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“they evaluate us based on the questions meant for registrar”: Exploration of Transitional Opportunities Experienced by Intern Doctors

Sitobata M, Mohammadnezhad M

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Short Title: Transitional Opportunities and Intern Doctors' experience

Keywords: Intern-doctors, Medical education, Transition, Opportunities, Vanuatu

Abstract

Introduction: The transition between being an intern doctor before moving into the medical work force is a crucial phase in the life of an intern doctor. The transitional experience is a phase of learning, exploration and adaptation for intern doctors. This study aimed to build insight into the opportunities experienced by intern doctors in Vanuatu during the internship transition.

Methods: A qualitative study was carried out in two referral Hospitals in Vanuatu, Vila Central Hospital and Northern Provincial Hospital. A convenient sample of 27 intern doctors participated through face-to-face semi-structured in-depth interviews. The participants comprised of current intern doctors or those that had completed internship within the past two years and were currently working in the two referral hospitals in Vanuatu. To help direct in-depth interviews, a semi-structured open-ended questionnaire was employed. Thematic analysis was used to interpret the verbatim transcription of the interview material.

Results: Six themes were described as opportunities which are; confidence gain in the work place, clinical competency, impact of supporting learning tools, impact of medical consultants, clinical learning environment, and developing interaction relationship. These opportunities have allowed the interns to become more efficient clinicians to make right decisions and when dealing with stressful and non-ideal situations.

Conclusions: The findings of this study indicates that the transitional opportunities experienced by medical intern doctors will enable them to improve their proficiency level thus improving the clinical outcomes through recognizing the unique challenges and opportunities within Vanuatu's health system. Globally, by comparisons these will add value understanding the broader context of internship programs and identifying potential solutions that are essential to adapt those learnings to the specific context of Vanuatu. Therefore, the six themes identified have prepared well the intern Doctors during their two-year internship program before becoming a fully qualified and experienced Junior registered Doctor.

Ethic registration ID#: 257.20

Introduction

Building a high-quality, secure health care system entails creating care procedures that protect patients from mistakes and unintentional harm (1). Almost all doctors make mistakes, but almost never disclose them to patients or families (2,3). In clinical practice, human errors are common but are generally underreported (4). Across the world 1 in 4 patients are likely harmed while receiving primary and ambulatory health care, particularly “low and middle-income countries” 134 million adverse events occur each year in hospitals, leading to 2.6 million deaths annually due to unsafe care (5). In the US alone an estimated of 98,000 annual deaths could be attributed to avoidable medical errors, thus inspired worldwide efforts to develop more effective patient safety programs (6).

A student's journey from being a student to becoming a doctor is called the medical internship. A time frame during which a medical student is expected to practice medicine, apply what they have learned in school,

and develop the necessary clinical skills under close supervision in order to prepare them to provide safe and effective patient care on their own after they graduate from medical school (7). Intern doctors are going through a challenging and formative time in their lives as they transition into new roles with associated obligations and expectations while also engaging in experiential learning (8). Internationally, in Saudi Arabia internship is a 1 year period similar to the United States and medical graduates in Australia and New Zealand who trained under provisional registration before full registration is obtained (9). While, the United Kingdom the internship as the 'foundation program' runs for a 2-year period (10). Being an intern after graduating from medical school comes with an increase in responsibility, which is difficult because it abruptly shifts from a relatively protected environment to being expected to function competently on a team that places a high value on efficiency. As a result, new medical graduates face difficulties like stress, distress, and burnout (11, 12).

Little is known about how Vanuatu's medical internship program came to be and was guided, which results in an incorrect appraisal of the experiences and circumstances that contributed to the success of the intern doctors in Vanuatu (13). Besides, the gaps in literature specific to Vanuatu shows that there is limited research on internship programs focusing on the Vanuatu context, also there is lack of data on internship effectiveness and obviously understanding the impact of local Context in terms of Vanuatu's unique geographical, cultural, and socioeconomic context that is likely influencing the effectiveness of internship programs. Hence the study is significant because it provides the first comprehensive look at internship programs in Vanuatu, filling a critical gap in knowledge in terms of improving the quality medical education through effective and relevant trainings, strengthen of the health work force and inform policy decision makers.

