



**Perceptions of district residency programme among postgraduate medical students:
A cross-sectional study.**

Dr Poojitha Ram Vemi Reddy¹, Dr Ejju Krishna Chaithanya^{1*}, Dr Gali sai Chandana¹, Dr G. Indrani²

¹Assistant Professor, Department of Pathology, Sri Venkateswara Medical College, Tirupati, Andhra Pradesh, India

²Professor, Department of Pathology, Sri Venkateswara Medical College, Tirupati, Andhra Pradesh, India.

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Abstract

Background:

The National Medical Commission (NMC) introduced the District Residency Programme (DRP) to strengthen postgraduate medical education through mandatory postings in district hospitals. It aims to enhance clinical exposure, decision-making, and understanding of public health systems while addressing workforce gaps in underserved regions.

Objectives:

To evaluate postgraduate students' perceptions of the DRP, focusing on its educational value, challenges, and areas for improvement.

Methods:

A cross-sectional study was conducted among 217 postgraduate students of Sri Venkateswara Medical College, Tirupati, who had completed DRP postings. Data were collected using a validated questionnaire. Quantitative data were analyzed with descriptive statistics, Chi-square tests, and t-tests; qualitative responses underwent thematic analysis.

Results:

Most participants were aged 26–30 years (68.5%), with females slightly outnumbering males (53.0% vs. 47.0%). The majority (91.2%) were posted with specialty teams, 88.0% contributed to diagnostic services, and 76.5% reported mentorship. About 67.3% believed DRP would benefit future practice, and 61.8% considered it essential. Areas for improvement included limited access to remote academic activities (44.2% had provision, 55.8% did not) and inconsistent exposure to national health programmes, which several students highlighted as gaps requiring attention.

Conclusion:

Students valued DRP for clinical exposure, teamwork, and service orientation, but highlighted challenges in academic integration and applicability to non-clinical disciplines.

Recommendations:

Structured mentorship, digital learning, and specialty-specific models are recommended for sustainability.

Keywords: District Residency Programme, postgraduate training, perceptions, India

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Corresponding Author: Dr. Ejju Krishna Chaithanya

Email: drekcrejju@gmail.com.

Assistant Professor, Department of Pathology, Sri Venkateswara Medical College, Tirupati, Andhra Pradesh, India.

Introduction

The National Medical Commission (NMC) has undertaken several reforms in postgraduate medical education in recent years to enhance training standards and align medical education with the evolving needs of India's health system.

One of the most significant initiatives is the District Residency Programme (DRP), first proposed by the Postgraduate Medical Education Board (PGMEB) in 2020 and implemented nationwide in 2023 [1, 2].



The primary objective of the DRP is to ensure the holistic training of broad-specialty postgraduate students by providing structured exposure to district hospitals. This includes immersion in government health programs, management of grassroots disease burdens, and understanding of district-level healthcare delivery. In addition to strengthening postgraduate training, the programme also seeks to augment healthcare manpower in semi-urban and rural areas, thereby addressing existing service delivery gaps [3,4].

Under the current framework, all postgraduate students in broad specialties are required to complete a mandatory three-month posting in district hospitals during their 3rd, 4th, or 5th semester. This experiential posting is expected to foster clinical autonomy, decision-making skills, and practical exposure to real-world health needs [4].

Despite its potential benefits, the DRP has generated debate within academic and professional forums. While its value for clinical specialties is widely acknowledged, questions remain regarding its applicability to pre- and para-clinical disciplines, where the direct clinical exposure may not align with core curricular needs. Critics argue that, for such specialties, the DRP may offer limited academic value, though it may still enhance awareness of public health systems. Conversely, proponents emphasize its broader role in strengthening professional identity, expanding exposure to diverse patient populations, and developing essential skills in resource-limited settings [5].

Against this backdrop, it is essential to assess how postgraduate students perceive and experience the DRP in its early stages of implementation. Understanding their views will help identify the programme's strengths and challenges, while also generating evidence-based recommendations for enhancing its effectiveness and ensuring its long-term sustainability.

Aim and Objectives

This study aims to evaluate the perceptions of postgraduate medical students regarding the District Residency Programme (DRP), with particular emphasis on its educational value, challenges, and opportunities for improvement. Specifically, the study seeks to explore and document students' perceptions and experiences of the DRP as part of their postgraduate curriculum; to assess the perceived benefits and challenges in the domains of clinical training and skill development, academic supervision and mentorship, institutional infrastructure and logistics, and

community health exposure; and to provide evidence-based recommendations to optimize the design and implementation of the DRP, thereby enhancing its overall effectiveness and sustainability in postgraduate medical education.

