

Residency Training Programme in Mumbai : A Study of Wide Ranging Issues

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Summary

75 residents were petitioned for their response to various aspects of residency training programme in Department of Obstetrics and Gynecology. A majority of the residents were in the age group of 25 – 26 years. 73% of them were female residents. Only 22% of the total were married. 78% of the residents were satisfied with the clinical work experience, but 44% felt that the formal teaching was not up to the mark. 60% felt overworked. Most residents (85%) enjoyed good relationship with their colleagues and the teaching faculty. A majority of the residents complained of poor accommodation and food. 6% suffered seriously from health problems. 74% of resident from outside Mumbai seemed to like the work environment of Mumbai and 22% of them wished to settle in Mumbai after completion of their studies.

Introduction

A residency training programme in Mumbai used to be extremely desired and sought in the past. However with an influx of more registrations due to various diplomas and degrees offered and the number of residents consequently increasing in number, it was our endeavour to analyze the effects of various aspects of the residency training programme on a personal and professional level.

Materials and Methods

The residents were presented with a questionnaire which included issues pertaining to their personal and professional lives. Each of them were given the liberty not to respond to any question they did not want to answer.

This study was conducted by a team from BYL Nair Charitable Hospital during the months of August – September, 2000, and residents from the Department

of Obstetrics and Gynecology from 4 teaching hospitals in Mumbai took part in this study.

Observation :

Table I – General Information :

1. Age	21 – 22 yrs.	1%
	25 – 26 yrs.	60%
	30 + yrs	1%
2. Duration of Residency	1 st year	24%
	2 nd year	44%
	3 rd year	32%
3. Sex :	Female	73%
	Males	27%
4. Residents :	From Mumbai	58%
	Outside Mumbai	42%

60% of the residents were in the age group of 25 – 26 years. 73% were female residents. 32% were in 3rd year of residency, 44% in 2nd year and 24% in 1st year. 78% of the residents were unmarried, of the married residents 70% were married to medical professionals and

only 35% of them had children (only one resident had 2 children, while the rest had one child each). Out of the total number of residents, only 42% of residents were from places other than Mumbai.

Table II – Profession Related Information :

Selected OBGYN as 1 st choice	94%
Satisfied with clinic work	78%
Not satisfied with teaching activity	56%
Poor library facility	51%
Not involved in research activity	90%
Unhappy with working schedule	54%
Fixed working hours preferred	89%
Co-operative colleagues	86%
Feared contacting HIV	88%
Universal Prevention Kits provided	55%
Aware of PEP protocol	53%
Considering working abroad	50%

This section includes various questions related to the professional activity during residency training. It is heartening to know that 94% of the residents chose OBGYN by choice. However, at the moment of enquiry 22% of the residents were unsatisfied with the clinical work experience. In one particular teaching hospital 66% were completely dissatisfied with the clinical exposure. Regarding formal training 44% of residents felt that it was inadequate and not up to the mark. While most residents felt overworked (60%), a majority of residents (80%) belonging to one particular teaching hospital felt underutilized. 81% felt that there was no time to keep up with their studies. 51% were dissatisfied with the library facility. A staggering majority (90%) of residents did not engage in any research activity. Amongst those engaged in research the highest recorded was in one particular teaching hospital where 24% of residents were involved in some form of research. 54% of residents expressed unhappiness with their work schedule and 89% indicated that they preferred fixed working hours. Whilst a majority of residents had good interpersonal relationships with their colleagues (86%), their interaction with the faculty which included lecturer, associate professor, professor and Head of Department, was just as good (80%).

78% of the residents wished to enter private practice upon the completion of their studies. However, 50% of residents wished to work abroad for a while. 52% of residents desired to work in the sub-speciality of gynaecological endoscopic surgery. Regarding HIV, whilst 88% were afraid of contacting HIV due to professional activities, only 53% were aware of the Post Exposure Prophylaxis (PEP) protocol. Of the 75 residents questioned 45% lamented that Universal Prevention Kits were not provided when they needed it.

Table III – Personal Information :

A – Accommodation Provided by Hospital :

Poor accommodation	72%
Sharing with 2 colleagues	87%
with 3 – 6 colleagues	49%
Common bathroom	94%
No wash basin in room	90%
Good water supply	71%
No filtered water	56%
Hot water for bathing provided	89%
Separate locker provided	50%
Study table provided	57%

Most residents complained of poor accommodation facility. 87% were sharing rooms with their colleagues while 49% of them shared their rooms with 3 – 6 fellow residents. 94% avail of having common bathing facility. 90% did not have a washbasin in their rooms. 71% felt that water supply was adequate. It was shocking to note that 56% had no filtered water available for drinking. 50% had lockers provided in their rooms, whereas 43% did not have a personal study table. Half of the residents felt that ventilation and illumination in the RMO quarters was inadequate.

