Craniofacial and Head Injury Management: A Residents Perspective

SURYAPRATAP SINGH TOMAR1
MOHAMMAD AKHEEL2

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 one million suffering from serious head injuries, to be addressed by a handful 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 problems plaguing the Craniofacial and neuroresi-
sclerosis 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 remuneration 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, remunerations 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 curriculum 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.

Authors

1. SURYAPRATAP SINGH TOMAR
   Senior Registrar,
   Dept. of Neurosurgery, NMCH, Nellore
   Andhra Pradesh, India

2. MOHAMMAD AKHEEL
   Junior Registrar,
   Dept. of Oral and Maxillofacial Surgery,
   NMCH, Nellore, Andhra Pradesh, India

Correspondence Address
SURYAPRATAP SINGH TOMAR
Senior Registrar,
Dept. of Neurosurgery, NMCH, Nellore, A.P, India
Email Id: dr.suryaprata_singh_tomar@yahoo.com