Methods and Methodology

Study Design

This was a cross-sectional study, combining quantitative (structured survey-based) data to assess postgraduate medical students' perceptions of the District Residency Programme (DRP).

Study Setting

The study was conducted at Sri Venkateswara Medical College (SVMC), Tirupati, Andhra Pradesh, India, which is affiliated with the Sri Venkateswara Ramnarain Ruia Government General Hospital, a 1,500-bed tertiary care referral hospital. The hospital caters to a mixed urban and semi-urban population of approximately 2 million across the Chittoor district and adjoining regions. It provides comprehensive services in all broad specialties, with well-established postgraduate teaching programmes and designated affiliations with government district hospitals where the District Residency Programme (DRP) postings are implemented.

Study Period

Data were collected between January 1, 2023, and March 30, 2023, after approval from the Institutional Ethics Committee of SVMC.

Study Population

The study population consisted of postgraduate medical students across all broad specialties who had completed their mandatory three-month DRP postings.

Inclusion Criteria:

Postgraduate medical students of SVMC who had completed their DRP posting. Students who provided written informed consent to participate in the study.

Exclusion Criteria:

Postgraduate students who had incomplete DRP postings, those on long-term leave during the study period, and those who submitted incomplete questionnaires were excluded.



Sample Size

The sample size was calculated for a cross-sectional study at a 95% confidence interval (CI) using a prevalence (P) of 17% from prior studies:

$$N = \frac{(Z_{\alpha/2})^2 PQ}{d^2}$$

Where: $Z_{\alpha/2}$ = Standard normal variate = 1.96 (From Z table)

$$P = 17\%(3)$$

$$Q = 100 - P = 100 - 17 = 83\%; d = \text{Absolute precursor} = 5\% = (1.96)^2 \times 17 \times 83 = 217$$

Thus, the final sample size required was 217.

Questionnaire Development and Validation

A structured questionnaire was developed specifically for this study. Content validity and relevance were established through external validation by subject experts in medical education and public health. The tool was divided into two sections:

Part I: Demographic and academic details of the participants.

Part II: Knowledge, perceptions, attitudes, and opinions regarding the District Residency Programme (DRP), including its perceived usefulness for future clinical practice.

Data Collection

The questionnaire was digitized using Google Forms and circulated electronically to postgraduate students. An informed consent statement was included on the first page, and only those who consented were able to proceed. Participation was entirely voluntary. Anonymity and confidentiality were assured by collecting no personally identifiable information, and data were analyzed in aggregate form only.

Question Types

Likert scale items:

Responses measured on a 5-point scale (Strongly Disagree, Partially Disagree, Neutral, Partially Agree, Agree).

Binary questions:

Yes/No items to capture categorical responses.

Open-ended questions:

To elicit qualitative insights, suggestions, and personal experiences related to the DRP.

Confidentiality

All responses were treated with strict confidentiality. No personal identifiers were collected, and results were reported in grouped data format to preserve anonymity.

Bias

To minimize selection bias, all eligible postgraduate students who had completed DRP postings during the study period were invited to participate. Information bias was reduced by using a pre-validated structured questionnaire and assuring confidentiality to encourage honest responses. Recall bias was minimized by including only those who had completed DRP within the preceding six months. Data entry was double-checked to avoid transcription errors.

Data Analysis

Quantitative data: Entered into MS Excel and analyzed using Epi Info v7.2.4. Results were expressed as mean $\pm$ standard deviation (SD) for continuous variables, and as frequencies and percentages for categorical variables.

Inferential statistics

Associations between variables were tested using the Chi-square test for categorical data and Student's t-test for continuous data. A p -value < 0.05 was considered statistically significant.

Qualitative data

Open-ended responses were analyzed thematically. Narratives were coded inductively, categorized, and summarized into recurring themes to complement quantitative findings.

Statistical Analysis

Data were entered in Microsoft Excel and analyzed using Epi Info software (version 7.2.4). Quantitative variables were summarized as mean $\pm$ standard deviation (SD), while categorical variables were presented as frequencies and percentages. Inferential statistics included the Student's t -test for comparison of continuous variables and the Chi-square test for associations between categorical variables. A p -value of < 0.05 was considered statistically significant.

