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Perceptions of MBBS Interns Regarding Internship Training in Nepal

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ABSTRACT

Background: Internship, an integral part of the MBBS course, includes mandatory clinical rotations during which interns apply knowledge, develop patient management skills, build competencies, and mould themselves into competent medical professionals. However, perceptions of competency achievement and overall internship experience may vary. This study assessed the perceptions of MBBS interns in Nepal regarding their internship training.

Methods: This cross-sectional study was conducted between 20 November 2022 and 20 January 2023 among MBBS interns from various medical schools who had recently completed or were completing their internships. A semi-structured, self-administered questionnaire in English was distributed to the eligible interns using Google Forms. The questionnaire included a five-point Likert scale and closed- and open-ended questions on clinical skills, teamwork, conflict and stress management, postgraduate plans, internship satisfaction, and recommendations for improvement.

Results: A total of 280 interns (male: 61.8%) responded to the questionnaire. Most interns (92%) reported enjoying their internships, while 57.5% felt that the MBBS curriculum adequately prepared them for training. High self-reported proficiency was observed in medical history-taking (86.5%), patient communication (75%), managing common health problems (67.5%), triaging (66.4%), and physical examinations (65.3%). Excessive duties or workload (55%) were the most common challenge, while learning professional skills was viewed as the most valuable aspect of the internship. Additionally, 59% believed that interns should be treated respectfully by medical teams, patients, and their relatives. Collaborative discussions (34%) were the primary conflict resolution strategy, while support from friends and family was the most common stress management method.

Conclusions: MBBS interns reported positive perceptions of their internship experiences and expressed confidence in their professional competencies across most domains of their internship.

Keywords: Education; internship and residency; medical; Nepal; students.

INTRODUCTION

The MBBS programme in Nepal consists of a two-year preclinical phase followed by a three-and-a-half-year clinical phase, which includes a mandatory one-year internship.[1] During this internship, medical interns rotate through various clinical departments, apply their knowledge, and gain hands-on patient-care experience under supervision. Interns also learn about teamwork, professionalism, ethics, time management, and medical record documentation.[2,3]

The Nepal Medical Council mandates that medical graduates be competent in history-taking, physical examination, patient communication, research, information management, and patient management upon completing their internship.[1,4] However, interns have differing perspectives on the competencies they

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achieve during their internship.[5] Furthermore, interns often face stress, burnout, and conflict, making it essential to recognise and address these challenges for a positive experience and effective practical learning.[2,3,6,7]

This study explored the perspectives of MBBS interns on their patient management skills, confidence in medical documentation, teamwork, and leadership skills at the end of their internships.

METHODS

This descriptive cross-sectional study was conducted from 20 November 2022 to 20 January 2023 among MBBS interns who had recently completed or were nearing completion of their internship at various medical schools in Nepal. A semi-structured questionnaire was developed based on the Nepal Medical Council's guidelines for internships and medical graduates, as well as a comprehensive literature review.[1,4,5,8,9] The questionnaire, prepared in English, included multiple-choice questions, a five-point Likert scale, and both open-ended and closed-ended questions. The questions included demographic information (age and gender); interns' perceptions of their patient management competence (eight items); confidence in preparing patient censuses, medical record documentation, and case or topic presentations (seven items); and skills related to patient safety, ethics, and health leadership (four items). The questionnaire also included questions on the MBBS and internship curriculum (five items), postgraduation and further plans (three items), teamwork and group dynamics (six items), internship difficulties, positive aspects, and areas for improvement (seven items), as well as internship satisfaction (two items). This study assessed perceptions of patient management skills using a five-point Likert scale, which has been previously employed to evaluate clinical skills in the intern population.[8] Medical education experts reviewed the content to ensure that the questionnaire effectively captured and collected all the data required to meet the study objectives. Twenty participants participated in the pretest, after which the questionnaire was revised, restructured, and modified based on their feedback. The Institutional Review Committee of the KIST Medical College and Teaching Hospital (Ref. No. 2079/80/24) approved the study protocol before the commencement of data collection.

