

Medical Internship training-challenges and possible solutions

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Abstract

Internship is a period of transition from a student to a doctor. The intern is expected to practice medicine and acquire skills under the supervision of consultants so that he/she is capable of functioning independently. Most of the students do not take internship period seriously but would rather study for PG entrance examination. PG entrance examination is a major distraction in learning basic skills during internship. The possible solutions are rescheduling PG exam before start of internship, conducting exit exam before giving completion, strict monitoring and supervision of internship programme and involvement of interns in various academic activities like CME, discussions, research projects etc.

Keywords: Internship, Transition, Challenges, Solutions.

Internship is a phase of training wherein a candidate is expected to conduct actual practice of medical and healthcare and acquires skills under the supervision so that he/she may become capable of functioning independently.⁽¹⁾

Objectives of medical internship programme

At the end of the training the intern should be able to

1. Diagnose clinically common disease conditions
2. Use discreetly the essential drugs, infusions, blood and its substitutes and laboratory services.
3. Manage all types of emergencies by rendering first level care.
4. Demonstrate skills in monitoring of national health programmes.
5. Develop leadership qualities to function effectively as a leader of health team.
6. Render services to chronically sick and disabled
7. Render specific services to the cases from tribal and backward regions of the state.

The medical council of every country designs and monitors their internship programme as suitable for the country. One year rotating internship is an integral part of medical education in India. Medical interns are given provisional registration number by respective state medical council or MCI at the beginning of their internship. This allows them the privilege to learn and practice medicine under supervision of respective state medical councillor MCI certified doctors. The basic aim is to properly guide the interns.⁽²⁾

The regulations prescribe that apart from scrutiny of record work done by a candidate in different disciplines of training, assessment and evaluation of training shall be undertaken by the concerned with an objective approach using situation tests in knowledge, skills and attitude both during and at the end of training.

The intern works in a subordinate position although principally enjoying the same rights and obligations as other physicians. Training as an intern should contribute to the development of skills in doctor-patient communication as well as skills in teamwork and co-operation with other personnel groups and with other parts of the health care system.⁽³⁾

The way the interns are trained and the way interns practice vary vastly. It varies according to the hospitals, according to each department and according to individual interns.

Challenges in medical internship programme

In order to achieve effective training, good quality supervisors, effective supervision, adequate opportunities to experimental learning, conducive environment, good support system, personal attributes and reasonable workload are essential factors.⁽⁴⁾ Satisfaction is enhanced by a perceived good training, and internship training remains very important in preparing doctors for their future careers.⁽⁵⁾

The Government of India recognizes 'Health for All' as a national goal and expects medical training to produce competent "Physicians of First Contact" towards meeting this goal. However, the medical education and health care in India are facing serious challenges in content and competencies.⁽⁶⁾

PG examination is a major distraction for internship. Interns give more priority for securing a postgraduate seat than to learning the clinical skills during internship.⁽⁷⁾ Unfortunately, this valuable period is misused to prepare for postgraduate (PG) entrance examinations. The entrance preparation involves attending year-long coaching classes at an external location. Periphery postings (which involve actual community based health care) are totally neglected and considered as the time to involve in the intensive preparation for PG entrance. There are also a set of interns who do not prepare for PG examinations but still take long leaves for other reasons such as tying the knot, preparing for civil services examinations, and long excursions.⁽⁸⁾

The attention of consultants is focussed towards post-graduate students and interns are neglected. There is no supervision of interns by consultants and Most of the times the interns are under the control of residents.

Consequences

Most of the students do not take internship period seriously but would rather study for PG examination. Some of them succeed after one or more attempts. However the limited number of PG seats ensures that majority of doctors

remain as basic medical graduates. It has been aptly stated that internship is one of the weakest link of teaching programme. In fact internship is considered by some as a vacation period or paid holidays.⁽⁹⁾

The interns who qualify in the PG entrance examination and take admissions in the clinical PG courses manage to learn clinical skills pertaining to their specialty but those who do not qualify are at the worst place. Willingly or unwillingly, they take up jobs at primary health centers (PHCs). At PHCs, such untrained doctors are hardly in a position to manage diseases with skill. Here, they may not get the opportunity to learn skills under senior doctors, as in larger hospitals. They may not look up to nursing or supporting staff to teach them clinical skills at PHCs. As a result, their status remains as mere clerks.⁽⁸⁾

Solutions

Action needed at institutional level:

- a) Strict monitoring of attendance.
- b) Evaluation of intern-Only monitoring of attendance is not sufficient but knowledge, attitude and basic skills should be evaluated by each department before giving completion certificate. The college authorities should become strict and not give ward posting completion certificates until interns have learned basic clinical skills and management of common diseases pertaining to Indian set up.⁽⁸⁾
- b) Involvement of interns in various academic activities like CME, short research projects, group discussions, role plays, case presentations, debates etc.

MCI vision 2015: The UG and PG curriculum committees after various discussions opined that IMG licentiate examination (Exit exam) and common entrance examination for PG i.e. National Eligibility-cum-Entrance Test (NEET-PG) would be separate. The essential reason is that IMG examination shall assess the minimum defined standards for a competent doctor relevant to Indian needs whereas the NEET-PG examination is intended for ranking with explicit need to differentiate students for merit. The UG/PG committees suggested holding the NEET-PG prior to internship so that a candidate spends time for preparing during internship and licentiate skill based examination at the completion of internship.⁽⁶⁾

At New South Wales University, a “Preparation for Internship” (PRINT) course was developed to facilitate medical students’ transition to internship.¹⁰ The PRINT course was effective in improving students’ perceptions of their capability in procedural skills and administrative tasks.

References

1. Medical Council of India. Salient features of regulations on graduate medical education. New Delhi: MCI, 1997. www.mciindia.org/know/rules/rules_mbbs.htm (last accessed on 22 April 2017).
2. Giri PA and Parhar G. Internship: a transition from a medical student to a doctor. *IJBAR* 2012;3(10):753-55.
3. Learning medical practice .Victoria Akre, SR Ludvigsen. The Research Institute of the Norwegian Medical Association and Centre for Health Administration Faculty of Medicine University of Oslo 2003.
4. SEIN, Ni Ni; TUMBO, John. Determinants of effective medical intern training at a training hospital in North West

- Province, South Africa. *African Journal of Health Professions Education* 2012;4(1):10-14.
5. Ali I Swaid, Abdelkhalig H Elhilu, Mohamed S Mahfouz. Medical internship training in Saudi Arabia: interns’ views and perceptions. *Advances in Medical Education and Practice* 2017;8:121–128.
6. MCI vision2015.http://www.mciindia.org/tools/announcement/MCI_booklet.pdf(last accessed on 24 April 2017).
7. Saoji A, Deoke A, Kasturwar N, Mitra A. Feedback concerning compulsory rotator internship programme and speciality preference among medical interns. *JETHS* 2016;3(2):50-53.
8. Sukhlecha A. Medical internship: Is it a “one year paid leave” for postgraduate entrance examination preparation? *Medical Journal of Dr. D.Y. Patil University* 2016;9(6):706-707.
9. Lal S. Innovative approaches in the pursuits of teaching-training and research in community medicine. *Indian Journal of Community Medicine* 1999;24:8-18.
10. Scicluna HA, Grimm MC, Jones PD, Pilotto LS, McNeil HP. Improving the transition from medical school to internship – Evaluation of a preparation for internship course. *BMC Med Educ* 2014;14:23.