

REVIEW ARTICLE

Internship Training in Community Medicine – Need for Reorientation and StrengtheningSubitha Lakshminarayanan¹, Pankaj Bhardwaj², J P Srivastava³¹Assistant Professor, Department of Community Medicine, JIPMER, Puducherry, ²Assistant Professor, Department of Community Medicine & Family Medicine, AIIMS Jodhpur, ³Professor & Head, Department of Community Medicine, Era's Lucknow Medical College & Hospital, Lucknow, India

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Background: The goal of MBBS training program is to create a basic doctor, physicians of first contact for the community in the primary care setting both in urban as well as rural areas of our country. Internship is a phase of training wherein a graduate is expected to conduct actual practice of medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently. In the context of public health practice, he should be oriented to provide preventive and promotive health care services to the community, demonstrate skills in monitoring of national health programs and develop leadership qualities to function effectively as a leader of the health team. **Methods:** This study is based on current status assessment and reviewed literature on internship training in India from PubMed, internet and other sources. The review is presented as need for scenario of internship training in Community Medicine, need for its strengthening, guidelines for internship training and conclusions. **Results:** There is no uniform pattern for internship training in community medicine, in terms of exposure, training and evaluation, at medical college departments and at rural training centers both in government and private medical colleges. This is further complicated by factors like lack of structured framework for need based training, reduced time period of training, preparation for postgraduate examinations and lack of post training assessment. Poor facilities at rural health training centers and primary health centers like transportation and laboratory facilities, lack of infrastructure and basic amenities to cater to the residential needs of interns pose additional difficulties. Internship training in community medicine should be appropriately structured to provide confidence to medical graduates to practice their profession in common and simple settings, and be able to deliver primary health care services. **Conclusions:** Protocols for internship training in community medicine in all medical colleges are necessary to make it more responsive to community needs and to improve the quality of undergraduate medical education in India. Capacity building of future health service providers is essential to meet the growing responsibilities of the Medical Officers in the context of revitalizing primary care.

Key Words

Internship Training; Community Medicine

Introduction

The goal of MBBS training program is to create a Basic Doctor, physicians of first contact for the community in the primary care setting both in urban as well as rural areas of our country. The basic doctor

must function as a clinician, leader, communicator, life-long learner and a professional who is responsive and accountable to the patients and the community [1]. Internship is a phase of training wherein a graduate is expected to conduct actual practice of

medical and health care and acquire skills under supervision so that he/she may become capable of functioning independently. At the end of internship training, the student should be able to diagnose common diseases and make timely decision for referral to higher level, use discreetly the essential drugs and laboratory services, manage emergencies by rendering first level care; and to communicate effectively with patients and the community. In the context of public health practice, he should be oriented to provide preventive and promotive health care services to the community, demonstrate skills in monitoring of national health programs and develop leadership qualities to function effectively as a leader of the health team, within the existing socio-economic, political and cultural environment [2]. As very few studies are available in literature which has reviewed the status of internship training in India.

Aims & Objectives

This review attempts to highlight the current status and the need for strengthening the internship training in Community Medicine.

Material and Methods

The study is based on current status assessment and reviewed literature on internship training in India from PubMed, internet and other sources. The review is presented as need for scenario of internship training in Community Medicine, need for its strengthening, guidelines for internship training and conclusions.

Results

Scenario of internship training in Community Medicine

Fresh graduates are not adequately equipped to begin providing health services for common and uncomplicated conditions in the primary healthcare setting. Several studies have identified shortcomings in the field of medical education and the need for improving knowledge and skills related to provision of primary health care [3]. Community medicine posting is for practicing preventive and promotive care in the community. The Medical Council of India (MCI) recommends a residential posting for interns at a health centre adopted by the medical college to expose medical students to the multiple facets of community healthcare. The attachments to rural health training centre provide an ideal setting for gaining hands-on experience in primary healthcare. This is facilitated by factors like continuity of care in

respect to patients' social environment, receptivity to behavior change in a familiar setting close to their homes, special clinics for addressing situations requiring public health inputs (eg. Mother and child clinics, chronic disease clinics, etc.). Interns are posted at urban health centres and rural health centres (residential), during which they prepare and submit a project work done in the field.

Major lacunae exist both at the medical college departments and at the rural training centers both in government and private medical colleges. There is marked variability among medical colleges in terms of teaching faculty, exposure, training and evaluation. Few institutions in the country have adopted a structured training program for interns in Community Medicine, eg. AIIMS, JIPMER, CMC Vellore, etc. Many departments of community medicine are occupied with the undergraduate and post-graduate training program and are not equipped to satisfactorily monitor the internship training program due to lack of adequate faculty. Poor facilities at rural health training centers and primary health centers like transportation and laboratory facilities, lack of infrastructure and basic amenities to cater to the residential needs, and lack of minimum training requirement pose further difficulties.

