from patient to patient, place to place, state to state or even country to country. Single method of health care delivery may not be suitable in all the places or to all the people. India is a country still having a greater number of illiterate people in remote villages and many a times their illiteracy is the main reason why they behave arrogant when they were declared with unpleasant happenings with their near and dear ones. These are the situations the medical interns are to be trained very critically and in depth to modify their health care delivery when they practice in rural areas. After completing the final year exams, the medical interns are posted in various clinical OPDs in the tertiary hospitals where they are pursuing their medical degree.

Along with these postings, they are posted in community medicine where they will be assigned to work in rural and urban health centers attached to the tertiary care hospital for about 45 days during which they learn to deliver health care in a different way not as in OPDs in the hospital. The main objective of the present work mainly focused on improving the quality of the patient care practice by medical interns in rural areas, to develop empathy towards rural patients who are illiterate and to modify their treatment methods according to the literacy level of the patients. There are very less literature available in the training modalities to inculcate and improve patient care practice and empathy by medical interns particularly at rural centres and primary care hospitals. The present work focussed on improving the quality of healthcare delivery by medical interns at rural and primary health care centres. The program was conducted at rural centre at Pullipakkam village attached to our parent Institute.

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### **Material and Methods:**

The work was started after obtained proper Ethical clearance from the Institutional Ethical Committee. 20 medical interns from 2 batches posted in community medicine department were selected for study. The Primary Health Centre (PHC) at Pullipakkam village was selected for the study. The Rural Medical Officer (RMO) Dr. Niveditha of our primary health centre at the rural area called Pulipakkam. The concerned medical officer was involved in the study with her consent for assessing the student's attitude and patient care practice at the rural centers. First year students were utilized to perform role-plays and proper consent was received from those students. A PowerPoint presentation on patient care practice at rural areas was prepared, standardized and validated by subject experts. assessment was done anonymously prior to the sensitization program. The assessment about each student was done by using check list (Table.1) for a week by RMO before and after the sensitization program. Feedbacks were received from the students and RMO to evaluate the effectiveness of the program (Table.2).

A PowerPoint was prepared having 15 slides was prepared using materials google materials and suggestions by subject experts. It was standardized and validated with the subject experts. The RMO posted in the rural center attached to our parent institute was selected for the study. RMO was sensitized about the program. The check-list was given to RMO and the list of students posted in the rural central was also handed over to RMO. Each student was monitored for a week and noted in the checklist provided separately for each study. The cumulative result of assessment was prepared using bar charts. The next week, sensitization program was organized at the rural center in which the a short lecture was delivered on patient care practice in various places, how they differ from each other and how it differs in rural areas and what are the methods they have to adapt to handle the rural patients in order to avoid any chaos or unwanted incidences. The students were then monitored again for a week using the same check list by the same medical officer. The results were tabulated discussed.

Observations : According to the evaluation on students' attitude and patient care practice done through check-list, it was very evident that the students found to be very poor and unaware about many responsibilities and duties required while handling the rural patients. The results are represented in Figure1. Nearly 70- 90% of the students were found to be very poor and bad in their hospitality and welcoming the patients with greets. They fail to listen to their ailments before they start treating the patient or prescribing medicines.

**Statistical analysis:** All the data was coded and entered in excel sheet. The results were tabulated and expressed as frequency and percentage.

### **Results**

Nearly 90% of the interns failed to ask for the previous family histories in follow-up cases where the patients used to tell their family stories or histories of happenings in their family. Often, they fail or forget to send-off the patients with warm or soothing words which would comfort the patient and would facilitate them to get rid of their medical problems with little ease. About 40 – 50% of the students found to be neutral in all the characters what is expected from a medical intern to learn during rural postings. Only 25-30% of the interns were found to be good or excellent in their hospitality, history taking and honesty in detailing the type and nature of disease and the type of treatment they are going to give to the patients. Almost 99% of the students failed in their attitude and language towards patient care.

Based on these results, the sensitization program was organized and executed. During the program, a small power point lecture was delivered using the pictures and few points given in AT-COM module for about 20 minutes.

