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Observation on Internship Training Program in India: Productive or Unproductive (An Analysis of 232 Observations)

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Abstract: ***Study is undertaken in order to assess and analyze objectives laid down by various medical universities of India functioning under applications of Medical Council of India. Pretested set of questionnaire is prepared and information obtained from the students who have completed internship training at various medical colleges and places. Interns realize that CET examination remains a major hurdle in undertaking internship program in its true perspective. Students differ in opinion about keeping MBBS marks and CET examination marks 50% each for achieving PG seats.Disagreements could be for a vital reason that students do not desire to take up multiple examinations for achieving goal of PG seats.Students consider final MBBS examination and internship program merely a bridge to cross over for completion of MBBS medical education. Suggestions for improvement, skill learning in 3rd MBBS and internship program is discussed in the text.***

Keywords: Internship training, MCI norms, Map and ground realities

1. Introduction

We have been realizing that India is a country of paradoxes. Presently the country has 412 MBBS leading colleges with total MBBS seats of 52475/year producing 30,000 – 35,000 graduates every year and 18,000 specialists.[1] However India has just 1doctor/ 1,278people.[2]

Internship is a phase of training wherein graduate is expected to learn the art of actual practice of medical and health care and acquire relevant skills under the supervisions of their seniors. The candidate thus becomes capable of functioning independently. The student is expected to monitor and acquire the objectives laid down for them.

2. Aim

- Study is to conduct and analyze the level of acquisition of objectives of internship program at various colleges.
- Objectives of internship are laid down, proposed by Medical Council of India, 1997.

3. Specific Objectives of Internship:[3]

At the end of the Internship Training, the student shall be able to:

1) Diagnose and manage clinically common disease conditions encountered in clinical practice and make timely decision for referral to higher level.
2) Use discretely essential drugs, infusions, blood or its substitutes and laboratory services.
3) Manage all type of emergencies – Medical, Surgical Obstetric, Neonatal and Pediatric by rendering first level care.
4) Demonstrate skills in monitoring the National Health Programs and Schemes, oriented to provide preventive,promotive, curative and rehabilitative health care services to the community.
5) Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare services in existing socio-economic, political and cultural environment.
6) Render services to chronically sick and disabled (both physical and mental) and to communicate effectively with patient and the community.
7) Acquire adequate communication skills for proper interactions with:
   a) Patients and Attendants
   b) Seniors
   c) Peer Group
   d) Other paramedical workers
8) Acquire ability, to judiciously select appropriate investigation as per clinical situation, properly collect samples for analysis and, to interpret common clinical and laboratory data.
9) To fill appropriate hospital forms and certificates.
10) To carry out day to day ward procedures and treatment.

4. Materials and Methods

Pretested structural questionnaire were provided to newly joined residents who had completed their internship from different health institutes of India and joined the institutes as junior residents.

1) Group A (n=80), newly joined residents of various faculties from MGM hospital,Aurangabad.
2) Group B (n=59), newly joined residents of various facultiesfromGovernment Medical College, Aurangabad.
3) Group C (n=52), newly joined residents of various faculties of Government Medical College and SMIMER medical college, surat, Gujarat.
4) Group D (n=41), newly joined residents of various

faculties from College of Physicians and Surgeons, Mumbai.
Total number of candidates: 232

The subjects were asked to read the contents of the questionnaire carefully before answering. They were informed duly about the study that the informations so obtained will be utilized for the academic purpose.

