

Evaluation of Internship Assessment in Medical Colleges of Bangladesh

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Abstract

This study aimed to evaluate the current status of the internship assessment in medical colleges of Bangladesh. Internship acts as the pathway from being a medical student to becoming a registered doctor. Hence, a rigorous and robust internship leads to producing better doctor and in turn better healthcare. Thus, proper assessment is necessary to ensure the quality of the future medical practitioners. Unfortunately, no study has been done in Bangladesh related to this context. A cross-sectional descriptive study with pre-tested self-administered questionnaires covering study place and population and factors relevant to intern assessment (assessment after each major discipline completion, assessment techniques, and feedback) was performed. The study was carried out in 8 medical colleges (4 public and 4 non-government; 4 inside Dhaka and 4 outside). 300 completed questionnaires (250 interns, 50 supervisors) were analyzed. All the collected data were analyzed and presented with SPSS v 19.0 software. Results revealed that there was no assessment present after completion of major placement rotation (about 54% interns and 24% teachers). Furthermore, only logbook was signed as the prevailing assessment technique (more than 66% interns and 72% doctors). Moreover, assessment feedback system was not fully functional (48.7% respondent views). Hence, the overall scenario is shabby and poses questions on our future doctors' skill set.

Key Words: Internship, Assessment, Feedback, Communication, OSCE etc.

Introduction

Internship is a key part of the transition from medical school to independent practice and specialty training, and focuses on practical training under supervision from senior colleagues, who also provide the trainees with support, feedback, teaching, and assessment (1). Medical students in Bangladesh have to enroll for one year log book based rotatory internship program after passing the final professional Bachelor of Medicine and Bachelor of Surgery (MBBS) examination (2). Internship training is a pre-requisite for BM&DC registration. It is desired that this training will fit the interns to serve the people at graduate level (3). Generally, internship must be carried out in medical institutions having enough man power, skills in management and plenty of training opportunities, so that the fresh graduates can enhance their medical knowledge (4).

After completion of each major discipline (Surgery, Medicine, Obstetrics & Gynaecology), the interns have to appear assessment examination by Objective Structured

Clinical Examinations (OSCE) and feedback is given to interns (3). According to PM&DC, interns have to sit for OSCE for all the major modules (5). In India, there is a scoring system attached at the end of every posting and that is evaluated and signed for the completion certificate by the Head of the concerned Departments. The system has an objective evaluation of his knowledge, skill and attitude during the training and a score of 0 to 5 would be used for scoring (6) (7). Furthermore in Nepal, an intern is assessed for these aspects, namely proficiency of knowledge, mode of documentation in case records, skill and confidence acquired during internship, attitude towards patients, colleagues and superiors, enthusiasm to observe, to assist, to participate and to perform independently, involvement in national programs, communication skills, team spirit, and leadership qualities (4). Further detailed study reveals that in Australia and New Zealand, interns receive an outline of the term assessment processes, including who is responsible for giving feedback and performing appraisals, and how this information will be collated (8). Moreover, there is a structured and detailed assessment procedure followed in Ireland for interns. Each intern needs to demonstrate a competence in three fundamental elements: Clinical Judgment, Communication and Professional Development (9).

In this context, the evaluation of the assessment of the interns in medical colleges of Bangladesh is a timely concern. As proper assessment ensures the outcome of a qualified medical practitioner, a qualified doctor thus in turn ensures uncompromised healthcare. Hence, the aim of this study is to evaluate the assessment of the interns in medical colleges of Bangladesh. Till date, no study has been done to address the issue. The study aims to cover medical colleges from in and outside of the Dhaka city and public and non-government medical colleges.

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Rationale

The internship year is the opportunity to apply, consolidate and expand one's clinical knowledge and skills, and progressively increase one's responsibility for providing safe, high-quality patient care. The internship period should provide a balance between education, training and clinical responsibility, enabling interns to develop the professional and personal competencies that result in good patient care and provide a foundation for lifelong learning. During the internship period, the intern embarks on a process of lifelong learning in a supervised environment where interns will work to develop, improve and enhance their clinical judgment. The internship period also helps the intern to explore his/her field of interest to pursue in future. Thus, this period is a very important phase of the life of a doctor, however, with differences for everyone. Some interns neglect it intentionally by bunking the duties while some are unfortunate enough due to lack of proper guidance (10) (11).

In this regard, if an intern doctor is unable to receive the training properly during the internship period, he/ she may fail to diagnose illnesses or conditions, fail to perform clinical examinations competently, fall short to prescribe correct medication, make mistakes during operations or other medical emergency or procedures such as cardiopulmonary resuscitation, acute respiratory failure, and shock etc. It might result in physical or psychological injury, damage, disability or impairment and even death. These in turn may drastically impact the overall healthcare system.

Methodology

The study was a cross-sectional descriptive study. The study period was approximately 12 months, starting from July 2015 to June 2016. Study data were collected from 4 public medical colleges and 4 non government medical colleges. Out of total 8 medical colleges, 4 were from Dhaka city and 4 were from out of Dhaka city. Sample size was 250 intern doctors and 50 teachers. Data collection instruments were

pre-tested self administered semi-structured questionnaires for both interns and teachers. Collected data were analyzed and represented with SPSS v19.0 software.