Interns should acquire skills to deal effectively with an individual and the community in the context of Primary Health Care. However they utilize this period for preparation for Pre-PG examination [4,5]. They are unable to do so during postings in medicine, surgery, obstetrics and other clinical specialties due to the rigorous working hours in OPDs and emergency duties. The problem is further compounded because of reduction in time available for training. The prescribed period of attachment to the Community Medicine discipline has been reduced from 6 months to 3 months (since 1983) and a further reduction to 2 months (2004 amendment) [3]. On one hand, the volume of skills to be mastered has increased, while the time available has decreased. In many states, the primary health centres are often ill equipped to meet the training needs of medical students; lack of interest in training from both the interns and the medical officers result in poor supervision of skill development at the field level.

Another weak point in the system is the assessment at the end of training period. Interns maintain a record of work/ logbook which is to be verified and

certified by the medical officer under whom he works, but this is not meticulously done in many colleges. Almost all students who undergo internship in community medicine are given a completion status in their log book irrespective of their competencies exhibited or field work done [4].

Need for strengthening internship training in community medicine

In the current era of globalization, public health is being increasingly recognized as an important specialty. The new agenda for public health in India includes the epidemiological transition, demographic transition, environmental changes and social determinants of health. The interns should be sensitized to practicing preventive and promotive aspects of mental health, geriatric health, chronic diseases, etc.

Core public health competencies are required for any doctor, be it in the general practice or in specialities (eg. functioning as a health team, managerial skills, responding to public health emergencies). On the contrary, in India this is almost neglected especially during internship, when they are posted at rural health centres without any special training. Lack of managerial skills among the medical professionals has been recognized as a key factor which affects the delivery of quality health care. The roles and responsibilities of a Medical Officer have increased tremendously with the advent of programs like National Rural Health Mission (NRHM) and other newer programs in the eleventh plan [5]. Postings in the rural health centre provide excellent opportunities for developing their managerial skills during their internship.

MCI Guidelines for internship training in Community Medicine

The focus of Reorientation of Medical Education lies on training of doctors who have the appropriate professional competences including ethical, social, technical, scientific and managerial abilities to enable them to work effectively in the comprehensive health system based on Primary Health Care (Table 1) [6]. At the end of internship in community medicine, an intern should acquire skills to deal effectively with an individual and the community at the level of Primary health centre or district hospital.

SCOPE FOR STRENGTHENING OF INTERNSHIP TRAINING IN COMMUNITY MEDICINE

1. Structured contents of training and uniform adherence by all medical colleges - Internship in

community medicine provides a suitable platform for budding medical students to emerge as competent doctors. Structured protocols for training of interns need to be formulated, constantly reviewed and tailored to meet the public health needs of the community. This should focus on the following five areas to enhance competency building in public health practice.

1. **Management of common health conditions:** Interns should gain hands-on experience in diagnosis and management of common health conditions such as management of fever cases, gastroenteritis, emergency management, local anesthesia and minor surgical procedures in the community centres, conduct of normal delivery etc. The students must acquire certain fundamental skills, such as basic nursing procedures, immunization procedures and basic laboratory procedures. During this period of internship an intern must acquire information on Essential drugs and their usage and recognise medical emergencies, resuscitate and institute initial treatment and refer to suitable institution.
2. **Community-based projects:** In order to orient them to the social dynamics of the community, short community-based projects should be carried out by interns, under the guidance of the postgraduate residents of the Department of Preventive and Social Medicine. This would train them in identification of problems, design of study, analysis and drawing conclusions based on observation. Such exercises would develop the right kind of attitudes towards practice of public health in the future. A few topics are given below.
 - a. Coverage evaluation surveys of Intensified Pulse Polio immunization, Mass Drug Administration or routine immunization coverage in the district.
 - b. Community needs assessment through interaction with Rogi Kalyan Samitis at the PHC level, NGOs, Self-help groups, Panchayati Raj Institutes, Mahila Swasthya Sangh, ASHAs, traditional birth attendant and Anganwadi workers.
 - c. School health screening and health education campaigns.
 - d. Weight monitoring of under five children at Anganwadis.

