CRANIOROFACIAL AND HEAD INJURY MANAGEMENT :A RESIDENTS PERSPECTIVE

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ABSTRACT

Everyday, men, women and children suffer head injuries. A car accident, a fall from height or sports injury can range in severity from concussion to coma. Traumatic Brain Injury (TBI) can be fatal,dangerous and survivors, can show persistent problems that significantly affect their livelihood and well-being. India has rather unenviable distinction of having the highest rate of head injury in the world. In India, more than 100,000 lives are lost every year with over 1 million suffering from serious head injuries, to be addressed by a handful number of craniofacial and neurosurgeons , as craniofacial neurosciences in India is new and rapidly expanding discipline and one has to be competent and razor sharp in applying its cognitive base and principles, and residency as is always described as an island in shades of grey, and in India it means higher pressure, higher stress loads, lesser patience, and longer quantum of time spent at work with sleepless nights and merciless bosses.

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Introduction

Though, India today boasts of the highest number of medical colleges in the world , and government of India even recognizes 'Health for all' as a national goal and expects medical training to produce competent 'Physicians of first contact'. Still medical education and healthcare in India is facing serious challenges in context and competencies. India has always been flogged by excuses such as population explosion and a banner of a developing country. But, the globalization of education and health care and India's potential as a destination of choice for quality of education and health care has brought this issue into sharper focus. The current state of affairs is an open secret. The very nature of surveys indicates that ground reality is very worse. Existing systems have failed to ensure minimum standards of craniofacial and neuroresidency training as compared to global standards.

PROBLEMS IN CRANIOFACIAL & NEURORESIDENCY

The problem's plaguing the Craniofaical and neuroresidency programmes in India are manifold. First of all, there are limited number of seats for these courses in India , not even a handful in a country with billions of people and numbers being added continuously and these seats are accessible to only the economic cream of the society and not to the real brainy hardworking lot of this country. India lacks behind in the number of Craniofacial and neurosurgeons versus population. The work of craniofacial and neurosurgery is a highly specialized job, a trauma craniofacial and neurosurgeon is the main person to handle head injury and concomitant traumatic injuries. Once confronted with a patient in emergency, the decision has to be taken within minutes, or seconds, because :'time is brain', with swift approach into distorted anatomy, quick hemostasis and optimized approach .Decision making becomes difficult in the presence of unstable vitals, previous co-morbidities, concomitant disease, alcoholism, drug abuse, and poor general condition and unknown pre-existing conditions. Indecisiveness is a hanging sword in the way of courage to face head injury and facial injury patients. The prognosis of head injury with facial injury patients depends largely on the preoperative, intraoperative and postoperative care of the patient and decision making at the right time takes the credit. At any given time, not more than one neurosurgeon trainee is present, which increases the workload and makes decision making difficult.

One major problem is the lack of standardized training, most of the times in case of emergency, a new craniofacial and neurosurgery trainee does not have access to an expert skilled craniofacial and neurosurgeon. In this way, the trainee is unable to develop proper skills, in such cases, for a trainee, the task at hand is limited to mutton cutting and nothing else, so due to lack of proper training, a neurosurgery trainee in the emergency is ignorant about newer and minimally invasive techniques and is unable to decide whether to use conservative or operative management. They are unaware of how to put technology at hand into practice, like the proper use of operating microscope at the hour of need.

Also, there is paucity of time and hence understanding, and the insight of the concept of head injury apart from operative management remains haphazard, conservatively patients are managed on fluid and medication, no set protocols and no concept gets developed due to overwork. Insufficient transfer of know how and skill and technique transfer to new generation is lacking because of the little creeping knowledge gained from immediate

seniors. There is no proper training of head injury management. The clerical filework and the overwork takes a toll on the residents ability. For residents working continuously for 18-24 hours with incessantly slowed down reflexes, reaction time can prove to be the main hindrance in effective management especially during the wee hours of the night. Therefore , in those times the fate of the patient lingers on the calibre, competence and crucial decisions taken during those hours despite being hard, sincere and committed professionals

Practical knowledge of the neurologists of this country lacks because there are large gaps in the health care accessibility, and the need for enhanced clinical competency and minimum standards of teaching and acquiring knowledge because of limited opportunities. The familiarity and practical experience in the application of basic biomedical knowledge and principles to clinical decision making in neurosciences is an essential foundation on which to begin to integrate neurosciences into medical education , which lacks in India because existing systems have failed to ensure minimum standards.

