

Perception of Medical Post graduate students about Internship period

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Abstract

After completing final MBBs exam, Medical Internship is a period in which medical students have to experience medicine by its reality, do clinical work with minimal supervision and as well as have opportunity to communicate directly with patients. Medical Interns has high level of stress because of hospital work, preparation for PG entrance exam. Because of these problems this golden period of medical career may be filled with dissatisfaction, which may lead in to stress, depression and anxiety. Thus this project is designed to identify medical student's problems during internship period, so corrective steps can be taken.

A questionnaire based cross-sectional study was conducted at NKPSIMS. A 20 item questionnaire was validated by 15 members of Medical Education Technology of Unit of Institute. Questionnaire was categorized into two groups learning and experiences during internship period. This pre-validated questionnaire rated against Likert scale was administered to first year post graduate medical students (n=66), who had completed their compulsory rotatory medical internship.

Data was analyzed using mean score and standard deviation for each item and summative score was prepared

It was observed that students were satisfied with learning during internship period (71.57%). Most of students were in agreement about learning from consultants, resident doctors (3.65±1.20, 3.98±0.86 respectively) and by self-learning (3.91±0.94). Most of the students disagreed that they had negative experiences during internship period (summative score 32.53/65) Agreement was observed about no time for PG entrance exam preparation (3.88±1.23), so working hours has to be reschedule to accommodate study hours (3.88±1.3).

Keywords: Learning, Experiences, Satisfaction, Working hours.

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Introduction

After completing final MBBs exam, Medical Internship is a period in which medical students have to experience medicine by its reality, do clinical work with minimal supervision and as well as have opportunity to communicate directly with patients⁽¹⁾. The internship year is one mandatory year after finishing the undergraduate study in the college of medicine, which include rotations in different branches of medicine. Along with learning clinical skills, during internship students have to face problems like sleep deprivation, long working hours without food, mistreatment etc.

Medical Interns has high level of stress due to hospital work, preparation for Post Graduate (PG) entrance exam. Because of these problems this golden period of medical career may be filled with dissatisfaction. This may lead indirectly to stress, which in turn leads to depression and anxiety⁽²⁾. Thus this project is designed to identify medical student's problems during internship period. So according to that

corrective steps can be taken for medical interns problems.

Recent contemporary trends in medical education relating to teaching, learning and assessment are coming. New teaching and learning approaches are designed to ensure that students acquire the appropriate scientific and clinical knowledge; that they acquire the practical, procedural and communication skills or competencies needed to practice medicine, and that they develop professional attitudes and demonstrate behaviors appropriate to the practice of medicine⁽³⁾. So inculcation of this new curriculum will be helpful for developing medical student as good health care provider.

Objective

To identify Medical Students problems during Internship period.

Material and Method

A questionnaire based cross-sectional study was conducted at NKPSIMS. A 20 item questionnaire was validated by 15 members of Medical Education Technology of Unit of Institute. Questionnaire was categorized into two groups learning and experiences during internship period. This pre-validated questionnaire rated against Likert scale (4). Questionnaire was administered at PG Orientation programme to first year post graduate medical students (n=66), who had successfully completed their

compulsory rotatory medical internship. Participants were assured about anonymity. Participation in this study was voluntary. The participants were asked not to discuss questions among themselves in order to avoid peer influence.

Statistical Analysis

Data was analyzed using mean score and standard deviation for each item and summative score was prepared for both group learning and experiences.

Results

It was observed that students were satisfied with learning during internship period (3.56 ± 1.23 , 71.57%). Most of students were in agreement about learning from consultants, resident doctors (3.65 ± 1.20 , 3.98 ± 0.86 respectively) and by self-learning (3.91 ± 0.94) (Summative score 25.05/35).

Most of the students disagreed that they had negative experiences like humiliations or abuse during internship period (summative score 32.53/65). Agreement was observed about no time for PG entrance exam preparation (3.88 ± 1.23), so working hours of interns need to be rescheduled to accommodate study hours (3.88 ± 1.3).