Responses to open-ended questions were subjected to thematic analysis. Qualitative data were coded, categorized, and synthesized into key themes to complement the quantitative findings.

Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee of SVMC, Tirupati. Written informed consent was obtained from all participants. Anonymity and confidentiality were maintained throughout the study.

Results

Participant Recruitment:

A total of 230 postgraduate students who had completed the DRP posting were screened for eligibility. Of these, 217 met the inclusion criteria and provided complete responses, yielding a response rate of 94.3%. Thirteen students were excluded — 6 due to incomplete DRP postings, 4 were on long-term leave during the study period, and 3 submitted incomplete questionnaires.

A participant flow diagram (Figure 1) is provided below to illustrate recruitment and inclusion.

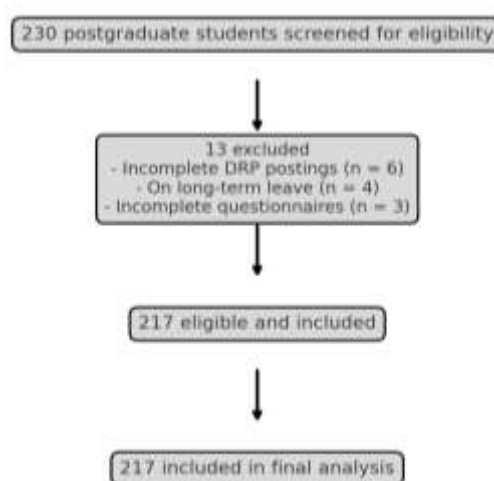


Figure 1. Participant Flow Diagram

Demographic Characteristics

Table 1 shows the age and gender distribution of the 217 postgraduate students who completed the District Residency Programme. The majority were in the 26–30 years age group ($n = 149$, 68.5%), with a higher proportion of females ($n = 94$) compared to males ($n = 55$). In the 31–35 years group, males and females were equally represented ($n = 16$ each).

Among participants aged above 36 years, males predominated ($n = 31$ vs. 5 females).

A Chi-square test was applied to compare gender distribution across age groups. The difference was found to be statistically significant ($\chi^2 = 19.87$, $p < 0.001$), indicating that males were more likely to be in the older age group compared to females.

Table 1: Age and gender distribution of study participants

Age Group (years)	Female (n)	Male (n)	Total (n)
26–30	94	55	149
31–35	16	16	32
>36	5	31	36
Total	115	102	217

Chi-square test: $\chi^2 = 19.87$, $p < 0.001$ (significant).



Department-wise Distribution of Participants

Table 2 presents the distribution of postgraduate participants across different departments. Out of a total of 217 participants, 20 (9.22%) belonged to Pathology, followed by 25 (11.52%) from General Surgery. The majority were from Obstetrics & Gynaecology (60; 27.65%), while only 5 (2.30%) were from Biochemistry.

Although all broad specialties were included in the sampling frame, participation was uneven, with relatively fewer

respondents from surgical and para-clinical branches compared to pathology. A Chi-square test was applied to assess whether the department-wise distribution differed significantly between male and female participants. The results indicated no statistically significant gender difference in departmental representation ($\chi^2 = 3.27$, $p = 0.51$).

This suggests that both male and female postgraduate students were proportionally distributed across departments in the study sample.

Table 2. Department-wise distribution of postgraduate participants with gender-wise comparison (N = 217)

Department	Female (n)	Male (n)	Total (n)
Pathology	12	8	20
Medicine	17	13	30
Biochemistry	3	2	5
Microbiology	3	2	5
General Surgery	14	11	25
Obstetrics & Gynecology	42	18	60
Orthopedics	8	7	15
Pediatrics	21	19	40
Pulmonary Medicine	3	2	5
Anesthesiology	6	4	10
Psychiatry	1	1	2
Total	130	87	217

Chi-square test: $\chi^2 = 3.27$, $p = 0.51$ (not significant)

Responses to Closed-Ended Yes/No Questions

Table 3 summarizes the responses of postgraduate students regarding their experiences with the District Residency Program (DRP).

A large majority (91.2%) reported being posted with their concerned or allied specialty team in the district system, which was statistically significant ($p < 0.001$). Similarly, 88.0% contributed to diagnostic and laboratory services during DRP, also showing high statistical significance ($p < 0.001$).

