SOME THOUGHTS ON INTERN TRAINING

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The present-day medical curriculum is so heavy and exhaustive that it places an appalling burden on the medical student. A period of 5 years appears to be too short to acquire more than the barest essentials in medicine. Teachers in medicine experience great difficulty in maintaining a high standard of medical education without overburdening the student or lagging behind a rapidly advancing science.

Time being such an important factor in medical training, it is surprising to note that the internship period, in many instances, is not used to greater advantage to augment medical training which may have been inadequate during undergraduate years. The internship period could be most useful in polishing medical training to a nicety. There is urgent need to explore this important year with reference to its educational value and training possibilities.

The South African Medical and Dental Council introduced the compulsory internship year precisely for the purpose of training young graduates in the practice of medicine. There is therefore nothing new in the plea made in this article. Moreover, many hospitals offer intern training which, fundamentally, incorporates the points raised, and in this review I hope only to create awareness and lay emphasis on aspects which may not be uniformly

practised. Furthermore, the inculcation of certain attitudes and principles in the practice of medicine are so important in the formative years that this is worthy of consideration.

Owing to the shortage of interns, lack of finance and other factors, more importance is placed on the service value and labour of the intern. Even in the best institutions this attitude robs a young doctor of one of the most valuable periods of training in his whole career.

The internship year represents a period which bridges the gap between undergraduate and postgraduate education, and for the first time introduces to the doctor essential techniques in investigative and research programmes. It is a period of consolidation when the theoretical knowledge acquired during the undergraduate years should be put to practical use. The morass of facts and figures 'crammed' for the examinations is now systematized and reviewed critically in the light of actual experience with patients and disease.

Shortcomings in Intern Training

An intern has the opportunity of seeing patients in totality, rather than seeing diseases in people. He looks after the total needs of the patient in terms of his illness, his employment, his family, his anxieties, his problems, etc. In short, he is given an opportunity for responsible management of all the complex human problems in patients. This is in keeping with the highest ideal and duty of the intern and doctor, viz. responsibility for the total care of the patient. Unfortunately, since interns are not given sufficient guidance and supervision in this regard, this human side of medicine is neglected and the young doctor leaves the hospital with a considerable gap in his knowledge concerning a very fundamental aspect of medicine.

In many hospitals conditions of internship leave much to be desired. There is no organized training, no supervision and no guidance. The intern is suddenly given heavy responsibilities with which he is unable to cope. He is given far too much to do, with the result that he does things in a slipshod fashion with the primary intent of doing the minimum amount of work to meet the requirements, and perhaps the satisfaction, of his seniors. He loses interest in his work. He has no time to learn, no intention of taking stock of things. He is too busy, too tired, too harassed and too irritable. He is virtually made to hate his work.

What are the circumstances that place an intern in this unfortunate position? He has far too many patients under his care, too many admissions to contend with daily, too many seniors to be responsible to, too many outpatient and casualty responsibilities, too many investigations to do and too many ward rounds each day on the same patients. Because of this high pressure, he loses all interest in his work, and looks and schemes for as many off-duty times as possible. Under these circumstances, his efficiency is obviously below par. This unfortunate state of affairs is all too common and a complete reorganization is long overdue.

Possible Improvements

Fundamentally, the training of interns devolves round what the intern expects in the way of training which will prepare him adequately to practise medicine; and what is expected of him during his period of training. It should be realized that internship is more than just a period in which a young graduate clerks patients, takes blood samples or administers intravenous fluids. The intern should not be regarded as just an extra pair of hands to relieve the heavy service responsibility of a hospital. This internship period should be made into a recognized institution for polishing the training of doctors. The educational value of this period should be fully exploited, and a great deal of thought and enterprise is needed in organizing this training. The training should be well planned and there should be supervision and guidance throughout this period. Hospitals should have certain minimum requirements before they are recognized for internship training, so that there is some uniformity in this training.

At the beginning of their period of internship, interns should be given talks on the conduct and organization of their work. These should be followed by discussions on clerking of patients, ideas on writing letters to doctors and employers, the proper way of writing medical certificates, and the whole gamut of the clerical aspect of medicine. This unfortunately is not taught or emphasized adequately, with the result that the intern's performance is rather poor in this regard and he possibly carries this deficiency with him throughout his medical career.

Tutorials and discussions on the treatment of diseases can be valuable, especially if these are conducted with reference to patients in the ward. Interns are highly amenable to education and very receptive to learning, since medicine is fresh in their minds and they are not plagued by the fear of examinations. They therefore require careful guidance and assistance in their efforts at consolidation.

Ward procedures are done in only one way, and that is properly. These can only be done properly if interns are given the 'know-how' *ab initio*. It is pathetic to see senior medical officers struggling to take blood simply because they have not been properly taught. In surgical practice interns are trained to perform minor surgical procedures, the emphasis always being on general principles. Basic training in performing correct incisions, stitching, opening abscesses, etc. are so important and yet these are sorely neglected.