Table III – Personal Information :

B – Food :

1. Source :	
Hospital Canteen	44%
Tiffin from Caterers	40%
2. Money spent on food per month:	
Rs. 2,000/- to Rs. 5,000/-	83%
3. Quality :	
Satisfactory :	70%
3. Hygiene :	
Poor.	42%
4. Illness due to eating in hospital canteen :	
Gastroenteritis :	34%
Jaundice :	4%

70% felt that the quality of food was satisfactory, only 5% felt that the quality was good. 42% expressed dissatisfaction with the hygiene level of the food provided in the hospital canteen. 44% of residents ate in the hospital canteen while 40% got tiffins from caterers. It was interesting to note that no resident indulged in the pleasure of cooking. On an average 83% of residents spent between Rs. 2,000/- to Rs. 5,000/- on food. On a nutrition scale from 1 to 10, 61% reported a score of less than 5. 4% of residents suffered from jaundice and attributed it to the food provided by the hospital. One resident took leave for more than 1 month due to an ailment.

It was seen that poor food quality, poor nutrition

and poor hygiene is the order of the day during the residency training programme.

Table III – Personal Information :

C. – Income and Expenditure :

1. Income from all sources :	
Less than Rs.10,000/- per month :	98%
2. Main earning member of the family:	8%
3. Need to borrow money from family:	90%
4. Do not save money :	60%
5. Ideal pay desired by residents :	
Rs.10,000/- to Rs.15,000/- per month:	50%

About 50% of residents would like their pay to be increased to over Rs.10,000/- per month, whereas 10% wished to have a pay of over Rs.20,000/- per month. 60% claimed not to save any money by the month end. 90% seemed to borrow money from family, one resident however, claimed to have taken a loan from the bank. As many as 8% were the main earning members of their family. 98% of them earned less than Rs.10,000/- per month from all sources.

Table III – Personal Information :

D – Health :

1. Suffering from serious health problem :	6%
2. Contacted disease from exposure to patients during residency	8%
3. Suffering from depression :	10%
4. Harassed by colleagues :	18%
5. Suicidal behaviour	0%
6. Duration of sleep for less than 6 hours	91%
7. Quality of life on a score of 1 to 10 :	
less than 5 – Unmarried :	82%
Married :	52%
8. Conflicts with spouse due to professional work :	17%

The sleep factor which is vital to good health was severely missed by 91% of residents who claimed that they obtained less than 6 hours of sleep on a working day. 10% of residents suffered chronic depression, which fortunately did not progress to suicidal behaviour. 18% claimed to be harassed by their colleagues at work. 6% of residents suffered serious health problems like, tuberculous lymphadenitis, pulmonary tuberculosis, migraine and pleural effusion. 8% claimed to have contacted some disease during their residency. 4% of residents were on some form of medication due to chronic disease. only 12% of hard working residents felt that the number of holidays were adequate and did not want

any increase in the number of holidays. Evaluating the quality of life on a score of 1 to 10, 82% of unmarried and 52% of married residents indicated a score of less than 5. Amongst the married residents, 17% attributed conflicts with their spouses due to professional work.

Table III - Personal Information :

E – Problems specific to residents from outside Mumbai:

1. Residents who feel homesick :	100%
2. Visit home every 6 months :	69%
3. Communication with family :	
Telephone :	91%
Frequency – once every week :	90%
4. Like the working environment in Mumbai :	74%
5. Face a major language problem when dealing with patients:	9%
6. Do not wish to settle in Mumbai:	78%

Though 74% of residents residing outside Mumbai seemed to like the work environment, only 22% wished to settle in Mumbai in the future after completing their studies. Only 9% were not very fluent with Marathi and felt that it hampered their communication with the patients. All residents from outside Mumbai missed home. 69% visited home once every 6 months, while 22% visited home only once every year. 91% of them maintained communication by telephone at a frequency of once every week with their family. Only one resident communicated by e-mail.

Conclusion

The apathy of residents is well brought out by the fact that out of a targeted group of 175 only 75 chose to respond. This was astonishing especially since the questionnaire was designed to communicate their woes by choosing to keep the identity of the person who responded incognito. The study highlights the dissatisfaction of the residents with the living conditions, lack of hygienic food, absence of rest and recreation, poor standard of living, poor teaching activities, low income and increased exposure to diseases due to their profession.

This article serves as an eye opener to the traumatic experience of a residency training programme. It highlights that better facilities and good interpersonal relationships would go a long way in smoothing the rough edges to which they are exposed during this long and arduous tenure.