However recently, the Vanuatu Ministry of Health provided strong support for the newly revamped internship program, allowing intern doctors to grow in competence and confidence in a nurturing atmosphere (14). However, with the new internship program intern doctors are expected to face challenges. Intern doctors in developing nations, such as Vanuatu, have additional difficulties, such as a lack of funding for the health sector, low wages, and discrepancies in access to healthcare (15). Due to lack of previous study, this study aimed to determine and explore the transitional experiences of intern doctors as well as the opportunities they encountered during the internship period.

Methods

Study design and setting

This descriptive qualitative study was conducted at Vila Central Hospital and Northern Provincial Hospital as these were the only two referral hospitals with better medical resources in Vanuatu with consultants and senior physicians who have guided the internship program including the in-charge nurses who have greatly assisted the interns. The internship training was done by the intern Doctors between January 2018 and December 2020.

Study sample

The participants either worked at the two hospitals as interns for longer than six months or had finished their internship within the previous two years and were now employed as registered doctors in one of the hospitals. In total, 38 interns were employed by the hospital. For the purpose of this investigation, 27 intern doctors served as a convenient sample (16).

Data collection tool

A semi-structured interview open ended questionnaire was used to collect data. It was derived from earlier studies and developed in accordance with the study's research questions. Prior to the actual interview, the questionnaire was piloted. Demographic questions and ten main open-ended questionnaires were used in this study.

Study procedure

The health human resource manager was used to locate potential volunteers during the recruitment process. trained research assistant addressed the participants and explained the study's goals and the duration of the interviews verbally and on a participant information sheet. Each participant was required to sign a written consent form before the interview in order to participate. They choose to take part voluntarily. Face-to-face interviews were done in a quiet room by the trained research assistant. Thirty to sixty minutes was allotted for the interviews. Participants were interviewed in their preferred national Bislama language otherwise the English language was chosen for the interviews. All interviews were audio-recorded so that the researcher could subsequently transcribe them and have a professional translator confirm their accuracy.

Data management and analysis

The primary researcher verbatim transcribed every interview once it had been audio recorded. After the transcriptions had been cleaned up, data analysis was done. In this study, the data analysis method of choice was thematic analysis (17). The principal researcher went over each transcript line by line, looking for common phrases and terms, then allocating numbers to each word or idea. Data that had been coded and shared comparable traits were grouped together. These has been verified for any discrepancy with another independent researcher on randomly selected transcripts from the interview participants. After similar data were grouped, descriptive themes reflecting the participants' described lived experiences were found (18).

Study rigor

Rigor is a means of establishing trust or confidence in a research study's conclusions (19). The Lincoln and Guba strategies of credibility, dependability, conformability, and transferability were used to examine how rigorous the study's findings were (20). Whereas in-depth interview questions were developed and derived from prior academic sources and studies as a data gathering method. Details and relevant background information was provided towards this study and its situation. As well as shorting and editing feedbacks were from the academic expertise supervisors. Providing an audit trail. The researcher confirming to be neutral and lack of bias.

Results

The in-depth interviews used to acquire the data included a total of 27 participants. The 27 participants, who ranged in age from 27 to 36, were split 70 percent male and 30 percent female. Twenty-two participants were still working as interns, and the remaining five had just finished their internships no longer than two years prior and were now employed in the referral hospitals of the two nations. There were only Melanesian Ni Vanuatu participants (Table 1).

Table 1. Demographics characteristics of participants (n = 27)

The thematic analysis found six themes emerged from analysing medical interns' responses to the questions. In this section, participants were presented with a "P" and cardinal number like P1, P2.

Theme 1: Gaining confidence in the workplace

Twenty-two participants revealed that their confidence level increased over time as they progressed through the internship program. They confidence is built when dealing with non-ideal and stressful situation, being confident in making right decisions and, having to serve in rural areas also boasted their confidence. Few (11) medical interns have described that their confidence level was boasted as they went through non-ideal or stressful events during their internship. A participant, P8, (a 32-year-old male intern) stated that his confidence was boosted when he was on first on call.

"You have no idea what cases you will encounter...but as you go along you slowly get use to it and it builds your confidence"

Another participant, P21, (a 35-year-old male) describes his confidence through very stressful situation.
"If I attend to a patient and the patient collapse or died hmm, I would call consultant for advice...now I can be able to approach the relatives and explained what went wrong"

Six of the participants have stated that during their internship, decision making was crucial and their level of confidence in making the right decision at the right time increases during their time of internship. As described by, P4, (a 32-year-old intern).

