Interview:
Residency Training – Responses of Program Directors

Customer satisfaction, patient satisfaction, patient advocacy, patient centered medicine...........whew!
It seems to be all about the patient. Where has the doctor gone? Is it even worth it anymore? What do the newer generations of doctors have in store for them? Are they chasing the proverbial pot at the end of the rainbow, when the rainbow also is an ephemeral illusion?

Talking to a couple of practicing doctors and medical teachers in different parts of the world, some things become very clear. A good health care system is complemented by a good medical residency training program, and an inefficient one by suboptimal training.

The United Kingdom has one of the best models for public sector health services, but this is coming under strain both by way of patient care and resident education, but if the discussions on the website of the General Medical Council are anything to go by, a tremendous amount of thinking and planning and constant reform goes on in the system- some good, some bad. Resident doctors are neither spared of their responsibilities nor are any efforts spared in looking after their requirements too. Most of all, a look at the MSF- Multisource Feedback Forms- is ample evidence of what is expected of them during their training. Interestingly, these forms are also available to the entire community of medical practitioners for self-appraisal, should anyone desire it. So we doctors do want to do our best, and this is what gives us hope.

Both the persons interviewed were given an interview questionnaire with the same guidelines and interview template.

“The following guidelines have been provided for you to understand specific terms since programs and methods may differ from country to country:

**Residency**- period of medical training requiring the trainee to be available round the clock at the hospital (in shifts and/or on call and with basic leave privileges)

**Specialization**-clinical specialty training after graduate medical certification but excluding super specialization (this could be different in different countries), for example any of the following disciplines-General medicine, general surgery, obstetrics and gynecology, pediatrics, orthopedics, psychiatry, dermatology, ophthalmology, otorhinolaryngology, family / community medicine, clinical pathology, radiology, medical microbiology, clinical pharmacology

**Optimization**- please mention current deficiencies, if any, and suggestions for improvement, in brief”

Their profiles and opinions are given below.
INTERVIEW 1

Bijayendra Singh, FRCS (Trauma & Orthopedics, FRCS, PG Dip (T&O), DNB (Orthopedic), MS (Orthopedics) obtained his primary qualification-MBBS, in 1992, at the Maharaja Sayajirao University in Vadodara, India. He then obtained the following post graduate qualifications: MS (Ortho) at the Maharaja Sayajirao University in Vadodara, India, DNB (Orthopedics) at the National Board of Exams at New Delhi, India in 1996, FRCS (Surgery) at Royal College of Physicians & Surgeons of Glasgow in 2000, FRCS (Trauma & Orthopedics) at the Royal College of Physicians & Surgeons of Glasgow in 2006, and a PG Diploma (Trauma & Orthopedics) at Brighton & Sussex Medical School, Brighton in 2008.

His teaching and training experience is vast and he has worked as an Assistant Professor in Baroda Medical College, Baroda from 1995 to 1997. In the UK he has been a consultant since 2007 and has been regularly involved in teaching after finishing his exit examinations in 2006. He is the Clinical Director and Head of the Department of Trauma & Orthopedics in Medway NHS Foundation Trust.

He currently works at the Medway NHS Foundation Trust, Windmill Road, Gillingham, ME7 5NY, UK, where his current designation is Consultant in Trauma and Orthopedics. His current activities, duties and responsibilities as the Clinical Director and Head include managing an independent unit of 12 consultants with various sub specialty interests. He provides a supportive role for the consultants and helps co-ordinate their activities. He also supervises the junior doctors and as their leader he is responsible for the governance of the unit as a whole.

His hobbies include cooking which he thoroughly enjoys and finds very relaxing and calming. He frequently comes home and cooks after a busy day at work. He is good at playing badminton, but has not had many chances to do so recently. He also enjoys listening to old Hindi songs.

Jayita Poduval: Welcome to this interview Dr Singh! You have qualified as a medical graduate in your home country India and after that finished your specialty training in orthopedics in the United Kingdom, and no doubt you have observed many differences. For example, how many years of mandatory residency training are required for specialization in your country (UK)?

Bijayendra Singh: The minimum period I would say is 9 years and the maximum 12 years. Let me just clarify this to make it easier for the readers. Currently in the UK, once the trainees finish medical school they undergo two years of foundation training- the year one is equivalent to the internship in India. After the foundation year they go for core training (CT 1 - 2) which is broad speciality based i.e. surgery, medicine, O&G etc, wherein they spend two years in different sub specialities. Following this they undergo what is called the speciality training (ST 3 - 8) which varies from five to six years. Frequently trainees may decide to take time out during any of these periods after the foundation year to go and do a masters degree, PhD or a research degree. In surgical specialities, especially orthopedics, the trainees then do a specialist fellowship in the field of their interest, usually for 1 or 2 years.

Jayita Poduval: Is this adequate in your opinion? If not, what are the areas in which a knowledge gap exists?

Bijayendra Singh: It is adequate as the training has moved from an apprentice model to a competency based model due to the reduced working time put in place by the European Working Time Directive (EWTD). Despite this the lack of hands on experience is a factor and needs addressing.

Jayita Poduval: Do most graduates in orthopedics seek further specialization? Regardless of the number of seats available, this question only seeks to assess the aspirations of residents.
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