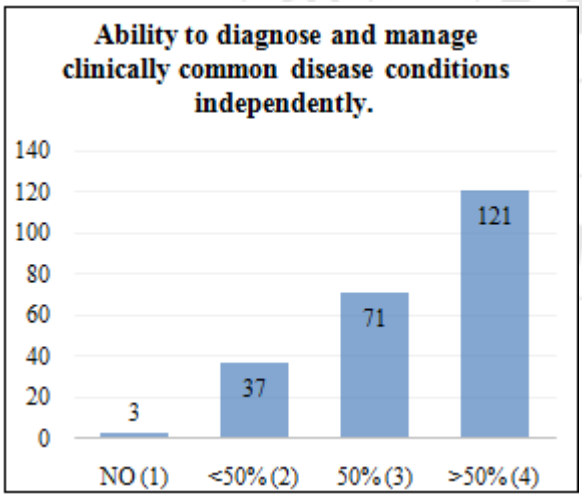
In the questionnaire, **(Annexure 1)** the views are expressed in a scale of
1. 0 to 5 strength. {0 = nil, 5 = maximum.} for Q.1 to Q.6
2. Answers as „YES" or „NO" for Q.7 to Q.12, analysed accordingly.

For further analytical purpose:
Answer with strength„0" is considered as "NO"
Answers with strength„1" and „2" are combined together and considered <50% strength, meaning „below average".
Answer with strength 3 is considered =50% meaning „average".
Answers with strength„4" and „5" are combined together and considered >50%strength, meaning „above average".

5. Results

Table showing Q.1 and bar graph result

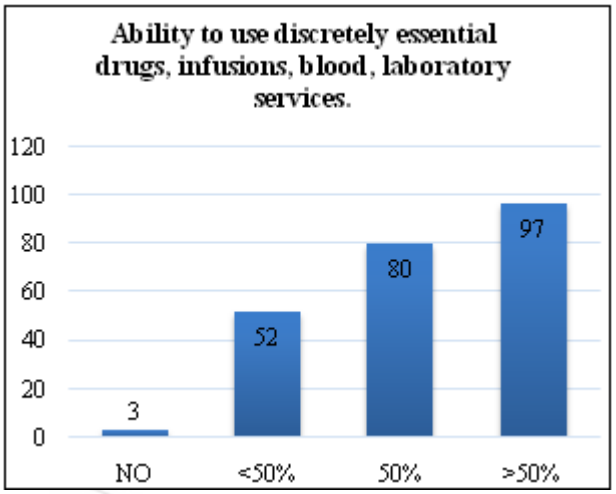
	Grade / Place	0	1	2	3	4	5
Q.1 Ability to diagnose and manage clinically common disease conditions independently.	A	1	6	10	22	27	14
	B	1	0	5	27	17	9
	C	1	0	4	17	26	4
	D	0	4	8	5	14	10
	Total	3	10	27	71	84	37



Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	3	37	71	121

Table showing Q.2 and bar graph result

	Grade / Place	0	1	2	3	4	5
Q.2Ability to use discretely essential drugs, infusions, blood, laboratory services.	A	1	5	20	22	23	9
	B	2	3	7	27	15	5
	C	0	2	6	17	19	8
	D	0	3	6	14	12	6
	Total	3	13	39	80	69	28

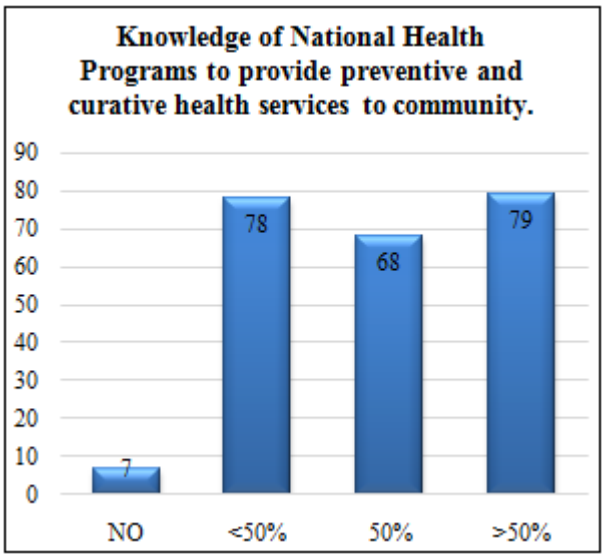


Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	3	52	80	97

From the above tables and bar graph of Q.1 and Q.2 it appears that students after completing internship are quite happy as they are able to diagnose and manage clinically common diseases and able to use drugs and lab services independently.Here it is quite possible that the students may hide the truth while answering to this questionnaire merely to hiding psyche of truth. This fact was quite apparent when senior teachers of various places when contacted expressed the reverse of the concept the students keeping in their mind. Teachers who are directly observing the students aptitude, bedside maniours, use of drugs and lab services and skills during early PG courses categorically disagreed for the positive observation expressed by the junior residents who joined after completion of internship.

