Attitudes of Faculty Members and Interns Towards Goals of Training in Internship

I. O. Al-Orainey


Faculty members and interns were asked to evaluate the goals of training in internship using a 21-item questionnaire. Both groups identified the most important areas of training as data gathering and analysis, patient management in various settings, communication with patients and colleagues and learning common bedside procedures. There were significant differences in rating the importance of individual categories, with interns giving higher ratings reflecting differences in perceiving these goals. More emphasis is required in areas identified as important for training in internship.

Internship is the essential apprenticeship that provides the bridge between undergraduate education and independent clinical practice. Interns are expected to acquire many skills and attitudes during training. This study was undertaken to evaluate the perceptions of faculty members and interns toward the areas of training in internship.

Materials and Methods

This study was conducted between January and March 1990. A questionnaire was developed to cover various areas of training in internship. It consisted of 8 major categories containing 21 individual items or goals as shown in Table 1. The questionnaire was distributed to interns and faculty staff members in Departments of Medicine, Surgery, Paediatrics and Obstetrics & Gynaecology at King Khalid University Hospital in Riyadh, Saudi Arabia. They were asked to:

(a) Assess the importance of each goal towards training of interns. This was graded as: 4 = very important (essential), 3 = important, 2 = less important but useful, 1 = of no importance.

(b) Identify the five most important and the five least important areas of training.

The mean ratings of importance for each of the eight categories were calculated. The differences in ratings of interns and faculty members were assessed for statistical significance using the Mann-Whitney U test.

Results

Questionnaires were completed by 56 interns (49 males and seven females) and 42 faculty members (all males) at King Khalid University Hospital in Riyadh, Saudi Arabia. The majority of interns were in the first 6 months of their training. The mean ratings of both groups for importance of areas of training are shown in Table 2. Data gathering and analysis, patient management in various settings, continued self-education and communication with patients and colleagues were given the highest mean ratings by both groups, while health care management, teaching skills and extended patient care received the lowest ratings. There were significant differences between the two groups in ratings of several categories (Table 2). Interns tended to give higher values of importance to most goals of training.

Both groups identified the five most important goals of training as: performing history and physical examination, organizing clinical data in a logical manner, formulating an appropriate differential diagnosis, selection and interpretation of appropriate diagnostic tests and

Department of Medicine, College of Medicine, King Saud University, PO Box 2925, Riyadh 11461, Saudi Arabia

IBRAHIM OTHMAN AL-ORAINEY MRCP(UK), Associate Professor

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Table 1

Goals of training in internship

<table>
<thead>
<tr>
<th>No.</th>
<th>Area of training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Data gathering and analysis:</td>
</tr>
<tr>
<td></td>
<td>a. Perform history and physical examination.</td>
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<tr>
<td></td>
<td>b. Organize clinical data in a logical manner.</td>
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<tr>
<td></td>
<td>c. Formulate an appropriate differential diagnosis.</td>
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<tr>
<td>2.</td>
<td>Patient management in various settings:</td>
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<tr>
<td></td>
<td>a. Manage patients with common problems in hospital.</td>
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<td></td>
<td>b. Manage patients with common problems in outpatient clinics.</td>
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<td></td>
<td>c. Recognize and manage emergencies.</td>
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<td></td>
<td>d. Select and interpret appropriate diagnostic tests.</td>
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<td></td>
<td>e. Determine priorities in patient care.</td>
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<td>3.</td>
<td>Extended patient care:</td>
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<tr>
<td></td>
<td>a. Plan and supervise long-term management of patients.</td>
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<tr>
<td></td>
<td>b. Address preventive aspects of disease.</td>
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<td></td>
<td>c. Address social aspects of disease.</td>
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<td>4.</td>
<td>Common bedside procedures:</td>
</tr>
<tr>
<td></td>
<td>a. Perform common bedside procedures.</td>
</tr>
<tr>
<td>5.</td>
<td>Communication with patients and colleagues:</td>
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<tr>
<td></td>
<td>a. Communicate well with patients and relatives.</td>
</tr>
<tr>
<td></td>
<td>b. Communicate well with colleagues and other health professionals.</td>
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<tr>
<td>6.</td>
<td>Continued self-education:</td>
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<tr>
<td></td>
<td>a. Understand basic mechanisms of disease.</td>
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<td></td>
<td>b. Learn through continued self-education.</td>
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<tr>
<td></td>
<td>c. Apply current knowledge to clinical setting.</td>
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<td>7.</td>
<td>Teaching skills:</td>
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<td></td>
<td>a. Teach students.</td>
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<tr>
<td></td>
<td>b. Teach patients.</td>
</tr>
<tr>
<td></td>
<td>c. Present data and lecture to colleagues.</td>
</tr>
<tr>
<td>8.</td>
<td>Health care management:</td>
</tr>
<tr>
<td></td>
<td>a. Train in health care management.</td>
</tr>
</tbody>
</table>