However, only 14.7% of the students were posted in ICMR research units or field sites, while the majority (85.3%) were not, a difference that was also significant ($p < 0.001$). Regarding mentorship, 76.5% reported being in contact with designated PG teachers, which was statistically significant ($p = 0.002$).

Access to remote academic activities was limited, with only 44.2% having the provision, whereas 55.8% did not; this difference was not statistically significant ($p = 0.45$). In contrast, almost nine out of ten students (88.0%) stated that DRP enabled interaction with healthcare team members, which was highly significant ($p < 0.001$).

When asked about the impact on future practice, 67.3% of respondents felt DRP would be beneficial ($p = 0.028$). With respect to its essentiality, 61.8% considered DRP essential for MD/MS postgraduates, although this did not reach statistical significance ($p = 0.18$).

Most students (88.0%) perceived the duration of DRP as adequate ($p < 0.001$). Opinions were divided regarding whether DRP deprived them of valuable time in their parent department: 55.8% agreed while 44.2% disagreed, and this difference was not statistically significant ($p = 0.48$). Finally, a large proportion (85.3%) confirmed working



under the supervision of a DRP coordinator, which was statistically significant ($p < 0.001$).

Table 3: Responses of postgraduate students to Yes/No closed-ended questions (N = 217)

S. No	Questionnaire	Yes (n, %)	No (n, %)	p-value
1	Were you posted with your concerned/allied specialty team in the district system?	198 (91.2)	19 (8.8)	<0.001*
2	Did you contribute to diagnostic/laboratory services during DRP?	191 (88.0)	26 (12.0)	<0.001*
3	Were you posted in ICMR research units/field sites during DRP?	32 (14.7)	185 (85.3)	<0.001*
4	Were you in contact with designated PG teachers for guidance?	166 (76.5)	51 (23.5)	0.002*
5	Did you have provisions for remote participation in academic activities?	96 (44.2)	121 (55.8)	0.45 (NS)
6	Did DRP allow you to interact with healthcare team members?	191 (88.0)	26 (12.0)	<0.001*
7	Will DRP help you in your future practice?	146 (67.3)	71 (32.7)	0.028*
8	Is DRP essential for MD/MS postgraduates?	134 (61.8)	83 (38.2)	0.18 (NS)
9	Is the duration of DRP adequate?	191 (88.0)	26 (12.0)	<0.001*
10	Has DRP deprived you of time better utilized in the parent department?	121 (55.8)	96 (44.2)	0.48 (NS)
11	Did you work under the supervision of the DRP coordinator?	185 (85.3)	32 (14.7)	<0.001*

**Significant at $p < 0.05$; NS = Not significant.*

Perceptions of District Residency Programme: Likert-Scale Responses

Table 4 presents postgraduate students' perceptions of the District Residency Program (DRP) measured on a 5-point Likert scale.

A significant proportion of respondents (50.3%) agreed or partially agreed that DRP helped them understand the functioning of the district health system, while 17.5% expressed disagreement; this difference was statistically significant ($p = 0.024$). Similarly, more than half (53.4%) agreed that DRP actively involved them in district-level

healthcare services compared to 26.3% who disagreed, which was also statistically significant ($p = 0.030$).

In contrast, only 42.4% of participants agreed or partially agreed that DRP acquainted them with national health programme planning and monitoring, whereas 32.7% disagreed and 24.9% remained neutral. This finding was not statistically significant ($p = 0.21$). Likewise, orientation to promotive, preventive, curative, and rehabilitative services was limited: only 16.6% agreed or partially agreed, while 43.4% disagreed and 40.1% remained neutral. This difference was also not significant ($p = 0.17$).

Table 4: Responses of participants to Likert-scale questions on DRP (n = 217)

S. No	Questionnaire	Strongly Disagree n (%)	Partially Disagree n (%)	Neutral n (%)	Partially Agree n (%)	Agree n (%)	p-value
1	DRP helped me understand the working of the district health system	32 (14.7)	6 (2.8)	70 (32.3)	57 (26.3)	52 (24.0)	0.024*
2	DRP involved me in the health care services of the district health system	38 (17.5)	19 (8.8)	44 (20.3)	57 (26.3)	59 (27.1)	0.030*
3	DRP acquainted me with national health programme planning and monitoring	49 (22.6)	22 (10.1)	54 (24.9)	22 (10.1)	70 (32.3)	0.21 (NS)
4	DRP oriented me to promotive, preventive, curative, and rehabilitative services	65 (30.0)	29 (13.4)	87 (40.1)	14 (6.5)	22 (10.1)	0.17 (NS)

**Significant at $p < 0.05$; NS = Not significant.*

Discussion

This mixed-methods study explored the perceptions of postgraduate medical students regarding the District Residency Programme (DRP) at a tertiary care medical college in Andhra Pradesh. The results provide important insights into the value of DRP postings, while also highlighting persisting challenges in its implementation.