The South African Medical and Dental Council has wisely introduced a compulsory period of training in anaesthetics, and interns are expected to administer 50 anaesthetics under supervision. As with all compulsory regulations there is a danger that interns may regard this as yet another hurdle to overcome as soon as possible in order to qualify for registration. This attitude is particularly likely to occur if no definite time is allocated for this training. Furthermore, benefit can only be obtained when an organized course is conducted with expert instruction.

Meetings and Research

The intern is encouraged to attend all postgraduate ward rounds, clinical meetings, lectures, and clinicopathological conferences. He should be given an opportunity to participate in some of these activities. He should be allowed to prepare and present cases at postgraduate rounds and

clinical meetings. All problem cases and deaths should be discussed at length by the unit staff, the intern being the chief participant. Each death merits a clinicopathological conference in its own right, where the cause of death, avoidable factors, diagnosis, treatment and future management of similar cases are discussed.

A journal club is a most useful institution for a unit to conduct. The journals are reviewed by the senior members of the staff. The intern has an opportunity of acquiring new knowledge, and is trained to be critical and not to be misled by exaggerated claims and enthusiastic predictions. There is no reason why an intern cannot participate in research. Small projects which are carried out may break the monotony of routine work, stimulate interest, and pave the way for an outlook of research and investigation, so that challenging situations can be tackled appropriately when they arise.

IDEAL REQUIREMENTS

Ideal requirements are not necessarily impractical and it is opportune to discuss them at this juncture. An intern should be placed in charge of about 25 beds. There should be one registrar and one consultant in charge of these same beds. This simple scheme obviates the necessity of unnecessary and duplicated ward rounds. The same registrar and consultant may have other beds, but this would not affect the intern. Since he is ultimately responsible for the total care of his patients, he needs to be resident in hospital and has to be on duty 24 hours a day and 7 days a week.

Casualty and outpatient work is not the responsibility of the intern. He is not in a position to make major decisions with regard to admissions and outpatient treatment and, moreover, such duties remove him from his own patients who are his primary concern. He cares for patients admitted to his beds only. He is expected to do a limited amount of his own investigations, such as haemoglobin estimations, erythrocyte sedimentation rates, urine testing, etc. He should also be given the opportunity of doing other investigations at least a few times so that he familiarizes himself with the principles and methods involved, discovers the difficulties and observes errors that may be encountered. These more advanced procedures are naturally carried out under expert supervision.

Duty to the Patient

The above scheme would allow the intern to be fully occupied and yet not necessarily overworked. Since he is still in the formative period of his training, the maxim that duty to the patient takes priority over all other duties should be firmly ingrained in his mind. Routine off-duty times should not be encouraged at this stage. In any event, he needs to be near at hand all the time. He is the only person who knows his patients well. He is therefore in an excellent position to observe the progress made by each of them. He also knows which of his patients are critically or seriously ill and need special care and constant observation. Very often, relieving doctors, who are not familiar with the patients of their colleagues, and are in any event too busy with their own work, are not in a position to care for patients who require special attention. Interns should therefore look after their own patients at all times. A few hours off duty can be granted once or twice a week if the circumstances in the ward permit.

Regular attendance by the intern provides the opportunity to follow the progress of the patient closely and to anticipate or observe, personally, certain known complications in susceptible patients, such as pulmonary embolus, pulmonary oedema, myocardial infarction, postoperative complications, etc. Much can be learnt from keen observation of these events, provided the intern is on the spot to observe, examine, diagnose and treat these complications as they arise and to apply himself to these problems intelligently. He is also in an excellent position to observe the natural history of diseases and to see how they deviate from the normal.

Naturally, he needs to record regularly the progress made by each patient. If patients are examined regularly and critically and progress notes are accurately recorded, then many conditions initially undiagnosed will unfold themselves, or misdiagnosis will soon become evident. The intern is taught to take nothing for granted and every sign and symptom new or old is subjected to searching scrutiny. Progress of the patient should be noted throughout the course of his illness, even after discharge from hospital when he is seen at a follow-up clinic. The intern sees these patients under proper supervision and guidance.

Duty to the Hospital Staff

Apart from the very important responsibility of care to his patients, the intern owes much responsibility to his consultant, his registrar, the nursing staff, clerical staff and medical auxiliaries. In presenting cases to the consultant, he should know their details well enough to speak from memory, rather than to fumble through piles of notes. The symptoms, physical signs and special investigations should all be presented without recourse to the bed chart. Furthermore, all new developments, complaints and complications should be known and readily forthcoming at the opportune moment. Case presentations should be short and to the point, without missing important items, and at the same time not burdening the consultant with unnecessary details. The consultant's comments should be accurately recorded in the notes.