The presentation was followed by role-play by students prepared and rehearsed for the same. In the role play, an exact scenario of a good doctor and a bad doctor was depicted. The consequences of bad behavior also were played. At the end of the program, the students were asked to give their feedback and take-home message. From the words delivered by them, it was very evident that they liked the program and they wanted more of such programs during their rural postings at the work place

Nearly 80% of the students were found to be improved in their hospitality, listening to patients patiently about their explanation of their physical illness. They greeted the patients very cordially while welcoming them and they gave a pleasant send-off at the while finishing their health care delivery. About 15% of them improved in their various aspects of patient care practice while handling the rural patients excepting few components like history taking, explaining the medical procedures what they are going to use for treating their illness. Only 5% of the interns remained unchanged in the various components of patient care practice in the rural areas.

At the end of the program, all the participants including RMO, Community Medicine faculties and medical interns posted in rural hospitals were given with the evaluation form to assess and report about the one day sensitization program. Over all the program was well appreciated by all the participants including Rural Medical Officer, Community Medicine Faculties and Medical Interns. 95% of the Students wished to attend such sensitization programs which really facilitate them to make a change with their behaviour and attitude towards rural patients. Only 5% of them remained neutral about the program. About 95% of the interns agreed that the program was highly beneficially to them and they were impressed by the way the program was organized and particularly they like the role-play done by students really made them realize their mistakes and pitfalls in their patient care practice in rural centres. They also agreed that definitely there is difference in handling the patients of tertiary hospitals and rural primary care hospitals. It was really amazing that 100% recommendation was given by all participants to conduct such sensitization programs regularly and periodically so that it will help to enhance and improve the patient care practice of medical interns.

### **Conclusion:**

According to Mohaney et.at(2016), the patients want their physician to be understanding of their illness and empatetic towards their situation. If we focus the long term goal of producing quality medical graudates who can take care of rural health, we really have to frame a strategic according to the need and need to develop various

modules and programs through which we can inculcate the empathy, hospitality, proper history taking etc., in the budding medical graduate<sup>2</sup>. Justin Charles (2018) had conducted a survey using a questionnaire on empathy among various geographical population and also between GP Physicians in tertiary hospitals and rural sectors. He has reported predominantly a varied difference of scores from 80 – 140 depending on the location where they are practicing. He also insisted that various interventional programs had a greater impact on improving the empathy and patient care practice among the GP physicians. In the present study, a trial was made to improve the patient care practice and empathy among medical interns as they are the budding physicians who is going to take care of health care sector in the rural areas. It was evident from the result, though less than 25% of the students fall under no change category, all most all the participants showed a remarkable change in their behaviour and attitude towards rural patients after the sensitization program. also, it was suggested by the participants including the interns, community medicine department faculties and Rural Medical Officer that such type of programs shall be customized according to the need of the type of patients, type of diseases reported in our rural centre, and the nature of students and shall be conducted periodically when every batch is posted in the rural rotationship.

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**Table-1: Evaluation of students' attitude and patient care practice  
Before and after sensitization program**

Items	Before			After		
	Excellent & Good	Neutral	Bad & Poor	Excellent & Good	Neutral	Bad & Poor
Students hospitality	3	6	11	12	5	3
Listening to patient complaints patiently	1	7	12	1	5	14
Explaining about the ailment to patients at their literate level	1	5	14	6	10	4
History taking	6	5	9	10	8	2
Usage of language in handling the rural patients	2	2	16	10	6	4
Attitude towards rural patients	2	8	10	12	5	3
Courtesy in asking family stories in follow-up cases ( <i>if applicable</i> )	1	1	18	8	6	6
Honesty in detailing the ailment to patients/patient attenders	5	10	5	9	5	6
Maintenance of hygiene in treating patients	12	4	4	15	4	1
Send off to patients	1	4	15	13	4	3

**Table-2: Program evaluation**

ITEMS	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
well organized	18	4	2	-	-
content relevant	16	6	3	-	-
Knw gained	19	5	1	-	-
benf. Learning skills	20	4	1	-	-
recommendation	24	1	0	-	-

**Fig-1: Assessment Of Patient Care Practice By Medical Interns Before The Sensitization Program**