Interpretation of Findings

The demographic profile of participants was typical of postgraduate medical cohorts, with most students aged 26–30 years and a slight female predominance. Interestingly, males were significantly more represented in the older age category (>36 years), consistent with findings from other institutional surveys where delayed entry into postgraduate training was more common among male students [4].

The department-wise representation was relatively limited in surgical and para-clinical branches, though no gender-based differences were observed. This uneven departmental distribution echoes concerns raised in earlier commentaries that the DRP may not be uniformly relevant across specialties, particularly in pre- and para-clinical disciplines [6].

Responses to closed-ended Yes/No questions reflected overall positive perceptions. A majority of participants affirmed that the DRP gave them opportunities to work within their specialty or allied teams, contribute to diagnostic services, and interact with multidisciplinary healthcare staff. These findings are encouraging, as they align with the NMC's stated goals of enhancing clinical autonomy and service orientation at the district level [1, 2]. Moreover, students strongly endorsed the adequacy of the three-month DRP duration and the value of working under the supervision of designated coordinators, consistent with findings from Rajasthan and North India [5, 7]. Nevertheless, gaps were evident in academic integration. Many students reported limited provision for remote participation in seminars, journal clubs, and thesis discussions, which did not differ significantly between Yes and No responses. Similarly, perceptions regarding DRP's contribution to national health programme exposure and preventive/promotive services were mixed, with no statistically significant skew toward agreement. Prior evaluations have also highlighted these gaps, noting that while DRP enhances bedside training, its contribution to structured learning about community programmes is less consistent [8].



Comparison with Previous Studies

Our findings corroborate those of Kumar et al., who reported that district postings provide valuable clinical exposure but require better-defined academic frameworks to ensure uniformity across institutions. Raj et al. [4] similarly observed that while residents appreciated independent decision-making opportunities during DRP, concerns about academic disconnect and inadequate supervision persisted.^{^5} Bhattacharya raised specific concerns regarding the applicability of DRP to non-clinical disciplines, reinforcing the need for differentiated models of implementation [8-10].

Implications for Policy and Practice

The results underscore the dual role of DRP: enhancing postgraduate training while simultaneously augmenting healthcare services in underserved districts. However, for the programme to be sustainable, greater attention must be paid to:

1. Structured supervision and mentorship, ensuring postgraduate teachers remain academically engaged with residents even during district postings.
2. Integration of academic activities via digital platforms, enabling continuity of seminars, case discussions, and thesis reviews.
3. Clearer alignment with national health programme activities, so that residents gain authentic exposure to public health systems and not just routine clinical work.
4. Customization for pre- and para-clinical disciplines, potentially through blended models involving field-based exposure, research units, and laboratory systems.

Generalizability:

The findings of this single-institution study provide useful insights but may not be fully generalizable to all medical colleges in India, as District Residency Programme implementation varies regionally. Broader multi-centric evaluations across diverse states and specialties are required to strengthen the external validity of these results.

Conclusion

In summary, postgraduate medical students perceived the DRP as a valuable initiative for enhancing clinical exposure

and teamwork skills at the district level. Nonetheless, challenges in academic integration, supervision, and exposure to public health programmes remain. Addressing these gaps through structured mentorship, digital learning opportunities, and tailored models for non-clinical specialties will be critical to optimizing the programme's effectiveness and sustainability.

Limitations

This study has notable limitations. Conducted at a single institution, Sri Venkateswara Medical College, its findings may not be generalizable across India, where DRP implementation varies widely. Reliance on students' self-reported perceptions introduces recall and social desirability bias. Unequal representation across specialties, particularly surgical and para-clinical branches, restricted subgroup analysis. The cross-sectional design limited the ability to capture evolving perceptions or long-term outcomes such as readiness for independent practice. Moreover, qualitative exploration was restricted to open-ended responses; the absence of focus groups or in-depth interviews constrained a deeper understanding of nuanced challenges and broader contextual factors influencing student experiences.

