

Internship: Learning to be a doctor

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The general theory is - four and a half year long MBBS course is sufficient to train a young, naive mind to understand diseases and illnesses. This is true, theoretically. Nevertheless, learning about diseases and managing symptoms and discomfort of real patients is as different as reading a cook book and preparing a dish. One follows the steps and goes on adding one ingredient after another, but it takes something more to bring out the taste and flavour. Similarly, brilliant medical students require something more than mere knowledge of human body and its diseases – clinical skills, confidence, diligence, and moral ethics and in abundance, common sense. And ironically, for developing these many requirements, a medical student gets only one year, out of the five and half years medical course – the 'internship'. Moreover, internship which is of such importance is also one of the commonly underutilised period of medical education.

With its vast importance in the training of a doctor, rotating internship is a part of all medical courses. The medical council of every country designs and monitors their inter nship programme as suitable for the country. All medical colleges and institutions under NMC strictly abide by this rule. Nepal Medical Council (NMC) too has its own design of internship programme in Nepal which consists of different schemes for flexibility. The internship programme in Nepal is a compulsory rotating internship for one year.

The way the interns are trained and the way they practise vary vastly. It varies according to hospitals, according to each department in a same hospital and according to individual interns. So varies its outcome. Generally by the end of internship each of the interns learns to be doctor, a different doctor. Let us ponder on some issues related to internships and the various points that shape the interns into doctors with differing potentials.

Learning goals

Any teaching-learning programme has to have a set of objectives to achieve, and internship is no exception. Although learning goals of different departments differ contextually, the basic set of clinical know-how, skills, and attitude to approach any clinical situation remains the core. Any intern who has completed a rotation in a

certain department of any hospital has to have this in addition to the department-wise experience. This will ensure a uniform basic standard among all the interns graduating from Nepal, irrespective of individual college/institution.

Assessment criteria

Intravenous cannulation, urinary catheterisation – These are the criteria set by NMC for the 3 months of internship in Medicine Department. And this is strictly followed. But, the mere numbers of these medical procedures performed are not enough to judge how prepared a intern is to independently face a patient. Interns are often seen doubtful of this judging *'Does how many catheterisation I have done define how good I am?'* *'I have done countless IV cannulation, catheterisation, NG insertions, but, if I see a person unconscious in the road I pass by, am I confident enough to say, 'I am a doctor' and run to manage?'*

Clinical exposure

Clinical exposure depends on basically the number of interns, the number and variation of diseases and the policies of departments/ individual consultants.

Nepal Medical Council does have guidelines regarding hospital beds to intern ratio. But the variable here is beds, and not patients. So the extent and variation of diseases witnessed by the interns vary in different hospitals and among different times of the year. *'My anaesthesia rotation was spent during Dashain (10 days festival). I could not attend almost half the usual number of operations.'* Exposure to various disease conditions definitely prepares the interns well and with comments like—*'I got to do only 3 lipoma excision, there weren't enough cases!'* raises question whether or not interns are well exposed.

Furthermore, the ratio is amongst interns and in patients. But what about the out-patients? It is understandable that number out patients is a variable thing. NMC allows interns to examine patients under supervision, and while in-patient is good for learning case work up, OPD is the best place for tasting the variety of illness and confronting symptoms of patients in first hand. NMC does not have any strict rule regarding attendance of an

intern in an OPD. And so OPD exposure is commonly neglected. Some reputed hospitals in Kathmandu even do not allow its interns to attend the OPD services. It is a legal requirement that interns should had practice within the hospital, and their prescriptions be checked inside the hospital.

Exposure for some specialised diseases may require the interns to visit specialised hospitals. With nursing students visiting speciality hospitals all over the country and medical students limited to general hospitals with some of the specialities lacking, e.g., neurosurgery, cancer chemotherapy, and open heart surgery, the education seems unfair to them.

The limited number of patient flow limits the learning opportunities for the interns, and that too when interns have to share the chance with residents, who are always at the top hierarchy of learners, some sort of undeclared competition starts prevailing. This can be true especially when a teaching hospital has just begun to enrol residents.

Guidance and medical practice for interns

Medical interns are given provisional licence number by NMC in the beginning of their internship. This bestows them the privilege to learn and practice medicine under supervision of NMC certified doctors. The basic aim of this is to properly guide the learners!

Learning is much systematic and easier when there are proper guidelines to be followed for procedures and treatments. The individual variance of senior consultants must not confuse the still learning mind of an intern. *'I did so many suturing of wounds and lacerations during my rotation in Emergency department. I learnt the exact way I was taught. When I reached Plastic Surgery rotation, the whole basic concept of suturing and wound closure changed- from when to suture, how to suture and how to take care of the suture site then forth.'*

Another confusion is in the definition of supervision, its manner and extent. It is disheartening to hear consultants saying *'Do as I say. Do not use your head!'* Learning in Medicine must also include learning to use your mind, and common sense.