The research team distributed the questionnaire to all eligible MBBS interns by emailing a link to a Google Form. The form also included information about the study and the consent process, including details on the participants' involvement and their right to withdraw from the study at any time. To ensure the confidentiality of participants' personal information, the survey did not collect their names, medical school affiliations, or email addresses. The collected data were entered into Microsoft Excel and then exported and analysed using the Statistical Package for the Social Sciences (SPSS) for Windows (version 16, SPSS Inc., Chicago, IL, USA). The Likert scale and closed-ended questions were analysed using descriptive statistics, and the results were tabulated as frequencies and proportions. The authors conducted a thematic analysis of the responses to the open-ended questions and presented the findings in tabular format.

RESULTS

A total of 280 survey responses were included in this study. Among the respondents, 173 were male (61.8%), 105 were female (37.5%), and two individuals (0.7%) did not disclose their gender. The majority, 271 (97%) of respondents, were between 24 and 28 years old, and the oldest respondent was 33 years old. The interns expressed diverse views on their ability to perform clinical evaluations, their confidence in carrying out various patient management tasks, and their understanding of the essential qualities needed for managing patients (Table 1). Most interns (161, 57.5%) felt that their MBBS courses had adequately prepared them for their internships. However, 47 (16.8%) were uncertain, and 72 (25.7%) felt unprepared. An internship preparation tool, such as a logbook, was also evaluated. More than half of the interns, 167 (59.6%), agreed that the logbook was essential for the undergraduate programmes. However, 32 (11.5%) were undecided, and 81 (28.9%) disagreed with its importance, indicating varied perspectives among interns on the value of such tools in enhancing the learning experience.

Interns have proposed a series of improvements to various aspects of the MBBS course, including clinical postings, curriculum structure, teaching and evaluation methods, regulatory oversight, and other miscellaneous areas— suggestions aimed at enhancing the effectiveness of the internship training (Table 2). Many of the recommendations focused on clinical postings and placements (56, 20%). These included revised posting durations (28, 10%), the introduction of regular clinical rotations from the first year (10, 3.6%), the organisation of basic and clinical correlation seminars (7, 2.5%), orientation sessions both before the academic year and at the start of each clinical posting (6, 2.1%), and the strengthening of junior internship

postings (5, 1.8%). Regarding regulatory supervision, 21 interns (7.5%) advocated for periodic curriculum revisions to maintain their relevance and effectiveness, 11 (3.9%) emphasised the need for increased oversight of colleges, and 7 (2.5%) recommended implementing academic calendars to standardise scheduling. Regarding evaluation methods, 10 (3.6%) of interns proposed incorporating multiple-choice question-based assessments, 9 (3.2%) supported problem-solving and competency-based evaluations, and 5 (1.8%) suggested reducing the emphasis on theoretical exams. A small number of participants 6 (2.1%) also highlighted the importance of a supportive learning environment and the creation of a student-friendly atmosphere, 3 (1.1%) advocated for mental health support, 3 (1.1%) suggested the availability of hostels or residential facilities near hospitals, and another 2 (0.7%) proposed student exchange programmes.

During their internships, 98 interns (35%) either published their studies or participated in research activities. Many interns recommended the inclusion of research methodology modules in the MBBS curriculum regardless of publication status (Table 2). Most interns—157 (56.1%)—had already decided on a potential postgraduate specialisation subject during their internships, while 118 (42.1%) were still undecided, and 5 (1.8%) did not want to pursue postgraduation. Regarding preparedness for the next step in their career, nearly half of the interns (132, 47.1%) reported feeling fully ready to take on their responsibilities as medical officers, whereas a similar proportion (133, 47.5%) considered themselves mostly prepared. Only a small percentage of respondents, 15 (5.4%), felt that they required additional time to handle new responsibilities. In contrast to their perceived readiness and plans for postgraduate specialisation, the interns' actual career intentions varied considerably. Only a few 3 (1.1%) expressed an interest in pursuing a career outside of medicine. Meanwhile, 140 (50%) wished to prepare for postgraduate exams while working as medical officers, 64 (22.9%) aimed to become medical officers, 51 (18.2%) planned to move abroad or attempt foreign licensing exams, and 22 (7.9%) intended to focus solely on postgraduate exams.