"That internship program has help me to be confident in my decision making, in my diagnosis uhmm as well as when we go out to do rural rotation block"

Five of the participants have acknowledged their rural block rotation as a rotational block that increases their level of confidence. As, (P20, a 34-year-old male) recalls that with the assistant from his registrar he felt confident and enjoyed his rural rotation.

"In my rural block we had senior registrars who understands more of what you going through and they guide you through cases you cannot do in the main hospital"

Theme 2: Clinical competency

A significant number of participants (24) felt that they were clinically competent through the internship program by allowing them to become an efficient worker, as well as increasing their skill development, and at the same time they were tasked as registrar.

Eleven of the participants have reflected and described themselves as being efficient workers by continuous hands-on experience, doing continuous repeated procedures, and being able to work on their own has allowed them to be an efficient worker. A participant, P3, (a 29-year-old male) has reflected on how he worked on his own.

‘If you are the only intern in your rotation block you know that all these ward procedures will fall on you, it’s challenging but it helps you to be more competent’

Some participants (8) have noted that their clinical competency has increased over time as they develop their clinical skills during their internship period. P12, (a 32-year-old male intern) recalls his time when doing certain clinical procedure.

‘You are now in a point where you are given permission do it, it was scary at first but it is a gradual process which now I have mastered’

Five participants have highlighted that during their internship they were tasked as registrar since there was no registrar but only interns and the consultants in their department. This have greatly enhanced their clinical competency skills. P16, (a 31-year-old male intern) said:

‘The main strengthen is that the bosses let you do all the job by yourself, so you learn and have more experiences on hands on’

Despite the competency advantages, interestingly, another participant, P19, (a 32-year-old male intern) disapproved as quoted:

‘And the worst one is they evaluate us based on the questions meant for registrar. These are difficult questions for us interns’

Theme 3: Impact of supporting learning resources

Majority of the participants (25) felt that in one way or the other, the internship program has greatly benefited them through the supporting tools that were provided for them in the course of their internship. Four major tools that were categorised and highlighted by the interns were the internship logbook, pre- internship trainee program, continuing medical education and learning resources.

Twenty-five participants were highly appreciative of the internship log book that was given to them during the internship program. As it provides a set of direction and a goal to accomplished during their duration of internship. A participant, P12, (a 32-year-old male intern) has positively responded:

‘The program is well structured generally because it’s the first ever log book we have and each one has their own, everything is there’

The response from the participant denotes as a comparison to the past internship program experience in Vanuatu whereby it is not well-coordinated, and guided in terms of no proper log books where given outlining medical procedures to be completed as a guideline to complete their internship.

A number of participants (17) who were trained in Cuba and China medical schools were assigned to take up six months pre internship training before assigned to the actual internship program. P9, (a 32-year-old male intern) described the pre internship trainee program as supportive:

‘The main support is the trainee internship which is the transition period, provided especially for medical students that came from Cuba and China’

Though the participants were appreciative of the pre internship trainee program a few have mentioned that the program have ceased, P14, (a 33-year-old female intern) said:

‘During my time we went through the pre trainee program then into internship program, but recently the interns went directly to the internship program... and are facing many difficulties’

All participants (27) have described that during their time of internship they have gone through some form of teaching known as Continuous Medical Education (CME) in their learning process during their internship program, (P20 a 34-year-old male intern) expressed:

‘There was a lot of teaching during ward rounds, there was also a lot of CMEs every Wednesdays and we also had extra teachings on Fridays’

Learning resources are in the form of learning tools which are provided to assist the interns during their time of internship. Few (4) participants have acknowledged the learning tools provided in the form of laptops. P3, (a 30-year-old female intern) recalls:

"I think earlier the program was run by TVET, they provide a lot of help, they provide teaching sessions with some of the consultants, they provide laptops and also stethoscope..."

Conversely, a few participants have noted also that such support is only for a certain time. P5, (a 33-year-old male intern) noted:

"initially the intern program started well with the support from TVET in conferencing, they provided laptops and website to read through etc...but when their contract ends and PRTC comes in, it gets worst"

Theme 4. Impact of the medical consultants

Nine participants reported that their consultants encouraged them to choose the professional path and area of specialization they would like to follow in the future while they were doing their internship. The inspiration comes in the form of being a role model and positive attitudes from the consultants.