Table 1: Perception of Post Graduate about Learning during Internship (n=66)

No	Item	Mean	Std deviation	%
1	I am satisfied with learning during internship period	3.56	1.22	71.20
2	I learnt best from Consultants	3.65	1.19	73.00
3	I learnt best from resident doctors	3.98	0.86	79.60
4	I learnt best from Self learning	3.91	0.94	78.20
5	There is no opportunity for skill work	2.29	1.23	45.80
6	There is no time for PG entrance exam preparation	3.88	1.22	77.60
7	I learnt to communicate with patients and their relatives during Internship	3.77	1.28	77.40
	Summative Score(35)	25.05	4.30	71.57

Table 2: Perception of Post Graduate about Experiences during Internship (n=66)

No	Item	Mean	Std deviation	%
1	I experienced misbehavior by patients relative - orally	2.45	1.12	49.00
2	I experienced misbehavior by patients relative-Physical abuse	1.36	0.81	27.20
3	I experienced humiliations by residents	2.32	1.25	46.40
4	I experienced humiliations by consultants	1.97	1.07	39.40
5	I received punishment as –Extra work	2.23	1.27	44.6
6	I received threats n terms of – mark as Absent, Extension etc.	3.09	1.43	61.8
7	I experienced hat others took credit for my good work	2.68	1.23	53.6
8	I was blamed for thing that went wrong	2.59	1.46	51.8
9	There is unnecessary staying in hospitals	2.68	1.25	53.6
10	Internship working hours has to be rescheduled, so that entrance exam preparation can be done	3.88	1.31	77.6
11	There is gender discrimination at work place during internship.	2.41	1.32	48.2
12	There is availability of hygienic food in hospital during working hours.	2.17	1.03	43.4
13	During internship working conditions were good	2.70	1.20	54.00
	Summative Score(65)	32.53	7.75	50.04

Discussion

There are lots of challenges in health care systems, which require a proper preparation to meet them. Medical Interns are one of the future components of health care system, therefore the future quality of these system are dependent on quality of medical students and interns education and training. Future doctors should be prepared well to meet these challenges^(5,6). Within the time frame of one year internship, intern must learn both the clinical skills of their profession and professional attitude and behavior⁽¹⁾. So that medical students will be well equipped with knowledge, clinical skills, communication skill and ethical values. Finding of intern's perception and expectation about internship training period will provide what they actually experience in their medical field.

Now a day's attending senior faculty may have less time for their teaching function. If this will continue budding doctors are likely to feel deprived of learning, which is important during training period. This type of internship training is not sufficient to produce physician with a high level of professional commitment who provide quality patient care in spite of the pressure and stress. Doctors now a day's are faced with the increasing burden of accountability that comes with patient care in medical colleges⁽¹⁾. Direct observation and feedback by consultant and senior resident doctors can improve interns learning skills by encouraging and giving advice to them⁽⁷⁾. In the present study it was observed that students were satisfied with learning during internship period (71.57%). Finding of another study showed that majority of medical interns reported positive attitude and satisfaction⁽⁸⁾. In this study most of students agreed that they learnt from consultants, resident doctors (3.56 ± 1.23 , 3.98 ± 0.86) and by self learning (3.91 ± 0.94). Medical student's interpersonal skills, theoretical knowledge and intellectual ability will act as strength to be learnt during internship. Other factors which influence competence are personal initiative, motivation and clinical exposure. During MBBS curriculum inclusion of medical ethics will be helpful for developing ethical dimension of clinical work.

Recent concept about Undergraduate medical educations is broad-based, holistic, integrated and should promote a framework for the development of higher order cognitive skills like communication, professionalism and teamwork to prepare the student for a life-long challenging medical career. Recent calls for a competency-based medical education require, in addition, competency in clinical and procedural skills prior to graduation⁽⁹⁾. In a traditional teaching design, learning is teacher driven. In competency –based training, it is a collaborative process in which responsibility is shared between teacher and learner⁽¹⁰⁾. Competency related deficiencies can be remediated in most instances but deficiencies in professionalism and self-awareness are the most difficult to impart and

remediate. This cannot be learnt from a skill laboratory. Senior clinician always acts as most effective role model for learning proper behavior and communication skills with patients⁽¹¹⁾.

Forms of abuse and other bullying behavior have been reported in various occupational settings. Studies carried out in different parts of the world suggest that the medical profession is no exception to the experience of maltreatment within institutional settings. Among various medical professionals, who have reported abuse, those who are in the early phase of their careers, such as interns, are the most vulnerable. Training in a medical field in general is considered to be one of the most difficult and stressful experiences for doctors and all other health care providers^(12,13). There are inherent mechanisms that perpetuate abuse behavior in the medical culture; it may leads to cycle of bullying within medical profession⁽⁵⁾. In present study most of the students disagreed that they had negative experiences like humiliations and abuse during internship period (summative score 32.53/65). The major reason for not reporting negative experiences might be to avoid further trouble. Interns or junior doctors believed that reporting abuse could adversely affect evaluation and professional career. It might be possible they didn't know how to deal with it or whom to report. Such behavior, out of fear, could be seen as secondary abuse⁽⁵⁾. According to another study working in impaired conditions may act as an added layer of tension faced by new residents⁽¹⁾.