Table showing Q.3 and bar graph result.

	Grade / Place	0	1	2	3	4	5
Q.3 Knowledge of National Health Programs to provide preventive and curative health services to community.	A	4	9	20	26	17	4
	B	0	2	10	19	19	9
	C	2	8	9	15	15	3
	D	1	12	8	8	9	3
	Total	7	31	47	68	60	19

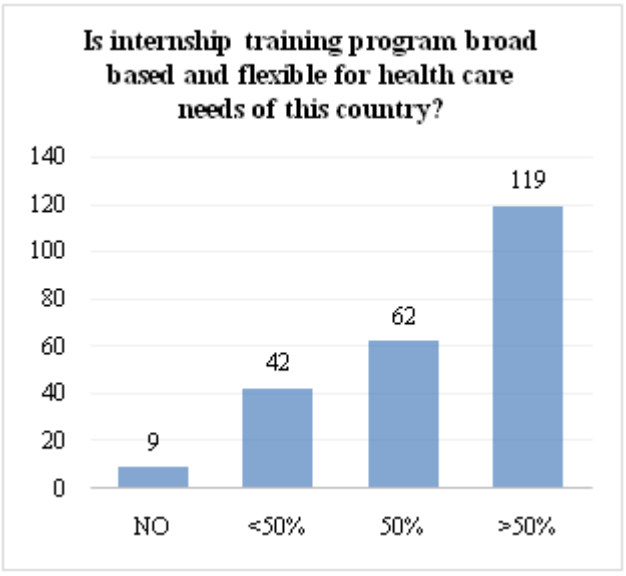


Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	7	78	68	79

From the above graph (Q.3) it appears that the interns are lacking the knowledge of National Health Programs, which is required by the interns to provide preventive and curative health services to community.

Table showing Q.4 and bar graph result

	Grade / Place	0	1	2	3	4	5
Q.4 Is internship training program broad based and flexible for health care needs of this country?	A	1	4	14	21	28	12
	B	3	3	1	16	22	14
	C	2	4	4	13	17	12
	D	3	6	6	12	7	7
	Total	9	17	25	62	74	45

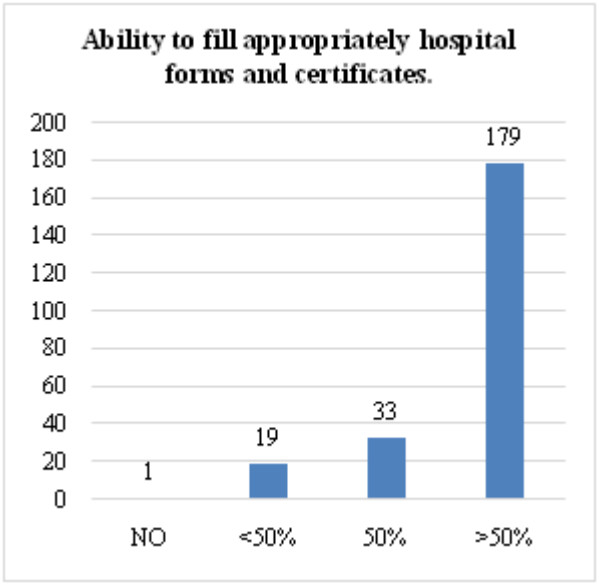


Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	9	42	62	119

The interns have agreed that the charted training program is broad based and flexible for health care needs of this country, however they remain poor in knowledge of National Health Programs of the country as shown in figures - Q.3.