Teamwork and understanding group dynamics are complex skills that interns must develop during their internship. Approximately 195 (69.6%) of the interns felt fully part of the healthcare team, 50 (17.9%) felt part of the team at times, and 35 (12.5%) never or rarely felt part of the team. Furthermore, 145 interns (51.8%) stated that the team acknowledged their suggestions or input, 77 (27.5%) felt they were sometimes recognised, and 58 (20.7%) believed the team never or rarely acknowledged them. When overwhelmed by clinical work, many interns (181, 64.6%) sought help, while 73 (26.1%) did so occasionally, and 26 (9.3%) never asked for assistance from their team members. Similarly, 219 (78.2%) of the respondents assisted the team when the clinical work was overwhelming, 47 (16.8%) helped at times, and 14 (5%) never or rarely helped the team. A total of 165 interns (59%) reported experiencing mistreatment by multiple personnel during their internships. Among them, the majority—118 (71.5%)—felt mistreated by the nursing staff, followed by administrative staff (87, 52.7%), clinicians (86, 52.1%), postgraduate or medical officers (83, 50.3%), patients or their relatives (82, 49.7%), paramedics (46, 27.9%), colleagues or peers (45, 27.3%), and medical students (5, 3%). Furthermore, nearly half of the interns, 126 (45%), experienced conflict with their teams during clinical placements and employed various strategies to manage it (Table 3).

The interns in this study reported that their internship experience offered both opportunities and challenges across various domains. Only a small percentage—17 (6.1%)—reported experiencing no difficulties during their internship. However, most of them—263 (93.9%)—encountered several significant challenges. Commonly reported issues included excessive workload—154 (58.5%), financial concerns—145 (55.1%), limited availability of leave—144 (54.7%), and difficulty managing time for recreational activities—140 (53.3%). Additional challenges included unfavourable working environments—124 (47.1%), the inability to balance work and personal life—116 (44.1%), and elevated levels of stress or anxiety—99 (37.6%).

Interns reported various types of skills to be difficult to learn during their internship training (Table 4). Among these, medical procedural skills were the most challenging to acquire, as cited by 117 respondents (42%). These included intubation 44 (15.8%), intravenous cannulation 15 (5.4%), arterial blood gas sampling and interpretation 11 (3.9%), lumbar puncture or spinal anaesthesia 10 (3.6%), chest tube insertion 10 (3.6%), pleural or ascites tapping 10 (3.6%), bone marrow aspiration or biopsy 10 (3.6%), foley's catheterisation 4 (1.4%) and nasogastric tube insertion 3 (1.1%). Medical management skills were the second most difficult category for 73 (26.1%) of the interns. These encompassed managing critically ill patients 21 (7.5%), triage and handling common medical-surgical emergencies 15 (5.3%), drug prescribing and fluid management 14 (5%), conducting normal deliveries

6 (2.2%), paediatric and neonatal evaluation and care 6 (2.2%), interpreting diagnostic tests such as laboratory investigations, echocardiography, and ultrasonography 5 (1.8%), interpreting electrocardiograms 4 (1.4%), and conducting psychiatric histories or mental health evaluations 2 (0.7%). Surgical procedural skills were the third most challenging area, identified by 67 interns (24%). Specific challenges included mastering suturing techniques (24, 8.6%), other basic surgical skills (22, 7.9%), and minor surgical procedures (21, 7.5%). Some interns noted additional challenging skills beyond these categories (Table 4).

Interns emphasised the need for more hands-on demonstrations, teaching, and guidance in specific skills during their internships. They expressed that more focused teaching would help refine their abilities and better prepare them for future challenges (Table 4). The most commonly mentioned skills were medical management skills, identified by 161 respondents (57.4%). These included triaging and managing common medical-surgical emergencies 52 (18.6%), management of critically ill patients 32 (11.4%), interpreting diagnostic tests such as laboratory investigations, echocardiography, and radiology—especially ultrasonography 25 (8.9%), drug prescribing and fluid management 25 (8.9%), conducting normal deliveries 13 (4.6%), paediatric and neonatal evaluation and care 6 (2.1%), interpreting electrocardiograms 5 (1.8%), and psychiatric evaluations 3 (1.1%). Medical procedural skills ranked second, cited by 32.5% of the interns. These included intubation 30 (10.7%), intravenous cannulation 11 (3.9%), pleural or ascitic fluid tapping 10 (3.6%), chest tube insertion 10 (3.6%), lumbar puncture or spinal anaesthesia 9 (3.2%), arterial blood gas sampling and interpretation 8 (2.9%), foley's catheterisation 6 (2.1%), nasogastric tube insertion 6 (2.1%) and other procedures such as biopsy and femoral vein catheterisation 1 (0.4%). Surgical procedural skills were the third most frequently mentioned category, with a significant number of interns highlighting the need for training in suturing techniques (36, 12.9%), basic surgical skills (32, 11.4%), and minor surgical procedures (24, 8.6%). Table 4 presents the additional skills that the interns believed required more guidance, hands-on training, and demonstrations during their internship. One effective method of teaching clinical and procedural skills is the proper utilisation of the clinical skills laboratory. Among the interns, 76 (27.1%) reported regular use of the clinical skills laboratory, 68 (24.3%) used it occasionally, and 136 (48.6%) used it rarely or never.

