

THE STUDENT'S VOICE

An Interview of Thelma John



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Jan van Dalen
Associate Editor,
Education for Health

Can you please introduce yourself to the readers?

I am a third year medical student from the Medical College in Vellore, India. We have a four-and-a-half year medical curriculum followed by one year internship or residency. In the whole of India we have a common system, which is probably different from the rest of the world. This system includes a first year of preclinical subjects: anatomy, physiology and biochemistry, followed by an exam. In the next one and a half years we get pharmacology, microbiology, forensic and pathology. Then we study ear, nose and throat, ophthalmology and community health for a year. In our curriculum we have a big chunk of community health. And in the final year of medicine, we get surgery, obstetrics and gynecology, and paediatrics.

Have you started that?

Yes, I will do my exams shortly.

How do you like that?

In the Community Health Programme I think the type of teaching at our college is quite different from the other colleges in my country. My brother is at another college, so I can compare easily. In the community orientation programme, at the end of the first year, we have a one-month posting where we go out in the village. Before that we have two to three days of training about how to ask our questions, and other communication skills. Each region has a different language, so we have to prepare for that. For a village with a

population of approx. 2000–3000, there are some 60 students and 30 more students of occupational therapy and physiotherapy. The students go to the village, along with staff members, and meet as many people as possible. It is called Community Orientation Programme.

When I did this posting, we interviewed about 1800 people in the village. We went house by house and collected data. It was also a research project cum learning tool. In that process we learned about demography. How many people are in each age group, for example, and the male-female sex ratio. We learned how to do that, by ourselves. By doing it we learned it, which was very different from other lessons we had. We didn't learn a definition first, we estimated it.

We actually learned two things. Conducting the interviews was one aspect: what it is like to ring a doorbell and be allowed in. The other issue was that we collaborated with people from other disciplines. Not everyone had been in a village before. For some of us this was the first experience of going into a hut in a certain area. You go in and ask: 'can we sit in the veranda and ask these questions?', and you really encounter the people at home settings. You see things you never see when they come to the hospital.

What was that like for you?

I had been in a village before, so I knew what to expect, but my younger friend said: 'let's sit on the couch' and found out: oh, they don't have that. But because of that you find out that the ground is very clean and that you can sit comfortably on it. It increased our understanding and appreciation and it trained us to go and work in rural hospitals. It opened our minds to that kind of thing. It was good to have that at the end of our first year.

One year later we had a Community Health Programme in which we learned how to plan a programme, how to organize ourselves. It was a simulated problem situation: a region of 30,000 people, no health facilities except for a hospital ten hours away. Our task as a group was to plan a health care programme which could be implemented there. We had to get data about what we could do there. We had to phase and structure our interventions, how could we reassess ourselves, what were the local needs... There were ten students and a teacher. It was no proper Problem-Based Learning, not so interactive. It was more basic.

Did you like it?

We did not actually do it, we discussed it. We were thinking out loud, and discussing, not actually doing it. We had presentations at the end and we distributed tasks, like finding data about accidents, sanitation, maternal and child health, water and so on. I think we learned how to organize and we learned to listen to each other. Now that I study for my exams I know how much I learned, I can recollect what we did firsthand.

The third programme in our Community Health Project was that we did the second year projects all over but now in reality. The class was divided into

groups of 10. My group's subject was malnourishment in children under five years old. Then we went out and did it... We interviewed 120 children and mothers as part of a case/control study that we designed as a group.

Did you publish that?

No. We presented it for our class. Now that I am here [at The Network: TUFH conference] I think it would have been a very good study to present here!

We learned how to conduct a study and at the same time we learned about malnourishment. We divided tasks. Other groups studied the water quality in different parts of Vellore, HIV/AIDS awareness among students, etc. We presented our findings to each other and to faculty members. We had a few didactic lectures about epidemiology to assist our understanding on these topics as well.

