

Title: The “Competent Intern” program: use of peer feedback to improve competency at primary care settings

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Context and setting: The five and half year M.B.B.S program in India prepares a “Basic Doctor.” During the last year of this program is the internship period meant for developing the required skills. The three-month internship rotation in community medicine is the time when the intern works in primary care setting to acquire skills required for primary care.

Why the change was necessary: The regulatory bodies have recommended monitoring of acquisition of competencies by interns. However, there is no structured program for interns to develop essential competencies at primary care settings or assessment of acquired skills at the end of the community posting. Moreover, because there is shortage of faculty at primary care settings, the curriculum innovation evaluated peer feedback as tool for improving competencies among interns.

What was done: Diarrhea Case Management (DCM) & Family Planning Counseling (FPC) were prioritized based on health center and faculty data. The faculty & primary health centre staff were oriented about the need, the role of feedback and correct usage of the checklists. Each patient encounter was observed by peers or faculty using a standardized checklist (DCM using the WHO/UNICEF integrated management of sick child guidelines and FPC using the GATHER technique) and interns were given feedback at the end of the encounter. Twenty two interns posted for three months in seven health centers underwent 145 patient encounters (74 for DCM and 71 for FPC). Most of the interns underwent at least 3 and 4 feedback encounters respectively for diarrhea and family planning. A retrospective pre-post survey was done to assess the impact the program had on the intern’s knowledge, attitude and skill, as well as to get inputs on the process for its improvement.

Evaluation of the results and impact:

Analysis of the scoring pattern on the feedback checklist showed improvement in the interns’ competency as revealed by an increasing proportion scoring “completely done” with every subsequent session. Similarly, sub-module analysis using repeated measures ANOVA with Greenhouse-Geisser correction revealed that interns improved significantly in skill from their first case to their third or fourth case in mean marks for most sub-modules for diarrhea case management (F value 22.56, $p < 0.005$). Although there was also an increase for competency in the family planning counseling sub-modules, it was inconclusive (F value 3.42, $p = 0.054$). Analysis of the impact of the program on the interns using a retrospective pre-post survey tool revealed a statistically significant change in their knowledge, skill and attitude, with most interns reporting that the structured checklist and feedback program helped them improve their competencies and acquire the art of self directed life long learning. The proportion of peer: faculty feedback was 60:40 and 65:35 respectively for the DCM and FPC cases, thus any improvement in clinical competency is likely to be due to peer feedback. Peer feedback using structured

checklists appears to be a useful, feasible and effective method of enhancing competencies of interns at primary care settings in resource poor countries.

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