Recommendations

To optimize the District Residency Programme, several measures are recommended. Structured mentorship should ensure postgraduate teachers remain engaged with students during postings through regular supervision. Digital integration must be strengthened by enabling remote participation in academic activities such as seminars and thesis discussions. Specialty-specific models should be developed for pre- and para-clinical disciplines, focusing on research, laboratory, or programme monitoring tasks. Integration with national health programmes must be formalized to enhance public health exposure. Infrastructure improvements, including accommodation, diagnostic support, transport, and digital connectivity, are essential. Continuous feedback systems and multi-institutional studies across diverse states are needed to refine implementation and sustainability.

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List of Abbreviations

DRP – District Residency Programme

NMC – National Medical Commission

PGMEB – Postgraduate Medical Education Board

SVMC – Sri Venkateswara Medical College

CI – Confidence Interval

SD – Standard Deviation

PG – Postgraduate

ICMR – Indian Council of Medical Research

Author's contribution

PRR-Concept and design of the study, results interpretation. **EKC review** of literature and preparing the first draft of the manuscript. **GSC**-Statistical analysis and interpretation, revision of manuscript. **PRR and GI** -Concept and design of the study, results interpretation, review of literature, and preparation of the first draft of the manuscript. Statistical analysis and interpretation, revision of manuscript.

Author Biography

Dr. Poojitha Ram Vemi Reddy is an Assistant Professor in the Department of Pathology at Sri Venkateswara Medical College, Tirupati. A gold medallist in Pathology, she has extensive training in histopathology, cytology, hematology, and immunohistochemistry. She has presented research at national and international conferences and published in peer-reviewed journals. Her interests lie in diagnostic pathology, medical education, and translational research, bridging clinical practice and public health. Orcid ID: <https://orcid.org/0009-0003-0081-0169>.

Dr. Ejju Krishna Chaithanya is an Assistant Professor in the Department of Pathology at Sri Venkateswara Medical College, Tirupati. With expertise in histopathology, cytology, hematology, immunohistochemistry, and frozen section interpretation, she has a strong passion for medical education and diagnostic pathology. She has presented papers and posters at national conferences and continues to contribute to teaching, research, and patient care. Orcid ID: <https://orcid.org/0009-0003-7410-3387>.

Dr. Gali Sai Chandana is an Assistant Professor in the Department of Pathology at Sri Venkateswara Medical College, Tirupati. With expertise in histopathology, cytology, hematology, immunohistochemistry, and frozen section interpretation, she is actively involved in teaching

medical, paramedical, and nursing students. Her professional interests include diagnostic pathology and academic research. Orcid ID: <https://orcid.org/0000-0003-3706-6436>.

References

1. National Medical Commission. Postgraduate Medical Education Regulations 2020. New Delhi: NMC; 2020.
2. National Medical Commission. Clarification on Implementation of District Residency Programme. NMC Notification, January 2023.
3. Government of India. National Health Policy 2017. Ministry of Health and Family Welfare, New Delhi; 2017.
4. Raj A, Sinha RK, Singh A, et al. Early evidence of implementation of District Residency Programme: experiences and challenges of residents in Rajasthan, India. *Indian J Public Health*. 2023;67(2):105–110. PMID: 38702661.
5. Bhattacharya S. District Residency Programme: challenges for implementation in pre- and para-clinical specialties. *Natl Med J India*. 2022;35(3):167–169.
6. Bhattacharya S. District Residency Programme: challenges for implementation in pre- and para-clinical specialties. *Natl Med J India*. 2022;35(3):167–169.
7. National Medical Journal of India. The District Residency Programme: perception of postgraduate students at a tertiary-care hospital in Jaipur. *Natl Med J India*. 2022;35(3):167–169. PMID: 40390347.
8. Pandey S, Sharma A. Perceptions of postgraduate students toward the District Residency Programme in India: a mixed-methods evaluation. *J Community Health Res*. 2023;12(1):45–54.
9. Kumar R, Gupta P, Singh T. Strengthening postgraduate training through the District Residency Programme: opportunities and challenges. *J Family Med Prim Care*. 2021;10(8):2918–2922. PMID: 34660344. PMID: PMC8497939.
10. Pandey S, Sharma A. Perceptions of postgraduate students toward the District Residency Programme in India: a mixed-methods evaluation. *J Community Health Res*. 2023;12(1):45–54.



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