Nearly half of the interns (150, 53.6%) expressed satisfaction with the duration of their clinical placements across individual departments. Among those who were unsatisfied, 3.6% to 10% advocated for extending the posting durations in paediatrics, dermatology, emergency medicine, anaesthesia, and critical care, while the remainder recommended either maintaining the current structure or revising the durations as needed. Additionally, they recommended mandatory training in diagnostic radiology (11.1%) and community medicine (1%). Learning various skills quickly during clinical placement requires both time and effort. Therefore, the interns suggested multiple learning strategies and internship modifications to enhance the effectiveness of the clinical rotations (Table 5). Among the proposed changes (Table 5), 30.4% directly addressed the interns' needs. These included reducing paperwork, documentation, and clerical tasks (33, 11.8%); ensuring an equal distribution of workload (22, 7.9%); incorporating recreational activities and mental health support (13, 4.6%); providing opportunities for personal and work-life balance (12, 4.3%); and allocating time for self-study (5, 1.8%). During their internship, 199 interns (71.1%) reported feeling emotionally overwhelmed and employed various personal strategies and techniques to navigate their difficulties (Table 6). In addition to reporting various challenges—such as significant responsibilities, high expectations, stress, and moments of intense pressure—the majority of interns shared insights on the most meaningful aspects of their internship training, including numerous valuable learning opportunities (Table 7).

Among the total respondents, 160 (57.1%) rated their internship experience as good or excellent, 87 (31.1%) as average, and 33 (11.8%) as below average. Notably, 258 (92.1%) of the interns reported that they enjoyed their internship, whereas the remaining participants experienced less favourable conditions. A few interns shared positive reflections on their internship experience, describing it as "a beautiful journey towards professional life," "the best part of the MBBS curriculum," and "a small taste of the real world that prepares us to face the actual burden of the medical profession."

Table 1. Perceptions of competencies, confidence, and awareness of patient management. (n=280)

Perception of the ability to	No skill at all n (%)	Some skill, no experience n (%)	Some experience requires supervision n (%)	Able to practice independently n (%)	Able to teach someone else n (%)
Take the medical history of a patient	0%	11 (3.9%)	27 (9.6%)	136 (48.6%)	106 (37.9%)
Examining a patient	1 (0.4%)	11 (3.9%)	85 (30.4%)	123 (43.9%)	60 (21.4%)
Communicate with patients and their immediate family members and caregivers	0%	12 (4.3%)	58 (20.7%)	154 (55%)	56 (20%)
Perform relevant and appropriate investigations/ diagnostic measures/and make differential diagnosis	4 (1.4%)	19 (6.8%)	144 (51.4%)	87 (31.1%)	26 (9.3%)
Provide basic life support	4 (1.4%)	21 (7.5%)	127 (45.4%)	92 (32.9%)	36 (12.9%)
Manage common health problems	1 (0.4%)	13 (4.6%)	77 (27.5%)	148 (52.9%)	41 (14.6%)
Manage common medical/ surgical emergencies	7 (2.5%)	24 (8.6%)	148 (52.9%)	77 (27.5%)	24 (8.6%)
Perform patient triage	4 (1.4%)	17 (6.1%)	73 (26.1%)	119 (42.5%)	67 (23.9%)
Confident in the following	**Not confident at all n (%)**	**Slightly confident n (%)**	**Somewhat confident n (%)**	**Fairly confident n (%)**	**Completely confident n (%)**
Making a patient census	13 (4.6%)	49 (17.5%)	62 (22.1%)	87 (31.1%)	69 (24.6%)
Medical records (admission, progress, referral, discharge, consultation notes) documentation	5 (1.8%)	14 (5%)	47 (16.8%)	91 (32.5%)	123 (43.9%)
Delivering a case or topic presentation	7 (2.5%)	27 (9.6%)	61 (21.8%)	109 (38.9%)	76 (27.1%)
Using audiovisual aids (e.g., PowerPoint)	7 (2.5%)	25 (8.9%)	58 (20.7%)	99 (35.4%)	81 (32.5%)
Understanding the Informed Consent Process	2 (0.7%)	23 (8.2%)	52 (18.6%)	105 (37.5%)	98 (35%)
Medicolegal record keeping/ writing process	8 (2.9%)	46 (16.4%)	76 (27.1%)	101 (36.1%)	49 (17.5%)
Understanding the population health and health systems in Nepal	21 (7.5%)	49 (17.5%)	95 (33.9%)	85 (30.4%)	30 (10.7%)
Awareness in the following	**Not aware at all n (%)**	**Slightly aware n (%)**	**Somewhat aware n (%)**	**Fairly aware n (%)**	**Completely aware n (%)**
Health leadership skills	35 (12.5%)	82 (29.3%)	75 (26.8%)	62 (22.1%)	26 (9.3%)
Medical Code of Ethics	12 (4.3%)	74 (26.4%)	72 (25.7%)	84 (30%)	38 (13.6%)
Patient safety	3 (1.1%)	33 (11.8%)	71 (25.4%)	97 (34.6%)	76 (27.1%)
Management of medical information	17 (6.1%)	61 (21.8%)	80 (28.6%)	81 (28.9%)	41 (14.6%)