In addition to this we do vacation postings in more rural areas. I would like to explain how Vellore Hospital works. Vellore Hospital has a Christian background. It was Mission Hospital. I actually have an obligation to go back and work in the Mission Hospital. What can you do for the people there? The school environment can be very protected, compared to the real world. But eventually we will work in 'the real world'. Our school didn't want reality to be a big shock for us, they wanted to prepare us for the real world. They decided to send us to nine hospitals all over India. Sometimes that is as far as 3000 km away. In the vacation time we went to these rural places, poorly developed areas and hospitals all over India, and worked there with the people. We went on hospital rounds and learned from the doctors there, assisted in surgeries and got the feel of how to work in small settings. These were mainly smaller hospitals, you weren't anywhere near a CT scan for example. You would have to go 8 hours by van to the nearest scan center. As part of this project we were able to interact with the community, with its diverse culture. This interaction opened my mind. I think that, when we go to the community we have to give something back to the community. I learned that school as well as research must be of benefit to the community. We analysed the health situations that caused health problems. We directly observed the situation there and we helped to intervene. And we worked at different hospitals, so that we could also observe the differences.

Should this be part of every curriculum?

It was a very good way of learning. Traditionally we were exam-oriented and this programme was a novel method of learning.

What was the part in your study that you have learned the most from?

So far I liked the clinical study best. We could use the preclinical subjects at the bedside, while being with the patient. Getting to know the patient, appreciating the patient's problem, learning about the kind of help the patient needs. For me that is the best part of medicine.

Did you feel sufficiently prepared for that?

In the third year we had courses about communication skills. These were workshops with simulated patients and case scenarios. We discussed how to deal with, for example, sensitive cases like an HIV-infected mother: how would you go about, what would you offer...?

Did you also prepare for physical examination skills?

We had a lot of human exercises, listening to the heartbeat, taking blood pressure, examining various body systems. We learned that on each other. In the clinical years we had skills training as a preparation for encounters with patients. I now realize that was quite exceptional, I thought everybody did that. And we had good interaction with the staff, fifteen students to one faculty member, so everybody could get enough attention. We first had a case discussion and then an examination at the bedside.

Why did you want to become a doctor?

In my country, if you want to be a professional, you need to go into things like medicine.

When you are 15 years old you must decide between a Science and an Art stream. I chose Science. I have always liked science better. I enjoyed biology as long as I can remember. My parents have always been very supportive of my choices. They are both engineers. I have one older brother who is a doctor. My second brother was doing engineering. So I knew both situations. Because I liked biology, I chose medicine. In my country you do qualifying exams for entrance into medical college. I took my exams at the Medical College in Vellore. This was a National exam, and I qualified. In our qualifying system about 24,000 potential students in my state compete for 800 medical seats. At my College, qualifying interviews were conducted to select 60 students. They have a good system of interviewing, they cover a lot of subjects and give small tasks.

In medicine as a profession I could find a place to work and be useful. As a doctor you can probably get a job anywhere, but I would like to find a job that is especially satisfying. You don't just do the work because it is paying so nicely, the reward is in more than money. I want to be able to enjoy it. I think I will find the interaction with patients the most gratifying part.

If you were the Dean of your College, is there anything that you would like to change?

Medical schooling in my country is quite organized. As students we go to school, we don't go out into the community so much, we don't know much of what is happening outside. Our college is quite big, and we are welcome in many places, but we don't go out to many programmes. I cannot really call it community-based. And I would like to introduce more research into the curriculum. I would like to conduct curriculum research in the community. We

should publish more. I witnessed here, at the Network: TUFH conference, that students can actually influence a lot.

We do have feedback programmes. They do ask us about different things and they respond to us. But it could be more outgoing, more relaxed; I think that is the right term for it. Most of my fellow students are very much oriented to their marks.

What are your ideas about your future? Do you have an ideal career in mind?

I would like to go into clinical medicine, to be with patients. I want to look at different specialities, which I can do in the two years of school I still have ahead of me. Even though I would like to work in the community, the choice between the hospital and the community will depend on what direction I will take. If for example I choose to go into surgery, I will have to work in a hospital. But I haven't decided yet. If I would go to work in a hospital I would choose a smaller hospital rather than a full fledged one. A smaller hospital is like a big family.

I am sure that you will find the place you will be happy in. You sound like a very dedicated lady to me.

I think we should always incorporate community health in our work. Only 30% of the patients in India live in cities. All others have a rural background. We have to realize that, or else our health care system will suffer.

Thank you very much for giving us an insight into your life as a student in India, and I wish you all the best!