Results

Table 1 shows the responses of interns and teachers whether there were any assessments after each major discipline completion or not. Interestingly interns and teachers differ significantly. About 54% interns and 24% teachers responded that assessment is not done. On the other hand, about 46% interns and 76% teachers responded that assessment is done.

Table 1: Responses of interns and teachers whether there were any assessments after each major discipline completion.

Respondent Types	Responses of interns and teachers whether there were any assessment after each major discipline completion, frequency (%)		
	Yes	No	Total
Interns	116 (46.4)	134 (53.6)	250 (100)
Teachers	38 (76)	12 (24)	50 (100)
Total	154 (51.3)	146 (48.7)	300 (100)

Interns and the teachers, who responded affirmatively in Table 1, were asked about the techniques followed for assessment. Figure 1 shows the views of interns and teachers about different assessment techniques. More than 66% interns and 72% teachers responded that the logbook is just signed only as assessment technique. 24% interns and 12.5% teachers responded that OSCE is the assessment technique. Formative, model stations for assessment and final assessment techniques were responded by 12.5%, 7.5% and 7.5% teachers respectively. On the other hand, formative, model stations for assessment and final assessment techniques were responded by 1.1%, 2.3% and 5.9% interns respectively. It is to be noted that some of the teachers responded in multiple sections.

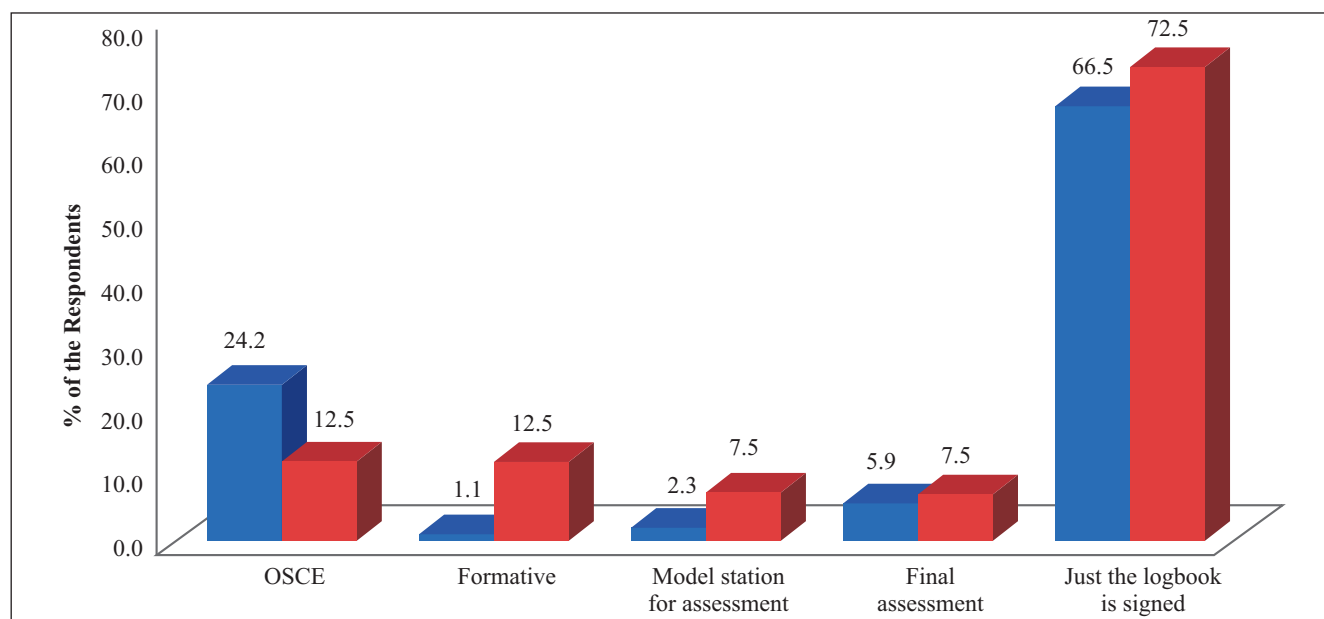


Figure 1: Views of interns and teachers about different assessment techniques.

Furthermore, interns and teachers were asked whether there was any assessment feedback provided or not. Table 3 shows the responses of interns and teachers about assessment feedback. Once again, interns and teachers differ significantly. About 59% interns and 18% teachers responded that feedback is not provided. On the other hand, about 41% interns and 82% teachers responded affirmatively.

Table 2: Responses of interns and teachers about assessment feedback.

Respondent Types	Responses of interns and teachers whether there were any assessment after each major discipline completion, frequency (%)		
	Yes	No	Total
Interns	103 (41.2)	147 (58.8)	250 (100)
Teachers	41 (82)	9 (18)	50 (100)
Total	154 (51.3)	146 (48.7)	300 (100)

Moreover, teachers were asked about the way and frequency of feedback communication. It was found in Fig. 2 that about 45.7% teachers gave feedback to the interns in general, 28.3% gave individual and 26.1% gave in group.