Table 2

Mean ratings of faculty and interns for importance of training areas

<table>
<thead>
<tr>
<th>Area of training</th>
<th>Intern rating mean ± SD</th>
<th>Faculty rating mean ± SD</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data gathering and analysis</td>
<td>3.79 ± 0.47</td>
<td>3.75 ± 0.47</td>
<td>NS</td>
</tr>
<tr>
<td>Patient management in various settings</td>
<td>3.66 ± 0.57</td>
<td>3.25 ± 0.79</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Extended patient care</td>
<td>3.07 ± 0.83</td>
<td>2.67 ± 0.77</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Common bedside procedures</td>
<td>3.52 ± 0.69</td>
<td>3.00 ± 0.70</td>
<td>0.0001</td>
</tr>
<tr>
<td>Communication with patients and colleagues</td>
<td>3.50 ± 0.72</td>
<td>3.61 ± 0.58</td>
<td>NS</td>
</tr>
<tr>
<td>Continued self-education</td>
<td>3.69 ± 0.54</td>
<td>3.21 ± 0.70</td>
<td>0.0001</td>
</tr>
<tr>
<td>Teaching skills</td>
<td>3.08 ± 0.83</td>
<td>2.37 ± 0.89</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Health care management</td>
<td>2.34 ± 0.90</td>
<td>2.07 ± 1.02</td>
<td>NS</td>
</tr>
</tbody>
</table>

recognition and management of emergencies. There was also an agreement regarding the least important five items, which included: planning and supervising long-term management of patients, addressing social aspects of disease, teaching students, presenting data and lecturing to colleagues and training in health care management.

Discussion

The main objective of training in internship is to provide balanced clinical experience with increasing responsibility for care of patients under supervision of senior medical staff.1-3

In this study, faculty members and interns identified the most important areas of training during internship as data gathering and analysis, patient management, communication with patients and colleagues and learning common bedside procedures. However, there were significant differences among these two groups in rating importance of several training categories. This reflects differences in perceiving the value of these goals. Interns gave higher ratings of importance probably because they felt insecure about their knowledge and skills. Other studies have also observed differences between junior and senior medical staff in appraising goals of training.4,5

Internship is considered a continuation of undergraduate education where knowledge and skills are refined and developed during this period.3,6 However, in one study, interns perceived no continuity between these two phases of training.7 Interns spend more than 75% of their time in a hospital service role with very little structured training.8 Some authors stressed the need for formal teaching of specific vital tasks as cardiopulmonary resuscitation.9 Others advocate the use of competency-based training programmes, where clinical functions are well defined and the level of competence can be assessed at the end of training.10

This study identifies the important areas of intern training on which more emphasis should be placed. Unfortunately, the level of competence in these areas is not objectively assessed at the end of training. Whether this period of in-service training satisfies its objectives remains unanswered.

References