In western countries, the old consultants boast each other not with their degrees or work experiences or fortune gathered. But they boast the number of efficient doctors and specialists they shaped. This is the attitude that ensures the proper and true "passing on" of knowledge from one generation to another. Hence this must be the core behind the principle of guidance and training of interns. It is good and encouraging for an intern to hear,

'These are my interns. I am teaching them, making them good. They will look after my grandchildren one day.'

Job description

One of the most observed psychological stress amongst the interns is the lack of job description for an Intern. It is not clear the 'must do, should do, can do, want to do' and the extra job definition for interns. Hence they are given works of different variety. An intern at different time plays the different roles of helping clinician with miles of history, medical clerk jotting down thousands of discharges and follow-up notes, and sometimes, attendant looking for or dropping things from one. This confusion may mis-lead an intern into works that do not actually benefit his learning or fulfil his internship objective. Moreover, it creates misconceptions amongst co-workers and even seniors. *'Interns are medical peons'* *'Sister, you can hold their necks and make them do jobs you want in the wards'*. Comment like there from seniors and consultant are heard in the ward at times and again. This depicts the lack of job/work specification for interns.

Next, not just is the work of undefined, but also is the extend of the work. Number of night duties, day off and the official allowed holidays and leaves of internship are also questioned and overlooked at times. NMC guidelines for internship in Nepal clearly mentions a twelve month internship period, with one day off right after a night duty day. Sadly, this is not followed in most of the medical colleges here.

Job description also needs to specify the hours of job. Interns usually follow residents in the hospital work. But then, it is at times taken for granted that interns need not do duties as long as the residents. Moreover, as per NMC rules, every post night duty day must be a leave for the interns. But this is followed in only few hospital and departments. As a result, interns are not only working 60 days extra in the allocated internship period, but they are also completely exhausted after 30 hrs of continuous duty. It is difficult to learn or study with a tired mind, especially when they have night duties as frequent as 2 or more in a week.

The job description of an intern should suit the learning goals and aims. After all, s/he is here to learn to be like the guiding consultant one day. Also, interns must be taught the working ethics and professionalism from the beginning of their practice – the internship.

Working environment

Medical hierarchy is the main determining factor for a pleasant working environment. It is both good and dangerous. Medical hierarchy is not only of

status, positions and power; it is also a hierarchy of responsibility. Hence, learning to stay in the hierarchy is important for an intern. It teaches them the disciplined channel of work division and professionalism. But this hierarchical structure should be pure and acceptable for an intern rather than imposed upon. Interns must be taught to respect the system they are in – after all, interns are also the part of the medical hierarchy.

The work group and place must be such that it encourages the intern to continuously study, not just the old text books but the newest available data and facts. Seniors and consultants must be open for discussions and explanations. There must be innovative programmes and mediums for fun and effective learning like CME, presentations, group discussion, case presentation, journal clubs. This aspect of internship is most neglected when interns face the competitions of seniors learners of residency and masters programme. *'The attention of consultants have decreased since introduction of residency programme here' 'the discussion is always between consultants and residence, it all goes over my head.'* Such complains are common to hear from interns.

Working environment also comprises of physical facilities available for interns, which includes provision for healthy food, good rooms for resting during night duties etc.

Overall, the working and learning environment must be pleasant, cooperative encouraging and motivating. Seniors must be an example for – knowledge, skill, and ethical values.

Research/studies and international externships

Working knowledge of what researches are and how it is done should be known to all interns nowadays. Gone are the days when one could succeed in his/her career without knowing about researches. Interns have a lot to face in this highly evolving and demanding world. Internship can be a great chance to sharpen research skills and journal reading habits. Writing habits are a boon to those who want academic development. The saying of "publish or perish" is very true.

In regards to research and studies, all this is already well established in residencies. While in most internships, it is still limited to helping out seniors in data entry and compilation in SPSS or Excel. Even most of the seniors do not know the correct health research methodology, and research ethics, let alone the data analysis software!

Some colleges' interns are interested but unaware of the fact that they have ample publishing opportunities in journals like KUMJ. Interns often seem to have a mistaken idea *'Isn't KUMJ a private journal of KMC? Am I allowed to submit articles in KUMJ when I am a student/intern of KUSMS (KU School Medical Science)?'* Of course everyone's invited and KUMJ is a standard international medical journal, published by KU.

Another point many interns do not seem to know is about electives or externships. There is an increasing trend among foreign medical students to come to Nepal for such educational experience. We, on the other hand, are not much bothered to go for it. It could be because NMC does not recognise such activities, and any intern going abroad has to repeat the same number of days s/he spent abroad.

Fulfilment of objective

The final question of the whole internship programme is to the interns, 'are you prepared?' and sadly the answer is often doubtful, which greatly questions the practise and conduct of internship programme in regards to the trainees, trainers and the training institution.

Finally, internship is the most important period of the medical career, it is the year when the fresh minds are moulded and prepared to enter the world of healers. For this, everyone has to play their part effectively – interns, senior medical team, medical college and hospital and the Medical Council. Effective changes can make the period sound, enjoyable and effective for the interns.