Table 2. Intern-proposed modifications to the MBBS curriculum for a successful internship. (n=280)			
Key focus areas of the curriculum		**Frequency**	**Percentage**
Clinical posting during the MBBS	Focusing on skills		
	Clinical skills	129	46.1%
	Procedural skills	90	32.1%
	Supervision and guidance of the faculties	32	11.4%
Curriculum related	Postings related*	56	20%
	Communication and presentation skills	18	6.4%
	Research and ethics modules	14	5%
	Auditing, preventive medicine, and health economics	12	4.3%
	Diagnostic radiology, such as ultrasonography	9	3.2%
	Patient safety, patient privacy, and quality of care	8	2.9%
Strengthening of the teaching-learning methods	Problem-based learning/approach-based/focusing more on bedside teaching	48	17.1%
	Clinical skills laboratory/simulation	19	6.8%
	Reduction in the number of theory classes and increased self-study time	18	6.4%
	Innovations in teaching techniques, audiovisual aids, and demonstration	17	6.1%
Supervision role of regulatory bodies*		39	13.9%
Revision of the evaluation methods*		24	8.6%
Miscellaneous*		14	5%
Good or no need for improvement		11	3.9%
Did not answer the question		21	7.5%

*Details in the text

Table 3. Conflict management techniques adopted by the interns (n=126)		
Conflict management strategies	**Frequency**	**Percentage**
Discussions/review and division of work/problem solving and conclusion, asking senior for help, understanding situations	43	34.2%
Accommodation: avoiding and doing their work, kindness, admitting “sorry” for things never committed, being quiet, listening, becoming sad, moving on, healing with time, and focusing on work	38	30.2%
Avoiding situations	24	19%
Compromising after reasoning, explaining, or clarifying the points	11	8.7%
Competing: Confronting, winning arguments, war of words, being direct	10	7.9%

Table 4. Interns' perspectives on learning challenges and training needs across skill areas (n=280)

Skills/topics	Difficult to learn N (%)	Need more demonstration/ teaching N (%)
Medical procedural skills*	117 (42%)	91 (32.5%)
Medical management skills*	73 (26.1%)	161 (57.4%)
Surgical procedural skills*	67 (24%)	92 (32.9%)
Communication skills	54 (19.3%)	56 (20%)
Developing managerial and interpersonal skills	42 (15%)	41 (14.6%)
Clinical assessment skills	28 (10%)	64 (22.9%)
Time management	20 (7.2%)	13 (4.6%)
Work ethics and ethical dilemmas	19 (6.8%)	23 (8.2%)
Basic and Advanced Life Support Skills	17 (6.1%)	90 (32.1%)
Documentation/paperwork/ medicolegal	4 (1.4%)	13 (4.6%)
Research/article writing	1 (0.4%)	11 (3.9%)
None of the skills were difficult	12 (4.3%)	3 (1.1%)
Less/lack of opportunities	6 (2.2%)	0%
Did not answer the question	7 (2.5%)	17 (6.1%)