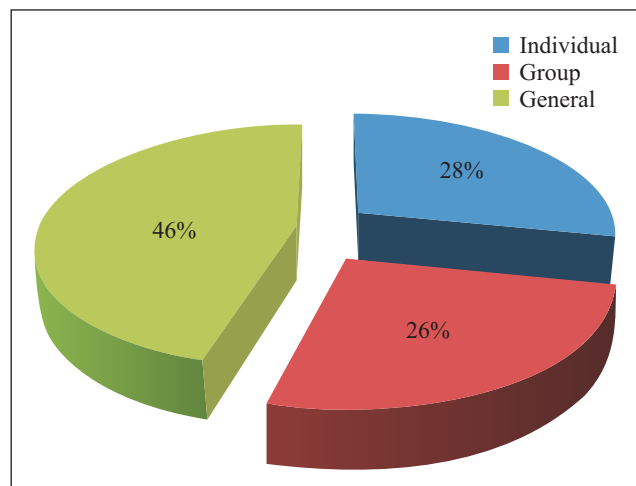


Figure 2: Teachers' responses about the way of communicating feedback to the interns.

In addition, when teachers were asked that how frequently they provide feedback to the interns, it was found in Fig. 3 that about 42.0% teachers discussed with the interns about relevant issues weekly, 34.0% discussed daily, 18.0% discussed in every alternate day.

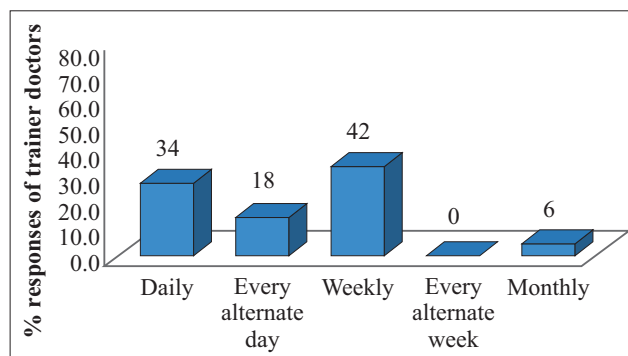


Figure 3: Teachers' responses about the frequency of communicating feedback to the interns.

Discussion

From these observations of the study, stark differences of responses between interns and teachers were found on assessment after each major discipline completion. 76% teachers responded that assessment were present, whereas 53.6% interns told that there was no assessment present and vice versa. Further responses revealed that just the logbook was signed only as the major assessment technique by 66.5% interns and 72.5% teachers. Second major assessment technique was OSCE as responded by about 24.2% interns and 12.5% teachers. Others were not worth mentioning. Moreover, interns and teachers differed in feedback receiving/ providing also. About 59% interns responded that they did not receive any feedback about their assessment, whereas 82% teachers responded affirmatively about providing feedback and vice versa.

In the literature review, it was greatly emphasized that the interns should go through a blend of assessment procedures like OSCE, final assessment, formative assessment after each major area completion and they would receive proper feedback (3), (8), (9), (12) and (13). In addition, peer review, especially by the registrar (14) and simulation using Model are also suggested, however, with mixed results in some of the studies (15), (16). In addition, communication of feedback on a regular basis to the interns in person or in a group enhances the learning and confidence of the interns (17).

Hence, the current scenario is not satisfactory and needs to be addressed properly to enhance the quality of the internship program. In this context, teachers were further asked to opine about the areas of improvement in the current internship program. Their views can be found in Table 3.

Table 3: Suggested areas of improvement in internship program by teachers.

Areas of Improvement	Frequency	Percent
Total duration	6	40.0%
<i>Assessment of trainees</i>	<i>11</i>	<i>73.3%</i>
Community placement	4	26.7%
OPD placement	3	20.0%
Hospital environment	3	20.0%
Total	27	180.0%

* Responses are more than 100% due to multiple response.

From Table 3, the most revealing finding is that the assessment is the biggest area to be improved. Hence, there is a clear lack of proper assessment and feedback mechanism in the current internship program. The problem is serious in case of competencies as well as confidence related issues for the interns. Proper assessment with a variety of assessment techniques and the communication of feedback is utmost necessary to enhance the quality of the current internship program.

Conclusion

Internship acts as the pathway from being a medical student to becoming a registered doctor. Hence, rigorous and robust internship leads to producing better doctor and in turn better healthcare. And proper assessment plays the vital role for ensuring the rigorosity and robustness. Unfortunately, there is a major vacuum with respect to the assessment of the interns in Bangladesh. Majority of the interns and a significant portion of the teachers said that there is no assessment present after completion of major placement rotation. Furthermore, only logbook is signed as the prevailing assessment technique. Moreover, assessment feedback system is not fully functional. Hence, the overall scenario is shabby and poses questions on our future doctors' skill set. To enhance our internship program to a world-class level, proper assessment with a variety of assessment techniques, and the communication of assessment feedback should be mandatory.

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