

## **Internship: A closer look at its prospects**

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**W**orking in a hospital is quite different from sitting in a lecture hall listening to the professor. Having been charmed with the clinical aspects of medicine during ward postings in clinical years, interns enjoy the period of internship to the full extent. Should I be asked for my valued phase in the whole MBBS study – It would undoubtedly be internship for it offered me learning opportunity, be it the practical medicine or the medical etiquette.

### **What is it all about?**

The internship, a transition from a medical student to a doctor, is a period of one year after passing the final exam of MBBS wherein an intern works in the hospital setting. Here they get to know the practical aspects of the things they have learned in medical science by interacting with patients, discussing with colleagues and seniors. From opening the IV lines, catheterization, inserting NG tubes, assisting in surgeries they even get to the further extent of performing independent minor surgery and endotracheal intubation. This all depends on the inquisitive nature, zeal for learning and skill development and undoubtedly on the enthusiasm of the seniors/faculty to teach them. As a part of the team, s/he learns to take responsibilities and absorb the skill of approach and management of the patients just by observing how it is being done by the seniors. This training also helps to discover the area where s/he would fit in the future. Thus this one year period is very important phase of the life of a doctor though described as a honeymoon period. But this is not the same for everybody. Some enjoy this period by bunking the duties and merry making while some are unlucky enough for not having proper guidance due to lack of teaching learning activities.

### **The regulation and the issues**

The Nepal Medical Council as a regulatory body has defined the various aspects of internship programme and has clearly listed the hospitals authorized for the programme in its guidelines set on January, 2005. These guidelines give adequate information for the interns and the hospitals to successfully achieve the objectives it has set. The Council deems the interns to meet its set of standards of competence, care and conduct so as to ensure the public access for the safe practice.<sup>1</sup> Despite the regulatory efforts of the

Council, there are some issues that need to be brought out for the common knowledge of the educated mass:

- There is a rush of the interns into the government hospitals in the valley as they provide the best clinical exposure as compared to others despite the increasing amount they need to pay. But the efficiency of hospitals seems to be failing to keep pace with the increasing flow of the interns in terms of the proper management and creation of teaching learning environment.
- There is lack of supervision of internship programme in the hospitals. The general tendency of taking an intern as a mere source of money or manpower prevails in the government hospitals. Every hospital should rather take this as a part of national human resource development training programme and focus on producing competent, well trained and responsible doctors.
- Those teaching institutions which are in the stage of infancy and some private hospitals lack adequate clinical exposure affecting the development of clinical acumen and skills among the interns, the future doctors. Academic institutions must also inspect the teaching hospitals for the maintenance of standards. As the council is concerned only with the general direction on policy decisions and approval of internship training, it is the academic institutions under which the responsibility lies.<sup>1</sup>

The Council needs to ensure adequacy of clinical exposure and the attainment of the desired expertise by the interns before emphasizing the compulsion of doing it in the same college one has studied within the country.

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- Rules and the regulations, their changing nature, the tedious procedure of their implementation coupled with the political influence and nepotism, and the entanglement in paper works are quite appalling. Moreover, there seems to be the lack of coordination between the Ministry of Health, the Council and the hospitals.
- The Council doesn't recognize the internship of the hospitals of China and Russia. The imposition of the rule of mandatory one year peripheral posting for those doing internship in government hospitals make the graduates from these countries the scapegoat when they are actually in compulsion of doing it there. There have been lots of issues regarding the medical education in foreign countries. Has not the time come to think and take some steps to sort out the issues? Should not the foreign medical education system be evaluated according to Nepal Medical Council's set of standards?
- Interns works in various settings as in Emergency, OPD, In-patient ward, Operation Theatre as well as participate in the camps. Our government hospital's outpatient clinics have such a mad rush that there isn't much time to clarify doubts and give the best possible treatment to the patient, so interns can often learn the wrong things unless corrected by a senior.<sup>3</sup> Lots of patients from all over the country come to central hospitals in the hope of getting proper treatment. Thus it is also necessary to look at if we are compromising on the delivery of appropriate treatment service to patients somewhere in between when the interns are not adequately supervised.

Such unforeseen circumstances makes one to ponder upon the great enthusiasm that one had while entering into medical field and then to realize that it has been this way for many others and would be the same for many years to come in the current situation of instability.

### **The licensing exam**

Nepal Medical Council Licensing Exam (NMLE) has been taking place for the past five years and has tried to filter and maintain the quality in the new comers. This is a very good step indeed to ensure the quality when lots of graduates are being produced from foreign countries besides the increasing number from within the country. There has been the provision of appearing for NMLE after nine months of internship. At the same time question is frequently pointed towards the Nepal Medical Council (NMC) as to why a graduate from a NMC recognized medical college

has to appear for the NMLE. Is it because NMC is doing whatever they want or that they fail to control the quality when they recognize the college and so want to make sure the product at the end? This is an irony in its part.

### **Thinking widely**

It's quite worthy to extend the realm of the subject matter to mention the current situation of medical education system of Nepal. The number of medical schools is increasing. Do we really require this increase? Are the new schools sustainable and capable of providing standard medical education? It is imperative to identify the soil texture before dreaming to reap the delicious fruits. The Ministry, the Council and the University are doing good job by holding the inspections from time to time, but do we know how fairly it occurs? On what basis the numbers of seats are being altered? The matter of syllabus, the teaching-learning procedures, the exam pattern and the need for their revision are also issues worth mentioning.

The compulsion of the two years of peripheral posting for the scholarship holders of Ministry of Education would have really contributed to the strengthening of the health system at primary level if it had been complemented with the adequate infrastructure, logistics and skilled lab technicians. The development of job satisfaction among them is very important for the delivery of the beneficial services as expected.

### **Recommendations**

#### **Interns**

1. Should be sincere to profession and have respect for the health of patients.
2. Should develop the interest to learn the health system of Nepal and have adaptation to it with an impetus towards its upgrade.
3. Should take internship as an opportunity and a foundation for evolution into a competent doctor.
4. Should develop the unity for the creation of constructive feedback to the regulating bodies.

#### **Authorities (MOH, NMC and Hospitals)**

1. Mandatory recruitment of an internship coordinator in every hospital authorized for the training and development of a setup that ensures an intern works under the supervision of seniors.

2. Increase the placements for the increasing number of graduates especially, from foreign countries and development of the standard protocol for enrolment.
3. Operation of a system of continuous evaluation through regular supervision and feedbacks regarding internship in government, private and teaching hospitals and reformation of the policies and implementation of them as required.
4. Inclusion of internship as one of the major issues during inspection of the medical colleges (national and international) from MOH/Council/Universities and a call for strict meeting of standards set by Council.
5. Authentication of the private agencies/consultancies sending students for the medical education in foreign countries and a work up for the insurance of the quality medical education in foreign countries.
6. Spare the medical education system from the influence of politics.

### **Conclusion**

The time has come to reanalyze the situation, revise it and upgrade the medical education system of Nepal. As a matter of fact, the wind of change blows but it needs some force to blow in one direction so as to become effective. Everybody involved in this field should be more sincere to this profession and try to maintain the standard. Everyone is responsible in ones own place and can contribute to the desired change. It is the hope of a conscious generation that situation would improve in the near future and concerned authority would work according to the need of the nation.

### **References**

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