Integration of Medical Education with Primary and Secondary Health Care

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Rationale for Integration

• Countries with adequate skilled health personnel have lower mortality indicators

• Acute shortage of skilled health personnel

• The skewed Population-Health Care Personnel ratio in India
  • Doctor-Population of 1:1507
  • Nurse-Population of 1:1207
  • AYUSH, Pharmacist, Lab technician, HA, ANM, ASHA

• Compounded by the unequal distribution of health

• Inadequate performance of the public health system
• Curative in nature

• Accessible mainly to a small part of the population

• Acceptable level of Health for All to the vast majority of underserved rural people and urban poor

• Through the application of Primary health care

• Primary health care services should be supported by an appropriate referral system
Load of patients at different levels

- Primary Level: 60%
- Secondary Level: 30%
- Tertiary Level: 10%

Referral system
Supervision
Primary Health Care

"Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford"
Levels of health care

• Primary care level: It is the first level of contact of individuals, the family and community with the national health system

• It is close to the people, where most of their health problems can be dealt with and resolved
Primary care level

- Primary Health Centres (PHCs)
- Sub-centres
- Medical officers, Nurse, Pharmacist, Lab technician, HA
- Multipurpose health workers (MPHW)
- ANM
- ASHA
- Anganwadi worker
Secondary care level

• At this level more complex problems are dealt with

• In India, this kind of care is generally provided in some district hospitals and community health centres

• Which also serve as the first referral level
Tertiary care level

- The tertiary level is a more specialized level and requires specific facilities and attention of highly specialized health workers.
- This care is provided by the regional or central level institutions.
- District hospitals with advanced facilities.
- Medical College Hospitals.
- All India Institutes.
- Specialized Hospitals.
Referral system

- A fundamental and necessary function of health care system is to provide a sound referral system.
- It must be a two-way exchange of information and returning patients to those who referred them for follow-up care.
- It will ensure continuity of care and inspire confidence of the consumer in the system.
- For a large majority of developing countries including India this aspect of the health system remains very weak.
Medical Education

• Demonstrate knowledge on ‘Essential drugs’ and their usage

• Inventory management

• Familiar with all National Health Programmes

• Undergo village attachment of at least one week duration to understand issues of community health along with exposure to village health centres, ASHA Sub Centres
Medical Education

- Gain full expertise in immunization against infectious disease
- Maintain documents related to immunization and cold chain
- Participate in prevention and control of locally prevalent endemic diseases
- Conduct programmes on health education
- Gain capabilities to use Audiovisual aids
Medical Education

• Acquire capability of utilization of scientific information for promotion of community health

• Should be capable of establishing linkages with other agencies as water supply, food distribution etc

• Should acquire managerial skills including delegation of duties to and monitoring the activities of paramedical staff and other health professionals
Medical Education

- Shall attend school health programme with the medical officer
- Participate in training of various staff using modules of community health
- Participate in Infectious Diseases Surveillance and Epidemic Management activities along with the medical officer
• Residential posting of interns at PHC and CHC levels
• Team concept with various stakeholders
• Disaster management
Role of Primary and secondary level staff

- Specialist doctors
- Medical officers
- Ayush Medical officers
- HA male and Female
- Staff nurse
- ANM, MPHW, ASHA, AWW, Panchayath members
Teaching ecosystem

- Creation of teaching ecosystem in the hospital
  - Diagnose common ailments and manage at primary and secondary level
  - Recognize medical emergencies, resuscitate and institute initial treatment and refer to a suitable institution
Infrastructure developed

A Seminar cum conference room

A Library Room

Accommodation for students and faculties

Canteen facility

Recreation facility
Present Infrastructure upgradation

- Improved OT
- Increased beds in ward
- Upgraded Emergency
- OPD facility with Examination facility and adequate sitting arrangement
- SNCU
Problem of Manpower Shortage

• Recruitment of staff

• Increased staff at PHC, CHC level

• Work share decreases
Outward flow of Skilled doctors

- Increased staff availability for PHC, CHC, DH
Initiation of courses

- Secondary care hospital strengthening will indirectly help to commence following paramedical courses
  - Speciality nursing courses like Neo-natal nursing Para-medical courses like MLT, X-ray/CT technicians
    - Increased number of Working hands
      - Attending Consultants/Senior Residents
      - Ancillary Staff/Nurses
Better IT facility provided

- Broadband connection with Wi-Fi facility at Hostel, Library, Seminar room etc.
Problem of Quacks

• Health is a State subject, the responsibility to deal with cases of quacks lies with the respective State Governments
Team concept Video
SUMMARY

• Patients and Community
• Primary and Secondary level hospital
• Staff posted at hospital
• MBBS students, interns and Post graduates
• Doctors serving in Govt. health facilities
• State government
Patients and Community

• Good quality infrastructure and equipment

• Availability of doctors 24X7

• No need to visit quacks for treatment

• Decreased out of pocket expenditure

• Generates good faith about medical profession
Primary and Secondary level hospital

- Conversion to teaching and research facility
- Increased budget allocation
- Improved infrastructure, equipment and medicines supplies
- Flow of doctors
- Increased number of Working hands
- Specialty nursing courses and Para-medical courses can be started
- Chance of getting upgradation
Staff posted at hospital

• Increased job satisfaction due to availability of quality time, decreased work load, timely sanction of leaves, team concept, good accommodation facility and decreased discrimination

• Chance to show their knowledge and research

• Periodic training, appraisal & supportive supervision, state and nearest attached medical college
Doctors serving in Govt. health facilities

- Institute atmosphere with various cadres of students
- MO with more working hands
- Upgradation knowledge and teaching skills
- Increased satisfaction of working conditions
MBBS students, interns and PGs

- Better understanding of various cadres of health care personnel
- How to manage health issues at primary and secondary level
- Better orientation to health systems
- Health team dynamics
- Communication, attitudes and ethics
- How to manage resources
State government

- Continuous output of skilled manpower
- Improved HR, Infrastructure, equipment, medicine
- Good quality health care services
- Improved health status indicators
- Overall increased productivity
THANK YOU