TRENDS OF POSTGRADUATION AMONG MEDICAL DOCTORS

AUTHORS:
1. DR. AHMAD KHAN, DHQ TEACHING HOSPITAL GUJRANWALA
2. DR. AQSA ZAHID, DHQ TEACHING HOSPITAL GUJRANWALA
3. DR. SAJID ZAHEER, DHQ TEACHING HOSPITAL GUJRANWALA

ABSTRACT:
Medical education is education related to the practice of being a medical practitioner, including the initial training to become a physician (i.e., medical school and house job) and additional training thereafter (e.g., residency, fellowship and continuing medical education). This cross-sectional study was conducted among the medical doctors doing their house jobs or who have just completed their house jobs. All the doctors were served with a predefined questionnaire. Different questions about their field of interest, plan for postgraduation were asked. A total of 98 medical doctors participated in this study. Out of 98 participants, 78 returned the proforma. The response rate was 79.60%. There were 23 female doctors and 55 male doctors. Fifty-six doctors were not sure about their postgraduation. The reasons were the uncertainty about the merit policies, lack of postgraduation seats and some doctors were also lacking the details of different postgraduation degrees. Twenty-two doctors had focused their degrees and were preparing for those exams accordingly.

Keywords: Medical Education, Postgraduation
INTRODUCTION:
Medical education is education related to the practice of being a medical practitioner, including the initial training to become a physician (i.e., medical school and house job) and additional training thereafter (e.g., residency, fellowship and continuing medical education). Medical education and training vary considerably across the world. Various teaching methodologies have been used in medical education, which is an active area of educational research. Medical education is also the subject-didactic academic field of educating medical doctors at all levels, including entry-level, post-graduate, and continuing medical education. Medical education applies theories of pedagogy specifically in the context of medical education. Specific requirements such as entrustable professional activities must be met before moving on in stages of medical education.

Medical education is increasingly utilizing online teaching, usually within learning management systems (LMSs) or virtual learning environments (VLEs). Additionally, several medical schools have incorporated the use of blended learning combining the use of video, asynchronous, and in-person exercises. A landmark scoping review published in 2018 demonstrated that online teaching modalities are becoming increasingly prevalent in medical education, with associated high student satisfaction and improvement on knowledge tests. However, the use of evidence-based multimedia design principles in the development of online lectures was seldom reported, despite their known effectiveness in medical student contexts. To enhance variety in an online delivery environment, the use of serious games, which have previously shown benefit in medical education, can be incorporated to break the monotony of online-delivered lectures.

Research areas into online medical education include practical applications, including simulated patients and virtual medical records. When compared to no intervention, simulation in medical education training is associated with positive effects on knowledge, skills, and behaviors and moderate effects for patient outcomes. However, data is inconsistent on the effectiveness of
asynchronous online learning when compared to traditional in-person lectures. Furthermore, studies utilizing modern visualization technology (i.e. virtual and augmented reality) have shown great promise as means to supplement lesson content in physiological and anatomical education.

Following completion of entry-level training, newly graduated doctors are often required to undertake a period of supervised practice before full registration is granted; this is most often of one-year duration and may be referred to as an house job or provisional registration. Further training in a particular field of medicine may be undertaken. In Pakistan, further specialized training, completed after residency is referred to as fellowship. In most countries, continuing medical education (CME) courses are required for continued licensing. CME requirements vary by state and by country. Physicians often attend dedicated lectures, grand rounds, conferences, and performance improvement activities in order to fulfill their requirements. Additionally, physicians are increasingly opting to pursue further graduate-level training in the formal study of medical education as a pathway for continuing professional development (1-4).

**Material of Methods:**
This cross-sectional study was conducted among the medical doctors doing their house jobs or who have just completed their house jobs. All the doctors were served with a predefined questionnaire. Different questions about their field of interest, plan for postgraduation were asked. The confidentiality of the respondents was assured. All the data was entered and analyzed on SPSS Ver. 23.0. The qualitative variables were presented as numbers and percentages. The quantitative variables were presented as mean and standard deviations.

**RESULTS:**
A total of 98 medical doctors participated in this study. Out of 98 participants, 78 returned the proforma. The response rate was 79.60%. There were 23 female doctors and 55 male doctors. Fifty-six doctors were not sure about their postgraduation. The reasons were the uncertainty about the merit policies, lack of postgraduation seats.
and some doctors were also lacking the details of different postgraduation degrees. Twenty-two doctors had focused their degrees and were preparing for those exams accordingly.

**DISCUSSION:**
As medical professional stakeholders in the field of health care, the practice of medicine (i.e. diagnosing, treating, and monitoring disease) is directly affected by the ongoing changes in both national and local health policy and economics.

There is a growing call for health professional training programs to not only adopt more rigorous health policy education and leadership training, but to apply a broader lens to the concept of teaching and implementing health policy through health equity and social disparities that largely affect health and patient outcomes. Increased mortality and morbidity rates occur from birth to age 75, attributed to medical care (insurance access, quality of care), individual behavior (smoking, diet, exercise, drugs, risky behavior), socioeconomic and demographic factors (poverty, inequality, racial disparities, segregation), and physical environment (housing, education, transportation, urban planning). A country’s health care delivery system reflects its “underlying values, tolerances, expectations, and cultures of the societies they serve”, and medical professionals stand in a unique position to influence opinion and policy of patients, healthcare administrators, & lawmakers (5-6).

**REFERENCES:**