Responsibility to the nursing staff is unfortunately not well appreciated. Common courtesy and kindness should be observed at all times. No doctor should enter the ward without first greeting the sister or staff nurse in charge, and obtaining her permission to enter the ward. Orders should not be given to junior nurses. All errors of omission and commission should be brought to the notice of the sister in a gracious, but firm, manner, and not in the presence of patients. Constant teaching of nurses is most important, especially at times when mistakes are made. The whole attitude and demeanour of the intern should be such as to gain the respect and confidence of the nurses and patients.

Ward Rounds

The ward round conducted by the intern is probably the most difficult and strenuous part of his duties, and yet it is not given the attention it deserves. Regular and carefully planned ward rounds are necessary for a reasonable practice of medicine. Each patient should be given an

opportunity to put forward any complaints he may have or to express his progress and well-being. It is well worth listening to patients' 'troubles', even if they become irrelevant or garrulous. They need someone to listen to their problems, and the intern should display patience and wisdom at these moments.

Moreover, each patient expects to be and should be examined, even if it just means placing a stethoscope on the chest. This is good for the morale of the patients. Relevant points are recorded in the progress notes. Chronically ill patients who are particularly liable to develop certain complications such as hypostatic pneumonia, pressure sores, contractures, wasting of muscles, etc. should be carefully examined, not only to exclude the presence of these complications, but more important still, to prevent their occurrence.

Treatment and Observation

No ward round is complete, no matter how painstaking and thorough, unless treatment received by each patient is checked. It is a good rule to prescribe something for patients where the diagnosis is uncertain and they are still being investigated. This is not so much a placebo as something to satisfy their motivation and desire to be given attention and be treated. After all, when patients consult a doctor, they surrender themselves to him, seeking an immediate eradication of their anxieties, worries and ills. The prescription will depend on the type of patient, the nature of his disease, his emotional poise and the degree of rapport between doctor and patient. The initial prescription may accordingly be an explanation of his illness, reassurance, health education, pills, mixtures, injections, etc.

In checking treatment, careful attention should be given to what has been prescribed, what the patient is actually receiving, the length of time the patient has received a particular drug, the choice of the drug, etc. If careful note is not taken of these points, then haphazard and blunderbuss therapy is encouraged. Furthermore, patients may not receive the treatment prescribed, and if this is not discovered in good time, then disaster may befall the patient. On the other hand, some patients receive drugs, particularly antibiotics, for unnecessarily long periods simply because their treatment is not checked regularly. These drugs are not only expensive, but may also prove toxic, and therefore should not be given for longer than is necessary. When a drug is to be stopped it is not sufficient to write the instruction on the treatment chart or to remind the staff nurse. To be absolutely certain that the patient will not receive any more of the drug in question, it is necessary to write the word 'Stop' boldly across the treatment sheet, so that there is no question of it not being stopped.

Observation charts recorded by nurses are well worth regular scrutiny. The progress of the patient and future plan of therapy are dependent on the evidence presented in the charts; they therefore need to be accurate. Particular attention should be paid to temperature charts, intake-output charts, weight of the patient and regular urine testing. Some of these observations may have to be made by the intern, especially if diagnosis or the day-to-day plan of therapy are entirely dependent on these observations. For example, a suspicion of acute nephritis can be confirmed immediately if the specific gravity of the urine is above 1025. Weight loss may be an early sign of response to treatment in acute nephritis. Similarly, weight gain may be the first warning that a patient in acute renal failure is receiving too much fluid.

Nothing should be taken for granted in medicine. The nursing aspect should not be overlooked in any ward round, for even though a brilliant diagnosis be made, the patient may still suffer if treatment is not given as prescribed. A ward round every night is not only advisable, but essential. Patients receiving intravenous infusions should have their calculated intake clearly set out for the nurses to follow. Better still, intravenous infusions should be discontinued at night, if possible, so that the patient can have a restful night. Anxious, restless and violent patients, and patients in congestive cardiac failure, who are particularly liable to develop pulmonary oedema, should be appropriately sedated. Pre-operative and postoperative patients should also be well sedated.

This account may sound too idealistic and be considered to be the thoughts of a perfectionist who has no regard for practical matters. Yet all I have suggested is within the scope of most hospitals and can be effectively practised by those who have much concern with the training of doctors.

SUMMARY

Some thoughts on intern training are presented. The educational value of the internship period is emphasized and the need for proper facilities for organized training is stressed. The South African Medical and Dental Council has created this period for training doctors and it should therefore be fully exploited. All aspects of internship training should be conducted so that the young graduate goes about his work under proper supervision and guidance. There is urgent need for reappraisal of the internship year.

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