Table showing Q.5 and bar graph result

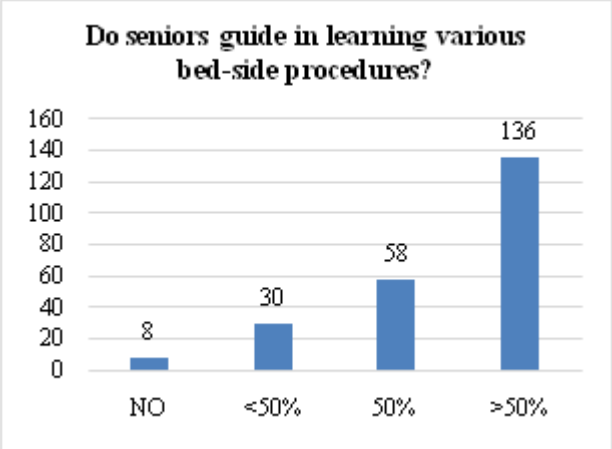
	Grade / Place	0	1	2	3	4	5
Q.5 Ability to fill appropriately hospital forms and certificates.	A	0	4	5	16	20	35
	B	0	0	2	6	16	35
	C	0	1	0	6	16	29
	D	1	1	6	5	14	14
	Total	1	6	13	33	66	113



Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	1	19	33	179

Table showing Q.6 and bar graphs with result

	Grade / Place	0	1	2	3	4	5
Q.6 Seniors guidelines in learning various bed-side procedures	A	4	2	7	17	28	22
	B	2	3	3	19	16	16
	C	1	1	4	10	26	10
	D	1	5	5	12	10	8
	Total	8	11	19	58	80	56



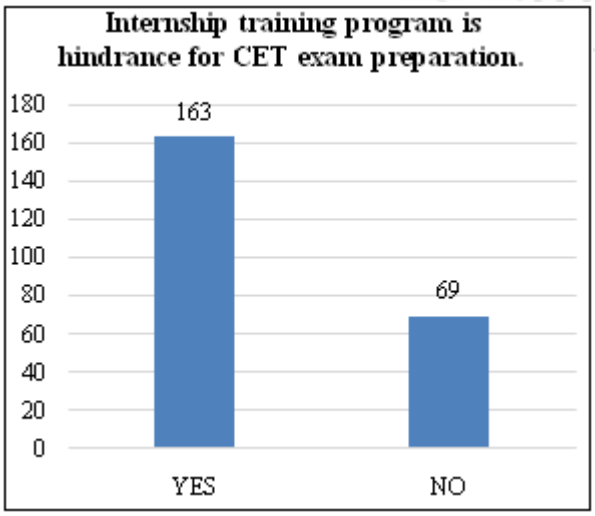
Scale strength	NO (0)	<50% (1+2)	50% (3)	>50% (4+5)
Total no. of cadidates in different scale of strength	8	30	58	136

In the present study Q.5 and Q.6 reveal that theinterns are able to fill appropriately hospital forms and certificates. Their seniors do guide them for learning various bed-side medical procedures.

As far as internship program is considered, the candidates admit that the program, bed side skills, learning etc. in the internship program is very helpful, but in contradiction interns experience a kind of insecurity for achieving heights in ensuing vital future examination of interest viz. CET. All the efforts are done and diverted solely for this CET.The students have answered the questionnaire with mixed feelings which are tabulated and discussed as below.

Table showing Q.7 and bar graph result

	Grade / Place	YES	NO
Q.7 Internship training program is hindrance for CET exam preparation.	A	54	26
	B	44	15
	C	40	12
	D	25	16
	Total	163	69

