UPDATING THE HOSPITAL HEALTH TEAM

Are We Investing Enough?

The author issues a heartfelt plea for continuing education for medical personnel

IF YOU WERE TO CONDUCT AN Informal survey in your own hospital- big or small, rural or urban, primary, secondary, or tertiary care oriented – and if your findings were:

- That the doctors (a majority of them, at least) who were working there had not gone back to a workshop, seminar or professional update at a medical college or their nearest local IMA or even a CMAI organized one for over a decade since their graduation!

- That the only professional reading they had done was the glossy literature, handouts and newsletters provided by medical companies full of high pressure advertising of ‘tall claims’ and ‘half truths’ about their company product’s role in medical treatment, supported amply with the paraphernalia of calendars, diaries, pens, torches, stick-me-ups and other such ‘tabletop glitterati’ that now adorn the hospital clinics.

- That the only continuing education they had received, in recent years, was the monotonous monologues of young aggressive medical reps, presented to them at weekly or fortnightly intervals, flipping flip charts and flashing flash cards, full of subtle medical misinformation about their company products that increased indications; soft pedaled contra indications; suppressed caution; and disregarded reported side effects for the sake of profit margins and sales.

A major failure of our entire education system, including that of medical education, is that it is a once–for–all phenomenon. Whether it be the doctor, nurse, or paramedical worker, there is neither the facility nor the incentive for further education after passing the qualifying examination. This leads to stagnation of knowledge and skill. Expenditure on providing facilities and incentives for continuous training would be amply repaid in the improved quality of services rendered.

National Education Policy for Health Sciences,
The Bajaj Report, 1989

*Dr. Ravi Narayan*
And that the nurses, who were members of the hospital and health teams, had no opportunity to refresh their knowledge at all, except through:

- The routine supervisory weekly meetings of their stern nursing supervisors;
- The chance information of a stray comment by a consultant, on a patient round, as they stood at the periphery of the circle; or
- The occasional perusal of company literature that was focused more on doctors- ‘the curers’ – rather than the nurses – ‘the carers’.

Would you be shocked? Would you be surprised? What would your response be if you were to further identify via your survey that:

- All the rest of the hospital staff-allied, para or auxiliary, who could not be classified into the above two genera of ‘misinformed doctor’ or uninformed nurse – had no continuing education worth mentioning at all, except perhaps the Sunday magazines of national newspaper or radio and TV jingles devoted mostly to consumerist medicine.
- The reason why a particular remedy was being prescribed in abundance in your hospital, had little to do with the latest advances in medical knowledge and more to do with unethical trade discounts or other perks or inducements that a specific company had offered your hospital purchase section.
- Some of the standard routines of treatment and regimens of medication in many departments of your hospital had long been discarded in many other, more updated, ethical centres of healing either because they had been proven to have unacceptable side-effects or to be of little value except for their placebo effect.

- Your hospital had:
- No policy of continuing education of its staff;
- No policy that promoted ‘updates in professional knowledge’ as a prerequisite for promotion;
- No policy to invite resource persons for in-house refresher sessions or orientation workshops
- No policy of investment in a minimum but adequate library facility with basic journals, newsletters and recent text books for the use of staff:
- No regular weekly or monthly in-service training programmes;
- No policy of membership or participation in programmes organized by professional organizations, like IMA, CMAI, CHAI, and VHAI and the CME of CMC, Vellore.

Would you be surprised? Would you be shocked?
Frankly, I would not at all be surprised by your findings since, I am convinced that the situation described above would be very truly representative of the scenario in most centres of care – mission, private, or government.

Inspite of some efforts by national coordinating agencies like the CMAI, VHAI, and CHAI the initiative of some IMA’s and professional bodies the efforts of CMC, Vellore (CME Department) and the regular, periodic rhetorical of government policy reports- the state of continuing education of our health care staff is a serious embarrassment.

It has been aptly described by the National Education Policy for Health Sciences as “restricted to sporadic efforts made at undefined intervals and unspecified locations”.

In the system prevalent today, any doctor who goes out of the system of medical college has little opportunity to come back to update his medical knowledge and skills; and no facilities exist outside the system of medical education to achieve this objective.

In the modern world, where a virtual explosion of knowledge is taking place in most sciences and the existing stock of knowledge is being doubled every seven years or so, a programme of continuing education assumes immense significance …

Continuing education for physicians must concern itself with those issues that are of deep significance to the health of the community and also with educational activities for mixed teams of health workers. Inter-professional education is of critical importance for the members of the health team to learn together how to solve problems.


Our investment in continuing education of our hospital teams is still abysmally poor and shockingly inadequate; in fact, continuing education as a policy is probably the lowest on our hospital policy maker’s agenda.

I believe that in 2000AD, when we are likely to discover that the HFA goals were not reached, the evaluation would definitely identified the lack of continuing education of health team as the main stumbling block. Are we waiting for this indictment? Or are we going to do something about it in the interest of patient care, quality service and our mission?

*This article published in CMJI, April – June 1994. p13-14.*