

**Title:** Effect of community hospital posting of interns on their clinical decision-making skill development

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**Background:** BP Koirala Institute of Health Sciences (BPKIHS), Nepal is a 15-year-old autonomous medical University. The institute started its first batch of undergraduate medical education (MBBS) in 1994 with community-based curriculum and problem based approach as claimed by curricular and other documents. Accordingly, the MBBS education is an innovative in South Asia. One-year compulsory rotating internship started in 1999 is also unique in the region, i.e., it has 6-month posting of interns in resource-constraint community hospitals (each with 15-50 beds) and 6 months in central university hospital (750 beds and 1000 ambulatory visits/day). The curricular and other relevant documents do not speak much about how interns develop clinical competency while working in resource-constraint setting and its evaluation.

**Objective:** This study is an assessment of whether 6 months of resource-constraint hospital posting of interns has made them better clinical decision-makers especially in the resource-constraint set-up as compared to central university hospital as it is envisioned in the institute's goals so that its educational advantages, if any, could be incorporated in internship.

**Methods:** The perceived clinical decision-making skills was collected from interns, clinical specialist/supervisors, and community hospital doctors using questionnaires (open and closed ended), structured interview, and focused group discussion.

**Results:** Overwhelming majority of the interns had opinion that community hospitals are really resource constraint set-up as compared to central university hospital in terms of lab/imaging services, their reliability, and availability of the consultants. Nevertheless, they believe that they sharpened their clinical decision-making skills including history taking, physical examination, communication skills, etc. Six-month community posting is not only important but also essential to learn and handle different diseases prevalent there. The posting fostered teamwork and strengthened independence in clinical decision-making. The posting is important for learning cost-effective prescribing. The posting makes the interns competent to work at peripheral set-up. Overall, the faculty response is in agreement with the interns. However, supervision by institute is gradually declining. In some of hospitals, patient load is too low leading to wastage of interns' time. The local doctors of some community hospitals, who are allowed to do their private practice beyond office hours, pay little attention to interns. Some BPKIHS faculty believed that some community doctors feel that interns have reduced their "bread-butter". Most of the community doctors had similar opinion as those of BPKIHS faculty and supervisors. They take internship in their hospitals positively and the interns are learning well. In some of the doctor-constraint hospitals, interns have been very instrumental in handling the ambulatory and emergency services. Most community doctors believe that there is good people perception about interns. They suggested ways to improvement: better coordination between the institute and the community hospitals, improving lab-imaging services, incentive to community doctors and more involvement in academic activities.

**Conclusion:** The internship of the institute divided into 6 months, in each central hospital and community hospitals, is well perceived by interns, faculty and community doctors. However, there is a need to improve relationship between central hospital and community hospitals.