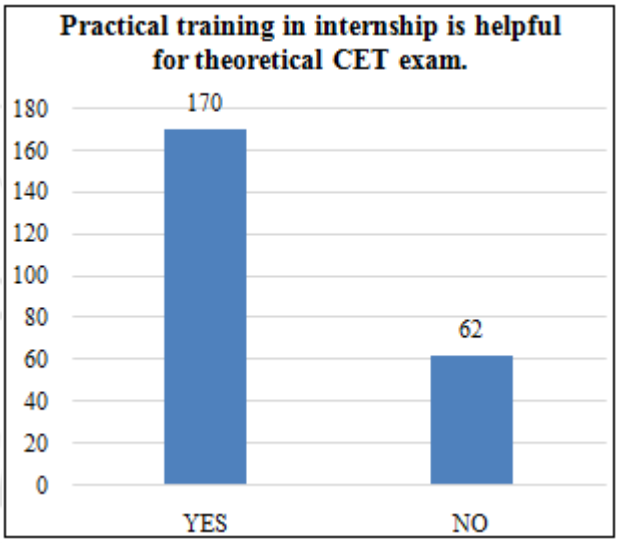


More than 2/3rd have answered YES which shows the internship training program is considered by the interns as hindrance for CET exam preparation.

This observation further emphasizes that the broad based internship training program is not advantageous to the interns as they look at the future CET examination more important than undertaking internship with sincerity.

Table showing Q.8 and bar graph result

	Grade / Place	Yes	No
Q.8 Practical training in internship is helpful for theoretical CET exam.	A	66	14
	B	39	20
	C	36	16
	D	29	12
	Total	170	62

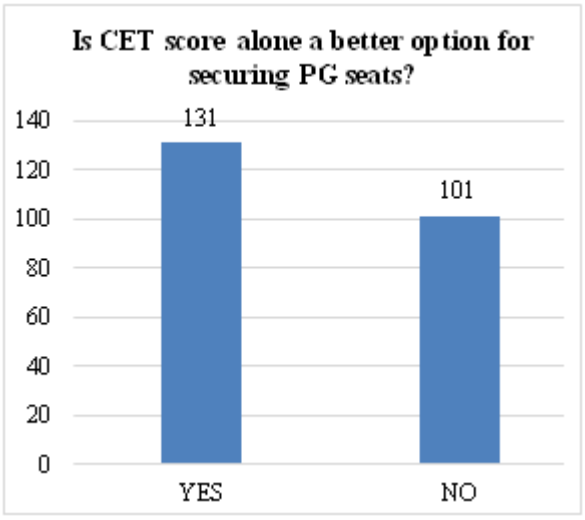


Practical training in internship is helpful in CET examination too as has been conveyed by 170 participants against 62 candidates expressing negativity.

The answers apparently look contradict to Q.7 where they have conveyed that internship program is hindrance for CET. Here the students probably have conveyed their opinion merely as a superficial observation, without having done internship training program with sincerity. Hence contradiction noted.

Table showing Q.9 and bar graph result.

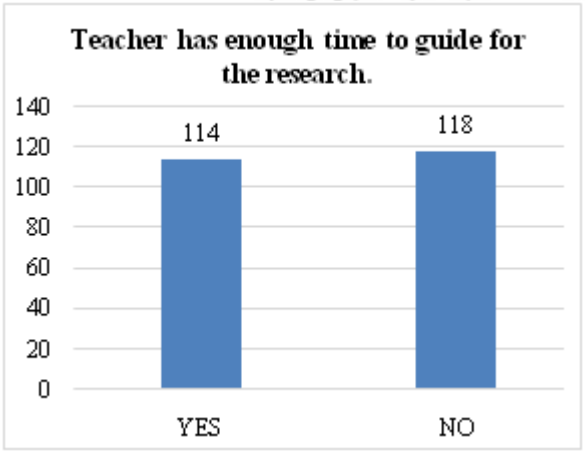
	Grade / Place	Yes	No
Q.9CET scores alone without MBBS marks (theory + practical) better option for securing PG seats.	A	40	40
	B	29	30
	C	39	13
	D	23	18
	Total	131	101



Majority of the candidates i.e. 131 say that only CET marks alone is a better option in securing PG seats against 101 candidates who say no to this. This is so because the students consider MBBS exam merely as visa to qualify for CET examination and they don"t want to have two different examinations as major ones to achieve one goal viz. achieving PG seat through CET. Students don"t pay attention for basic degree of MBBS as well internship training program as they divert all efforts in strengthening CET preparations.