- e. Short projects based on hospital records e.g. analysis of immunization services, family welfare services, birth and death registers.
 - f. Outbreak investigation of fever, gastroenteritis, etc.
 - g. Verbal autopsy (with the help of field workers).
3. **National Health Programs:** Interns need to be trained in the implementation and management of ongoing national health programs in order to function as medical officers in the future. A few examples include expertise in immunization and management of adverse events following immunization; family welfare planning procedures; prevention and control of communicable and non-communicable diseases; sanitation and water supply; IPHS standard of health at various level of service delivery, medical waste disposal and Organizational institutional arrangements [7]. Studies have shown the effectiveness of internship training in improvement of knowledge on national health programs [8].
 4. **Managerial competence:** The actual management of the health training centers by the medical colleges would provide an opportunity to train the students in all aspects of operation of centres – ranging from administrative management to providing primary healthcare services: working as a team in the community along with the health workers, anganwadi workers; working with pharmacist and store in-charge to understand inventory management, indenting, stock keeping, accounting; and planning and management of health camps. The recent MCI amendment recommends a village attachment of at least one week to understand issues of community health along with exposure to village health centres, Sub Centres and ASHAs [7].
 5. **Health education:** Delivering health talks in special clinics gives interns an opportunity to educate the community on topics of public health importance like immunization, use of ORS, applied nutrition, anemia prevention, care of mothers and children, modes of disease transmission, environmental health, first aid, lifestyle-related diseases, tuberculosis, small family norms, spacing, use of appropriate contraceptives, etc. Campaigns like Family

health awareness week, Intensified Pulse Polio Immunization and health melas are other instances where interns can exercise their communication skills.

- B. Training arrangements at the health training centres - Medical colleges should make arrangements for the stay of interns as are appropriate to a rural setting. A greater emphasis on fieldwork is required during internship which is possible only through field workers for liaison activities and transportation facilities. Situation analysis to identify obstacles that hinder active participation of interns should be undertaken and addressed accordingly. Studies have suggested measures to revise the approach to Community medicine teaching during medical school [9].
- C. Evaluation at the end of Internship: Interns should be assessed for satisfactory completion of internship training in community medicine on the basis of proficiency of knowledge, competency in skills, capacity to work in a team, responsibility, punctuality and initiative, participation in discussion and research aptitude [5,7]. This assessment should be ongoing and done by medical officers in charge, residents and faculty of the department of Community medicine, who play a supervisory role.
- D. Implementation of new recommendations of MCI - MCI has proposed new teaching approaches and curricular reforms to improve the quality of undergraduate training in order to fulfill the goal of a basic doctor with the required competencies. MCI has also proposed that Postgraduate selection examination be held before beginning of internship as against the current pattern (end of internship). Another entry criterion for postgraduate courses is the licentiate skill based examination at the completion of internship [1]. With these proposed changes, interns would be free to concentrate on skill development during internship.

Conclusion

The aim of professional education in health must be the production of a cadre of professionals who would have competence as well as motivation to serve the health needs of the country and its people as a whole. Internship training in community medicine should be appropriately structured to

provide confidence to medical graduates to practice their profession in common and simple settings, and be able to deliver primary health care services. Uniform adherence to protocols in internship training by all medical colleges is necessary to improve the training of graduating doctors, to make it more responsive to community needs and to improve the quality of undergraduate medical education in India. Capacity building of future health service providers is essential to meet the growing responsibilities of the Medical Officers in the context of revitalizing primary care.

Authors Contribution

SL & PB: Study concept, design and drafting of final manuscript, JPS: Conception of idea, critical inputs and drafting cum final approval of manuscript.

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Tables

TABLE 1 COMPETENCY BUILDING IN COMMUNITY MEDICINE UNDER VARIOUS SKILL DOMAINS [2,6]

DOMAIN OF SKILLS	COMPETENCIES TO BE DEVELOPED
Technical skills	a. clinical competence for diagnosis of common ailments by use of bed side investigation and primary care techniques; e.g. malaria, tuberculosis, enteric fever, congestive heart failure, hepatitis, meningitis acute renal failure etc. b. gain information on essential drugs and their usage c. recognize medical emergencies, resuscitate and institute initial treatment and refer to suitable institution d. Training in all National Health Programs
Scientific abilities	a. Conducting a survey and arriving at a community diagnosis b. Analysis of hospital based morbidity and mortality statistics
Managerial abilities	Acquire leadership skills and managerial skills Conduct programs on health education, utilization of scientific information for promotion of community health Be capable of establishing linkages with other agencies as water supply, food distribution and other environmental/social agencies
Social and communication skills	a. Provide health education to an individual/community on topics of public health importance b. Participation in community health activities e.g. safe motherhood, nutrition surveillance and rehabilitation, diarrhea disorders etc. c. Participation in school health program