Four participants have recalled and highly spoken of their consultant as their role model which influences their career pathway. P24, (a 31-year-old male intern) stated that:

"my boss will always make time for us despite being a busy man...he is approachable and always congratulates us when we do the right thing...I think he inspired me more"

Few other participants (5) have also felt that with the positive attitudes from their consultants influences them on their pathway to their career specialty. As, (P21 a 35-year-old female intern) recalls:

"of course, it influences me, as an intern when my boss is supportive of me...at the end of the day it puts a lot in my mind and allows me to think on which career pathway I want to follow"

On the other hand, a significant number of participants (5) too have also noted the negative influences from their consultants that influences them not to pursue that certain speciality.

P20, (a 34-year-old male intern) said that:

"To be honest I have tried as much as possible to learn from all my consultants but some of them are not so helpful which makes you honestly want to give up"

Theme 5. Clinical learning environment

All participants (27) have gone through and experienced a clinical learning environment during their internship. Their learning environment is experienced through the support from consultants and nurses, as well as from all interns supporting each other and the high clinical hands-on experiences.

All participants have acknowledged the effort and support put by the consultants and nurses during their internship program. However, a majority of the participant have highlighted that nurses were more of a much greater support than the consultants. P4, (a 32-year-old male intern) acknowledges to say:

"The nurses oh! They are the most helpful ones, when we get stuck, they help us get through"

Also, P19, (a 32-year-old male intern) added about the consultants:

"Most support I received was from my bosses or seniors they are very good; they tell you and help you along the way. I really acknowledge them."

Likewise, some participants (12) have acknowledged the support made by both the consultants and the nurses in a form of comparison. P17, (a 32-year-old male) stated that:

"In the beginning most of what we learn was from the nurses. Without them it would be difficult...my bosses are no doubt very supportive as well"

Twenty-three participants have described during the internship that a significant learning support comes from their fellow other interns. As describe by, P8, (a 32-year-old male intern).

"Most of the support I received was from my colleague who are in their second year of internship, and from few registrars. They help us, they know what we should know"

A vast majority of the participant have highlighted the opportunity to have hands on experienced during their internship period. Which is something they never had the opportunity to do during their medical schooling years. P2, (a 28-year-old male intern) has gratefully responded when asked about the strength of the internship program in regards to its clinical learning environment.

"I gain experience more quickly...the bosses let you do all the jobs by yourself, so you learned, have more experience on hands on"

While, P10, (a 30-year-old female intern) claimed that:

"You will only get exhausted and worn out as clinical hands on tasks and procedures are always there"

Theme 6. Interaction development

A good number of the participants (12) have mentioned that during their internship it provides an opportunity for them to interact and build a working relationship with fellow health workers within the hospital.

The participants have developed a good working relationship with other health care workers during their internship. As described by, P17 (a 30-year-old male intern):

"We are good friends with the nurses...the relationship between allied staff like physio is good, so I like it"
However, P2, (a 28-year-old female intern) mentioned that she felt that building relationship is a challenge and she is slowly developing it.

"my one major challenge as an intern is how I relate and interact with MY team...that is a challenge I want to develop personally and professionally too"

Teamwork has also helped the participant to learn better and build good lasting relationship together. As described by, P18, (a 32-year-old male intern) that despite medical students learning from different medical schools in China, Cuba and Fiji, they ensured to build a good working relationship.

"The relationship is very good, we cooperate together, because we knew that at the end of the day we are going to work as one team"

Discussion

According to study results, as interns advanced through their internship program, their confidence level grew over time. They acknowledged that their confidence is built when experiencing events such as; having to do on calls on their own, having to do clinical hands-on procedures for the first time and gaining confidence after continuous attempts. The capacity to gain confidence over time is necessary for providing high-quality patient care (21). Studies states that interns and medical students felt responsible and privileged when working in the rural as it is a positive holistic experience (22, 23). Other studies from the developed countries stated that the intern doctors' confidence was greatly boosted through on calls, daily routine, educational activities, knowledge and skills, medical decision-making, patient and family relations, patient cases, professional interactions, and continual rotations (24, 25).

