



The chronicles of Internland

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After submitting our applications for the internship completion certificate, we finally sat down by a corner of the college porch. A photocopy of our logbooks lay on our laps, containing a record of all that we had done in the past year, and it was heavy with loads of memories, both good and bad.

The human traffic through the portico forced us to move, so we walked down to the canteen and grabbed a seat together. Soon enough a few other batch-mates and friends joined us and we ordered tea and samosas. Everyone had just finished submitting their applications, and, naturally, a discussion sprang up.

Most felt that the year of internship had ended abruptly - it seemed like it was just a few days back that we had started on this long journey. As the conversation unfolded, we rediscovered the up-sides and the down-sides of the year-long medical internship. The discussion was a mixed bag, and certainly enriching.

It turned out that many of us had entered the year-long ordeal without a thought in our minds and without having clear objectives for internship. We were intrigued, now, about whether we had met the expectations or not.

Some friends hurriedly reached for their phones to check what guidelines the Medical Council of India (MCI) and the Medical Faculty of the University had posted - we were keen to know what was expected out of a doctor after an year of internship. It turned out that nobody, not one of us, had done justice to our internship. We had not acquired many of the skills that the MCI expected us to have.

A lull fell over the table; everyone seemed a little sad after learning of the internship guidelines. But soon we began to wonder aloud why, despite our eagerness to learn, we'd fallen short. Why hadn't we looked for these guidelines when we were just starting out? Why hadn't our teachers told us about these clearly laid out objectives? We were disappointed at the incompleteness and inefficiency of the orientation program that was supposed to have prepared us for the whole year of Internship. Had they told us but we'd been too excited about finishing with professional exams and had missed this critical information? If only we'd had near-peer mentors from the batch immediately senior to us - they could have helped us learn from their experiences. Even in the orientation program, if the faculty had invited a senior who had finished internship a few years before us to speak to us, maybe we would have been

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better aware about expectations and how to negotiate the year so as to acquire as many skills as possible.

When the year started, we had expected to work as full-fledged doctors, taking histories, examining patients, making diagnoses, and managing illnesses just as we had seen happening in TV shows such as House MD and Grey's Anatomy. But that hadn't happened. The year had ended too soon. Why hadn't we noticed that we were so far off the mark?

Many of our colleagues, we learned, had spent most of their days in drawing samples, collecting reports, and performing other clerical work. A friend cracked up the group with a sarcastic remark about how collecting reports had to have taught us important lessons in sociology and building rapport with everyone. Although it was a skill worth acquiring, it did make us laugh when everybody started sharing their experiences - from cajoling, to begging, to threatening the lab technicians and doctors to release reports that we needed before rounds started.

We were ranting about how conditions for learning had not been perfect during internship, when a colleague said, 'Why aren't we looking at all that we have achieved? There's a lot we must have learned?' It turned out that there certainly was - most of us reported feeling confident in communicating with patients regarding their disease process and making basic decisions of what kind of care the patient may require, emergency or routine. We were quite surprised to discover the wide variety of procedures everyone had participated in. While some had learned how to insert a central line, many had performed normal vaginal deliveries, and done examination and follow up of ante-natal cases. Still others had learned to do lumbar punctures, pleural taps, and ascitic taps. One of our friends had had the opportunity to intubate sick patients, and assist in elective operative procedures such as hydrocele correction, circumcision, hernia repair, and cholecystectomy. This information was quite thrilling, but it was overshadowed by the news

that nobody expressed confidence in managing basic medical emergencies like hypertension or diabetic ketoacidosis.

We felt it was unfair that some of us had worked so diligently throughout the internship year but nobody had taught us how to attend to a normal vaginal delivery, or insert a central line, or put in fluid orders for sick patients. We had to accept that there was a lack of standardization in our internship program. No one was happy to have missed out on learning a particular procedure and acquiring more experience. A colleague countered, "it's all understandable as there will always be a difference in every intern's attitude towards learning", but this piece of wisdom was quickly found fault with - while an intern's attitude could be suspect, it was thought that inter-departmental and inter-unit differences were more likely to stand in the way of our learning. People, next, started complaining about how the post graduate students were prone to use interns for routine, mundane tasks such as inserting catheters or feeding tubes, and sampling of blood, urine, pus etc. The sense of saturation and the unhappiness in having to carry out the same task repeatedly was evident.

A friend spoke in an undertone, "If only we were not so stressed about the postgraduate entrance exams." Everyone agreed - our ranks in the entrance exam determined if we got into specialties of our choice and much of the internship year was spent in preparation. Another said, "Maybe if the working environment had been a bit more friendly and the staff had supported us we would have been able to do better." This was true, as a friend exemplified with an anecdote. It had been difficult for her to get leave when she'd been stressed out because the postgraduate student in her unit had claimed overwork - apparently, the resident had been concerned about who'd do the sampling in the intern's absence.

There were some great stories, too. A friend said, "I got to be mentored by the best of the seniors, and at times also worked directly with the Consultant. It was a great learning

experience to be able to sit under a Consultant's supervision in the out-patient department or attend ward rounds with them". One of his seniors had even asked him to present the ward rounds one day. Many of us at the table envied him and wished we'd had the opportunity to be mentored by such seniors as well.

We decided that what we needed was to be considered as a part of the team - as important members - by our seniors. Being ill-treated or being considered for mundane tasks only was demoralizing and hindered our learning. We, personally, had never failed to deliver whenever actively included in a task and given a responsibility. Once, when asked to chart the vitals of a patient in sepsis, the clinical and laboratory findings that were picked up and shared with the senior doctor had changed the patient's management - it had been a fabulous

learning experience. Some of us were able to name specific faculty members who made it a point to actively train the interns and were, consequently, revered deeply. The dedication and enthusiasm of both, the teachers and the learners, created learning opportunities and engendered interest, but all of us considered the time spent with patients as the best tutor.

We began to list the changes we wished for: if only there was a computerized system making interdepartmental transfer of reports more efficient; if only the burden of sampling could be taken off our shoulders; if only we were considered learners and not workers, we could have spent so much quality time interacting with patients, and learning so much more. By the end of it, such was the energy at the table and the zeal to learn, that everyone promised to take the responsibility of mentoring future interns whenever we got the opportunity.