Table showing Q.10 and bar graph result

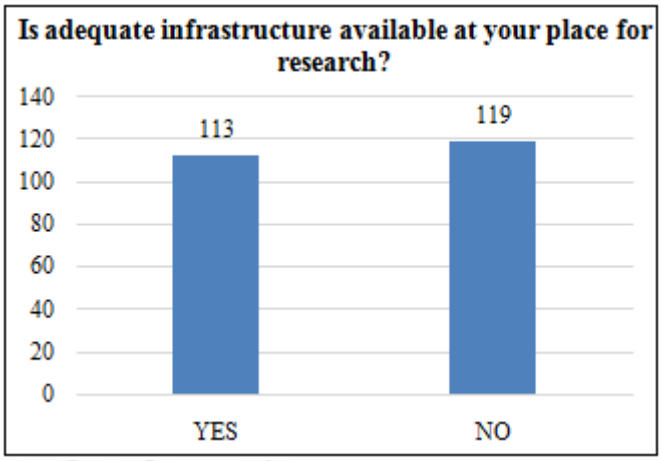
	Grade / Place	YES	NO
Q.10Teacher has enough time to guide for the research.	A	45	35
	B	38	21
	C	15	37
	D	16	25
	Total	114	118



Here almost 50% candidates say YES and remaining 50% as NO. The reason could depend on teacher student relationship, with regard to subject interest in the research, aptitudes towards research and sincerity for research goal persuasion from them.

Table showing Q.11 and bar graph result

	Grade / Place	YES	NO
Q. 11 Have adequate infrastructure at your place for research.	A	42	38
	B	30	29
	C	17	35
	D	24	17
	Total	113	119



50% have conveyed as „NO" because of poor and inadequate knowledge of existence of infrastructure at the institute.

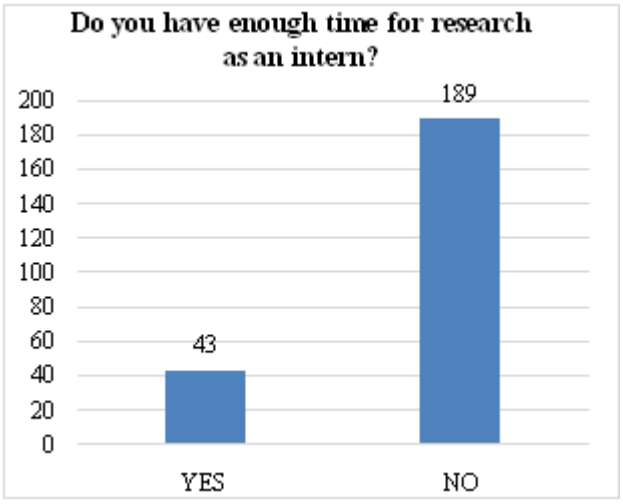
50% who conveyed as „YES" also had poor knowledge of existence of infrastructure for research at their institute yet answers as Yes simply because of their observation on enthusiastic teachers busy with research activities.

It is to be understood that research always do not require quality and heavy infrastructure as bedside clinical research can be very well undertaken without gauging for sophisticated infrastructure tools for the research.

Existence of high quality infrastructure may prove to be a defector situation as plea taken for running these tools depend solely on the persons who are behind it, may be a teacher and enthusiastic student. It is not the quality of stethoscope more important, however it is the person behind the stethoscope.

Table showing Q.12 and bar graph result.

	Grade / Place	YES	NO
Q. 12 Have enough time for research as an intern.	A	19	61
	B	11	48
	C	3	49
	D	10	31
	Total	43	189



The answer here is 43 for „YES", as against 189 saying „NO", in having enough time for research as an intern. The previous questionnaire clearly depicted that it is student"s interest, aptitude and teacher"s sincerity which remain major factors of research. Interns are busy mostly for their CET preparation, hence have no enough time for undertaking research as depicted in above bar graph.

