**INTRODUCTION**-

Urinary catheterisation is one of the most commonly performed procedure for various indications. In spite of being a integral part of patient management, it is left to junior most member of the team. Although it is seldom life threatening, an iatrogenic urethral injury & UTIs may have significant short & long term consequences including urethral bleeding, stricture, incontinence, erectile dysfunction & infertility.[1-5]

Being performed in large numbers urinary catheterisation forms a very important procedure in patient care. Improper catheterisation further adds to the morbidity of already ill patient and also raises the total costs.

The purpose of the study was to identify the lacunae and insufficiencies among junior doctors regarding the procedure as they are one who commonly assigned to perform the procedure.

**MATERIALS & METHODS**

**Study Design**

Institution based cross sectional study

**Study Population**

All internees and junior residents of Bankura Sammilani Medical College and Hospital.

**Data Collection:** The hospital based cross-sectional study with the help of pre-tested and pre-validated questionnaire were carried out in various department of Bankura Sammilani Medical College and Hospital. All interns having completed four and half years of compulsory medical training and junior residents were included in the study. Assesment of their knowledge, practice and attitude regarding urinary catheterisation were done with 10 knowledge based questions, 10 attitude based questions with likert scale and 10 practice based questions. Both face and content validity of the questionnaire were evaluated by 5 designated faculty members from Urosurgery, General Surgery, General Medicine, Orthopedics and Biostatitics and its reliability with test and pre-test(reliability co-efficient).The questionnaire was pre-tested among 5 internees and 5 junior residents for clarity and they were not included in the rest of the study.

**Statistical Analysis**

Analysis was done by using central tendencies (mean, standard deviation, t- test & post hoc test.

**Discussion**

**Theoritical training & knowledge score**

Out of 200 participants 164 (82%) were theoretically trained, and rest were untrained. The participants with theoretical training had more knowledge than untrained and the difference is statistically significant suggested by p value (0.012).

**Practical training & knowledge score**

82.5% out of 200 participants had practical training gained more knowledge than those without practical training which is statistically significant (p <0.05).

**Effectiveness of training and knowledge score**

Participants who underwent pre procedural training thinking it to be effective (90%) had better knowledge than other group, which is statistically significant.

**Supervision & knowledge**

Out of 200, 150(75%) participants who had done their first catheterization under supervision , showed statistically significant knowledge difference from non supervised group.

**Designation & knowledge**

Half of the participants are interns and rest are equally divided by house staffs and PGTs. The knowledge score of intern is less than others which is also statistically significant. But contradictions found between house staff and PGTs clarified by p value which signifies that minor surgical procedure like urinary catheterisation does not require any special knowledge, it's a basic one.

**Theoritical training and attitude score**

164 participantshad better attitude due to their theoritical training than the rest of the participants (36) without any theoritical training and the difference is statistically signified by p<0.05.

**Practical training & attitude score**

165 out of 200 had gained practical training resulting better attitude than the practically untrained (35) which is significant having p=0.04

**Effectiveness of training & attitude score**

Only 10% who had a thought that training was not effective , so less attitude score than the participants having opposite thought. Though it is not statistically significant (p=0.27).

**Supervision & attitude score**

150 (75%) out of 200, had done first catheterisation under any supervision resulting more attitude score than the 25% participants who had done this same without any supervision and the difference of result has been statistically signified by p<0.05

**Designation and attitude**

Difference of attitude found in between different group as per designation were statistically significant. It had been revealed that there were significant difference in attitude between intern with others but no significant difference between house staff and PGTs which signifies specialisation does not make significant difference in basic surgical procedure like urethral catheterisation.

**Supervision and practice score**

75% (150) done the catheterisation under any supervision had gain more practice score than the 50(25%) of the participants done this same without any supervision and the difference of result was statistically significant having p=0.02

**Effectiveness of training and practice score**

Maximum, (90%) (180/200) of the participants having a thought that the training was effective gained more practice score than the rest of the participants with opposite thought. Though the result was not statistically significant (p=0.28).

**Practical training and practice score**

82.5% of the participant had gain practical training results as more practice score than the participants without any practical training, and the difference was statistically significant p=0.02.

**Theoritical training and practice score**

Maximum of the participants 82% who had gain theoritical training results in more practice score than the rest of the participants (18%) having no theoritical training and the result was more statistically significant having p=0.00

**Designation and practice score**

Difference in practice in between different group were statistically significant(p=0.00). There was significant difference in practice of interns with others and the difference of practice between house staff and PGT were also significant. PGTs are superior in this concern followed by house staff. And the result is rational.

**Conclusion**

Interns are found to have lesser knowledge, attitude & practice in comparison to others regarding urethral catheterisation. Though it is an well known fact that most of cases urinary catheterisation is performed by junior most member of the team that is intern. So some measures must be taken to improve the knowledge, attitude & practice method of interns.

It has also been evident that pre procedural theoretical, practical training and expert supervision are significantly effective in terms of improvement of knowledge, attitude and practice of junior doctors. So it should be utilized as an powerful weapon to improve the quality of patient management.

**References**

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