* Details are in the text

Table 5. Interns' perspectives on key areas for internship improvement (n=280)

Areas for improvement	Frequency	Percentage
A. Clinical rotations		
Guidance and supervision during clinical rotations	91	32.5%
Involvement in decision-making and responsibility	70	25%
Procedural skill enhancement	65	23.2%
A particular focus on emergency and life support teachings in all postings	60	21.4%
Modules on communication skills during the internship	52	18.6%
Clinical skill enhancement during rotations	52	18.6%
Bedside case discussions and presentations	49	17.5%
Simulation and clinical skills laboratory-based teaching	16	5.7%
B. Working environment		
Positive interactions with faculty, residents, and team members	53	18.9%
Empathic, motivational, and supportive	49	17.5%
Friendly staff and a respectful environment	42	15%
C. Internship Curriculum		
Clinical posting revision or new posting inclusion, and improvement in current internship placements	46	16.4%
Duty/post-duty leaves/leaves management	40	14.3%
Research opportunities	14	5%
D. Interns related (concerning interns)*	85	30.4%
E. Logistics and administration support		
Reasonable salary/stipend	17	6.1%
Intern safety measures	15	5.4%
Room, residence, or hostel during the internship	11	3.9%
F. Did not answer the question	15	5.4%
G. No improvement needed	0	0%

*Details are in the text

Table 6. Strategies used by the interns to manage stress during their internships (n=199)		
Coping mechanism	**Frequency**	**Percentage**
A. Support		
Friend support	59	29.6%
Family support	20	10.1%
Teachers/senior support	14	7.1%
Counsellor/psychiatric expert support	3	1.5%
B. Self-care		
Exercise (yoga, gym, dance, swimming, running)	29	14.6%
Leaves or breaks from work	21	10.6%
Time management/efficient work distribution	17	8.6%
C. Doing nothing, escaping, or avoiding	36	18.1%
D. Relaxation techniques		
Meditation, music, walking, sitting in nature, pets, and podcasts/ motivating series	35	17.6%
E. Positive attitudes and motivations	23	11.6%
F. Problem-solving	22	11.1%
G. Maladaptive Stress Coping		
Crying at home, being upset, staying alone, or becoming sad	14	7.1%
Stress exhaustion, inability to handle, depression, becoming ill, and stress became a habit	5	2.5%
H. Unhealthy self-soothing behaviours		
Stress eating, excessive sleeping, drinking, partying, excessive television, Internet, and videogaming	11	5.5%
I. Self-medication	4	2%
J. Humour, smiling, and comedy videos	3	1.5%
K. Did not answer the question	2	1%

Table 7. Interns' perspectives on the most valuable aspects of internship training (n=280)		
Best aspects	**Frequency**	**Percentage**
A. Skills proficiency		
Procedural skills proficiency	61	21.8%
Counselling skills proficiency	48	17.1%
Proficiency in clinical skills	47	16.8%
Proficiency in documentation skills	28	10%
B. Learning/developing professionalism		
First experiences or new learning every day	68	24.3%
Starting one's own professional life	28	10%
Understanding hospital working systems and the work environment	24	8.6%
Recognised as a team member/being part of a team		3.9%
C. Collaboration (teamwork and group dynamics), Networking (friendships and links), and Interaction with the team (teachers, seniors, and nursing staff)	95	34%
D. Patient care and management involvement		
Patient treatment under the supervision	41	14.6%
Interaction and understanding of the patient's situation	38	13.6%
Satisfaction after patient recovery	7	2.5%
E. Self-discipline, confidence, leadership, and managerial skills		
Leadership, punctuality, and handling of difficult situations	61	21.8%
F. Learning critical thinking (applications of knowledge in clinical scenarios)	48	17.2%
G. Academic liberty, independent learning, fun post-duties, and financial gratification	25	9%
H. Personal valuable experiences (future guidance opportunities/memories)	19	6.8%
I. Did not answer the question	10	3.6%
J. None or no best part	9	3.2%

DISCUSSION

Interns reported that their internships contributed to the development of competencies such as patient management, teamwork, and professionalism. This study highlighted several challenges and offered recommendations across various components of both internship and MBBS curricula to better align them with the goals of future internship training. Overall, the interns expressed a positive perception of their internship experience.