6. Discussion

Today"s medical education, its style and contents are the major determinants of the quality of tomorrow"s health services. The medical professionals especially teachers and public at large except interns who come out to be a citizen with sense of responsibility at places where they are needed. Further they expect an intern to be a budding scientist, a budding humanist and scholar of tomorrow.

It is a good curriculum and teaching and learning during the entire course of internship required to be need based. Though Medical Council of India doing a daunting task, focusing on the design of curriculum and syllabus with current national need. It is unfortunate internship program though apparently prepared and amalgamated with international designs do not prove to be fruitful in achieving high focused objectives.

It is to be noted that medicine is growing fast and medicine is also fragmented to sub-specialties. It has become raw trade where everything but humanity is valued, there could be varied dubious reasons as medicine practice in India is a network of allopathy, homeopathy, naturopathy, saltotherapy and Ayurveda advocators and othersimilar modes of practices in India.[4]

Our vital observation is lead over 90% of the students desire to have PG/Diploma courses and therefore students remain busy with their preparation for common entrance test for PG during their internship training program. As they lightly consider the future examination is more important than undergoing their training and learning skill in internship. Interns therefore do not give importance to bed side learning and medical skills. At this stage the students and their own teachers realize glimpse of forthcoming gloom. The observation on our findings of Q.1 to Q.12 are described and discussed separately with the results outcome.

The interns of medicine stand at cross road do not know which direction to go while undergoing internship. Student aptitude is therefore lost and his interest in research too. The interns don"t anticipate their future whether they will be physician or surgeon of tomorrow till last moment of scrutiny of entrance exam of PG seats.

Myriad factors may contribute to this observation. Vital observation being that problems have erupted after introduction of Common Entrance Test examination based on MCQs. A system of examination having nil adherence on practical exam system based on the same result student seek PG/diploma seat and neglecting and causing degeneration of internship program system.

Hence we need to undertake proper approaches to this problem solving and revamp the whole system of medical education including internship program in the country.

The Medical Council of India and Government of India are having broad views and their contents are good, we need to have proper focus on the problems which had come under observation. Presently focuses on internship program though healthy but impracticable and fall zig zag. Internship program are needed to address the emerging health care challenges in India. The program should be professionally progressive, ethically sound and when interns come out of the medical schools remain as dedicated servant, leaders of health system and society.

In our country we are facing a unique dilemma that the graduates are duly certified but not adequately and not appropriately skilled or competent for the sole reason of neglecting MBBS course and internship program for ensuing pre-entrance post graduate examination.

In implementation of such a fruitful internship program, the map and ground realities differ making this fruitful program more unproductive. Hence need revamping from healthcare challengers and administrators.

Certain humble suggestions are as under:

- The medical profession is unlike other education where in major importance is given to practical aspects of learning and acquiring skills at bed side than learning theory itself as with arts and commerce faculties. A click of mouse can provide abundant knowledge but it is only a good teacher who can give you the wisdom and wisdom lies in knowledge simplification which is learnt as an art of medicine at bed side during 3rd year MBBS and internship program. We really need to search the truth and see that internship program functions properly and judiciously meeting its objectives.
- MCI emphasis a separate passing for all its examination 1st, 2nd, 3rdMBBS and as well PG examination separately in practical and theory.[1] However when student is appearing for seeking PG seat through CET examination which the student considers it the most critical exam of his carrier is devoid of practical examination.[5]
- It would not be inappropriate especially to reconsider 3rd year MBBS examination marks as 50% to be added to

CET exam markings which is purely theoretical based.

- The timings for examination of CET may be preponed before the start of internshiptraining so that internship program goes well without hurdling the candidate for his future examination for seeking PG seats and the CET exam results should be declared only after completion of internship.
- Intern candidates who are performing mini-research, publications, presentations in conference or poster presentation may be awarded with suitable marks for consideration to seek PG seats as additional source.

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