Half of the time of the student goes in completing the file work, making seminars and doing their boss's personal work still with total lack of any appreciation or solicitation. The first year of residency is spent entirely in clerical jobs and seniors orders and in carving a niche. The second year goes in attending conferences, coordination and miscellaneous. The third year goes entirely into studying. In a country, more credit and accountability is given to theoretical work than to practical experience.

Fourthly, the amount of stipend given to an Indian student doing speciality is so less that it becomes difficult for some with non working spouse, to make the two end's meet. Sustainence is impossible with only one person earning in the family. In today's world, money is God and values for human life are decreasing day by day. Dominance of financial constraints and favouring gains make discrimination to shadow over the priority needing head injury patient, thereby human values are ignored and respect for human life is eloping.

Fifthly, a person entering neurosciences and Craniomaxillofacial surgery after doing a M.S/MDS. degree feels like in Alice in a wonderland . Neurosciences and craniofacial surgery is a totally different field, a person who has earlier spent 3 years doing masters is suddenly now supposed to operate only on the specific structures.

Sixthly , competent and genuine teachers is what India lacks in today. Every boss has started taking his student as his next professional rival. No personal attention or hands on training in a satisfactory optimum mode is given to the students. Teachers are incompetent, not updated and have less idea and less experience on how to train postgraduates/ superspecialists and still continue with old, obsolete and rejected operative techniques. There is lack of CME/CDE (continual medical/Dental education) methodology in India. The fashion of attending conferences and keeping one updated lacks. No enhancement of renumeration and lack of interest and dedication of the teachers is the cause.

Seventhly, research work has not got its due importance in India, especially in the field of craniofacial and neurosciences, as it is a very challenging and demanding field . It is not even included in curriculum and is not taken of seriously. Recent and newer advances are not made a way of practice, because Indians lag behind in terms of accepting something novel easily, and their hesitation to accept and believe something new is a major problem

In toto, pattern of study and training does not strictly follow a minimum and standard set of pattern an criteria.

Last but not the least, are some problems to be dealt like lack of harmony between seniors and juniors, ego, jealousy ,leg pulling , etc. Professional rivalry breeds competitive inhibition which ultimately weighs heavily on the patient as anguish and ego make their operative head injury task come out with a bleak outcome. Seniors are not summoned despite emergencies due to egoistic professional cadres. Some of the solutions to these problems lies in curricular reforms that would automatically address these issues and develop strategies to strengthen the medical education and healthcare system so that Indian craniofacial surgeons and neurosurgeons can match international standards.

Secondly the enhancement of analytical skills and decisions of the specialists should be addressed in the context of arising new complexities of day to day practice.

Deficiencies and lacunae need critical and careful analysis and improvement. there should be accountability, attitudinal change, more funding , more equipment, and world class training with resident exchange programme at national and international level implementation in curriculum. There should be an independent body to certify and grade training programmes to allow standardization to takeover. Curricular changes if envisaged will make training more exciting and challenging. Strict licensing, monitoring suitable incentives, stipend hikes, renumerations and strong disincentives for poor performances should be sought for. Political considerations should not be permitted to interfere with objective guidelines. Teachers should also be given extensive training and competency based curriculam and associated student assessment.

CONCLUSION

The future of our residency training programmes are at stake, which means the future of craniofacial and neurosciences

in India, but a successful roll out will place India as a global leader in health education.

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