

Internship training in South Sudan: the challenges and way forward

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Entry to medical school is always competitive and brings challenges for the student. However medical students do not have a direct responsibility for the care of patients. This all changes from the moment of passing the final qualifying examinations. The prospect of a new career is often daunting and this increases as one advances towards more senior positions within the medical profession. Medical mistakes must be minimized and there is no place for negligence. To achieve this a period of supervised training known as 'internship' or 'housemanship' is undertaken once the student has qualified as a doctor. This training is designed to enable him / her to consolidate clinical knowledge, extend technical skills and develop personal attitudes to fit him/her for a life within the profession.

The Intern may be referred to as a House Officer or Houseman/Housewoman. In the UK, for example, they are known as Foundation Doctors. These are graduates of a college of medicine, holders of MB, BS (Bachelor Medicine and Bachelor of Surgery), they still lack adequate clinical experience and are not fully licensed by the medical councils of their countries.

The House Officer is the professional whom the patient meets most often when entering hospital and will remember for a long time. He/she is the face of the hospital, the source of joy and sometimes sorrow among patients and their families. The House Officer is the doctor who attends initially to all emergencies in the hospital outpatient department as well as following patients admitted to the wards. He/she makes the necessary calls to senior staff for advice about management.

This extraordinary commitment and work load of the House Officers at Juba Teaching Hospital has received little recognition by the authorities. The challenges are rarely covered by the media. Several appeals have been made to the Ministry of Health by the junior doctors with little and inadequate response. In April 2016 this situation resulted in a strike. Through the President's intervention these doctors were paid for ten months at once and resumed their duties. This was the last payment received by House Officers until the time of writing. The reputation of the Ministry of Health and the service it oversees is the consequence of hardworking countrymen

who toil without pay.

The challenges that appear when passing from the status of a student to the role of a newly qualified doctor bring the potential for stress. For some this can be frightening. The causes of stress are multifactorial and include a heavy work load and a poor work-life balance, inadequate clinical supervision, some aggressive and demanding patients and families with unreasonable expectations, a lack of sympathetic understanding by senior colleagues and management, threats of medical-legal action and financial concerns because of small, if any, salaries. These doctors have personal expense commitments as well as responsibilities to their families. This stress is a serious matter as it affects clinical performance and decision making and hence the health outcomes for the patients.

In the last three years the Ministry of Health and Juba Teaching Hospital have adopted a system of not paying the junior doctors salaries and not recognizing their legal rights as employees. They are Interns

in name only. This unfair decision has turned the House Officers into free workers.

Additionally the young doctors often work in poor and unhygienic environments. Their safety is neglected. They are denied vaccination against some of the deadliest infections e.g. hepatitis B virus which can be contracted easily during clinical practice. Laboratory coats are not provided.

Most House Officers cope well with these challenges and exit the intern year well prepared for the next stage in professional development. However, some challenges require study and need urgent intervention from the authorities. This is justified on humanitarian grounds alone. However, there is also a national economic dimension. It is expensive to train a doctor and it is in the best interests of everyone in our country to have a content and efficiently performing medical doctor workforce.

I therefore appeal to all authorities (the Ministry of Health, the South Sudan Medical Council, Juba Teaching Hospital and the Postgraduate Centre) to face up to and urgently address the matters outlined in this paper.

We are a proud nation and collectively want the best for our citizens.

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