Internship period is a valuable and exciting time, it is the time to acquire professional competence and to prepare for future studies. Where they acquire further competency in their professional field, try to achieve post graduation. Agreement was observed among most of students about statement that no time for Post Graduate entrance exam preparation (3.88 ± 1.23), so working hours of interns need to be rescheduled to accommodate study hours (3.88 ± 1.3). Medical staffs including interns have high level of stress because of their hospital work, academic and people demands, which leads to stress, depression and anxiety. Good quality and enough sleep is important to earn and preserve cognitive performance. Also good sleep can be helpful to avoid health and psychiatric problems⁽²⁾. Reason for increased workload and sleep deprivation may be because of disproportionate doctor patient ratio in most of the medical colleges in India. This is an issue of concern because this will affect the quality of the budding doctor. Unfortunately, the pressure felt by interns or junior doctors are usually underestimated by other members of the medical community⁽¹⁴⁾.

Conclusion

Despite the discomfort noted during internship, it appears to provide a satisfying learning and working experience for majority of interns. Students were in favour of rescheduling Internship working hours, so

time for preparation of PG entrance exam can be allotted.

Recommendations

Findings of the study will motivate internship training committee and higher authorities to take some positive steps to improve the learning and working environment of interns. Higher authorities should assign counselors and facilitate education during ward round. Duty hours also need to be reviewed to get a maximum output in terms of learning among interns.

References

1. Daugherty SR, Baldwin DC Jr, Rowley BD. Learning, satisfaction and mistreatment during medical internship: a national survey of working conditions. *JAMA*. 1998; 279:(15)p 1194-1199.
2. Giri P, Baviskar M, Phalke D. Study of sleep habits and sleep problems among medical students of pravara institute of medical sciences loni, Western Maharashtra, India. *Annals of medical and health sciences research* 2013;3:51-4.
3. Australian Medical Council. Assessment and accreditation of medical schools: Standards and procedures, 2009. <http://www.amc.org.au/images/Medschool/standards.pdf>.
4. Likert R. A technique for the measurement of attitudes. *Archives of Psychology* 1932,140:1-55.
5. Mohammad AS, Yousuf AK, Yousuf AF, Gillian W, Abdullah AM, Hamed AS, Samir AA. Pilot study on the prevalence of abuse and mistreatment during clinical internship: a cross-sectional study among first year residents in Oman. *BMJ* Feb 2013;3-7.
6. Aghamolaei T, Zare S. Quality gap of educational services in viewpoints of students in Hormozgan University of medical sciences. *BMC medical education* 2008; 8:34.DOI:10-1186/1472-6920-8-34.
7. Heidarnia M A, Yasin M, An Evaluation on Medical Interns satisfaction in Internship course in Shahid Beheshti University of Medical Sciences by SERVQUAL Model. *HEHP*.2013. vol 1 (3,4):33-43.
8. Jarahi L, Bazaz S.M.M., Dokhar L. S.G, Satisfaction and Practice assessment of medical interns in application of New method of Evaluation. *Future of Medical Education Journal*. March 2015;5(1):72-74.
9. Lum S K, Lee W R, Ching SD, Balachandran N R, Tee C K. Opportunities for medical students to perform four common ward procedures in a Malaysian teaching hospital 2013;17(1):10-14.
10. William F I, Jonathan S, Olle T C, Denyse L R, Deepak DB, Susan R S, Peter H, Rani M, Eric S H and Jason R F. Competency-based medical education in postgraduate medical education. *Medical teacher* 2010;32:651-656.
11. Brokaw JJ, Torbeck LJ, Bell MA, Deal DW. Impact of a competency based curriculum on medical student advancement: a ten-year analysis. *Teach Learn Med* 2011 Jul-Sep;23(3):2.
12. Sheehan KH, Sheehan DV, White K, Jeibowitz A, Baldwin DC. A pilot study of medical student Abuse: student perceptions of mistreatment and misconduct in medical school. *JAMA*. 1990;263:533-537.
13. Yasser A, Mutaz A, Baraa A, Medical Interns Learning and mistreatment received during the internship year, Are they satisfied? *Education*. 2016,6(1):13-16.
14. Urbach JR, Levenson JL, Harbison JW. Perception of house staff stress and dysfunction within the academic medical centre. *Psychiatry Q*. 1989;60:283-296.