The interns have stated that their clinical competency has increased over time as they developed their clinical skills during their internship period doing certain clinical procedures. According to a study, clinical competency is a confluence of skills, knowledge, attitudes, and beliefs that are founded on reason, evidence from science, and critical thinking (26, 26). Despite encounters faced some interns positively reflected that they appreciated what the internship program has offered them, as they highlighted that they played the role as a medical registrar since there was no registrar in their department which greatly enhanced their clinical competency skills. However, interestingly few interns felt that they were being evaluated and assessed as registrars while they are still an intern in terms of the assessment questions and expectations. Studies have also shown that the transition from competence to performance is facilitated by increased responsibility and practical experience while keeping an educational focus (27, 28). Similar to this, professional activities like admitting a patient, ordering and interpreting investigations, performing basic procedural skills, prescribing and monitoring medications, and other professional practices capture essential competencies that trainees must master before engaging in them independently (29). Studies depicts that educational interventions to improve clinical competence of students starts at medical schools with having to develop communication skills (27, 30).

The study depicts that majority of the medical interns appreciate the internship program as it greatly benefited them through the supporting tools such as; internship logbook, pre- internship trainee program, Continuous Medical Education (CME), and learning resources. According to a study, group coaching course interventions helped interns who were experiencing transitional difficulties adjust to the medical culture, plan their careers, and maintain a healthy work-life balance (31). Likewise, few privileged interns have acknowledged the learning tools provided in the form of laptops and stethoscopes provided to assist them during their time of internship. Several determinants to a successive internship program was successfully achieved from this current study. According to a study, academic possibilities, hospital personnel, medical intern doctor welfare, and management all have a substantial impact on the transitioning phase of the medical intern (32, 33).

The interns have noted that during their internship they were inspired by their consultants to have them decided on what career pathway in terms of speciality they would want to pursue in the future. Other interns felt that with the positive attitudes from their consultants it influences them on their pathway to their career specialty. Several studies have shown that personal development and interests, helping people, mentors' support and encouragement, learning environment, and an acceptable work-life balance were the motivating factors for selecting a careers choice (34, 35). The development of a career identity and a career direction requires internship experience (36).

Interns experienced a clinical learning environment during their internship. Their learning environment is experienced through the support from consultants and nurses, as well as from all interns supporting each other and the high clinical hands-on experiences. Numerous studies conducted globally demonstrate that a supportive mentoring environment fosters the development of the clinical learning environment, which not only shapes learning but also affects patient safety and the quality of care (37, 38). Likewise, the favorable learning atmosphere, clinical learning opportunities, and lack of abuse also increase internship satisfaction (39, 40).

During the internship, medical interns expressed that it provides an opportunity for them to interact and build a working relationship with fellow health workers within the hospital. Likewise, teamwork was significantly noted in this study as the interns recognized that teamwork allows one to learn better and build good lasting relationship together. According to a study, interactions between interns, registrars, and consultants have a significant impact on how happy interns are at work and how much they learn (41).

Limitations

During the time of interview, a good number of interns were posted to the other rural hospitals and health centers by which we also wanted to interviewed them as well. However, with time constraints and the country's geographic archipelago settings made it challenging to captured those additional medical interns out there performing their rural block rotation.

Conclusion

The study has shown that intern doctors gradually expressed themselves to be more competent and confident. The organization would benefit most from providing the intern doctors with a smooth transitional experience since greater competency would result in high-quality patient care, cost effectiveness, and most crucially, improved patient outcomes... Also the study findings have provided valuable insights that can guide improvements in medical education and internship structures not only in Vanuatu but in similar low-resource settings whereby policy makers and educators will not only strengthen the medical work force in the country but can address caps such the importance of mentorship, focusing on practical skills and competency-based training, leverage technology and resources and continue to create a supporting learning environment where collaboration and knowledge sharing between institutions to improve internship programs in that meets the health demands in terms of quality and efficient health service to all.

Statements

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Statement of Ethics

Ethical approval for this study was obtained from XXX and the XXX. Written informed consent was obtained from the study participants before involving them in the study.

Conflict of interest statement

The authors have no conflicts of interest to declare.

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The authors have not received any financial support.

Author contributions

XX. Conception, Methodology, data collection, analysing, writing—original draft; XX. conception, data analysis, supervising, writing—review and editing.

Data Availability Statement

The data that support the findings of this study are not publicly available due to ethical considerations but are available from the corresponding author upon reasonable request.

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Table 1. Demographics characteristics of participants (n = 27)

Personal information	Frequency	Percentage
Gender		
Male	19	70
Female	8	30
Age (Years)		
27 - 31	11	40
32 - 36	16	60
Ethnicity		
Melanesia	27	100
Marital Status		
Single	11	41
Married	4	15
De facto relationship	12	44