Earlier research indicated that 71.8% of interns were aware of the objectives and expectations of internships before starting.[10] However, the present study did not specifically explore that aspect. In terms of how interns gained information about internships, most (56.3%) learned from senior colleagues, 19.7% relied on the Internet, and 16.9% attended workshops in past studies.[10] Many interns have recommended ongoing revisions to both the MBBS curriculum and clinical rotations to better align internships with the evolving needs of medical education. This idea is supported by previous studies that emphasise regularly updating various components of the Nepalese medical curriculum to include research methodology and newer evidence-based teaching and learning tools.[11]

Interns evaluated their history-taking and clinical examination skills favourably, consistent with findings from other studies.[5] This study also indicated that, similar to previous studies, interns need to develop more confidence in life support skills and management of common emergencies.[3, 5] Additionally, previous research has highlighted that the administrative component of internships, as well as decision-making and assuming new responsibilities, requires further training.[3] Participants in this study reported that the internship significantly enhanced their confidence in case presentations, medical auditing, and medical documentation, which mirrors findings from previous research.[2, 3] Logbooks and clinical skills laboratories should be used more effectively, as they improve learning and enhance training outcomes. The logbook fosters positive anticipation and motivation among interns while helping mentors develop effective teaching and monitoring plans.[12] Clinical skills laboratories should be an integral part of clinical posting, as skills lab-based teaching makes learning more effective and improves competence and performance.[13, 14] Research, which strengthens diagnostic reasoning and promotes evidence-based practice, is another method for enhancing learning. A majority of medical students (94.7%) agreed that research methodology and research modules should be part of their curriculum.[11] Even so, the current study revealed that only roughly one-third of the interns were actively engaged in research activities, suggesting a disconnect between perceived importance and real engagement

Many medical students during clinical rotations and interns during their internships reported not having performed specific medical procedures, such as endotracheal intubation and cardiopulmonary resuscitation, which made them feel less confident and competent.[5, 15, 16] In contrast, another study found that between 50% and 75% of interns considered themselves capable of independently performing basic diagnostic and medical procedures, along with clinical interpretations.[17] The perception regarding the lack of skills in airway management or cardiopulmonary resuscitation is the most consistent finding in this and past studies.[3,5,17] Interns have varying procedural skills due to differences in rotation structure, clinical resources, and faculty engagement. Supportive environments enhance competence, while inadequate settings hinder confidence and exposure. These disparities highlight the need for standardised training and consistent clinical competence frameworks.

Internships prepare interns to work as independent physicians, initiate post-internship plans, and explore and develop their areas of interest. In this study, 47.1% of the respondents expressed complete confidence in their readiness to serve as medical officers. This finding aligns with that of an earlier survey, in which 50.7% of the interns reported feeling well prepared, and 25.4% felt moderately prepared to take the next steps in their careers.[10] These findings highlight the critical role that medical institutions, supervisors, and regulatory bodies, such as medical councils, play in ensuring a smooth transition for trainees into professional roles.[2] Furthermore, the interns proposed increasing placements in paediatrics, psychiatry, emergency, and intensive care units because they felt that the current duration was insufficient and that they could learn more with additional exposure. Interns also recommended making postings in subjects such as radiology and community medicine mandatory during their internships. These steps further prepare interns for their future roles as medical officers.

Conflict resolution, teamwork building, and professional development in healthcare are the foundational elements of adequate medical care. In this study, 59% of the interns reported experiencing a lack of respect from

medical teams, patients, and their relatives during their clinical placements. Furthermore, perceptions of verbal abuse were widespread among medical students globally (90.96%), with past research frequently identifying clinical departments as sources of various types of abuse.[7] Various studies conducted in Nepal also found that 50% of interns experienced different forms and intensities of physical, mental, and sexual harassment during their training.[9] Regular departmental rotations are a part of internship training, which provide interns with valuable exposure to diverse clinical environments, professional interactions, and insights into teamwork. However, many interns reported feeling excluded and perceived that they were never truly integrated into the clinical team, as echoed in previous studies from Nepal and abroad.[3, 9]

Interns face heightened levels of stress throughout their training period.[3] Factors contributing to stress during the internship include high workloads,[2] rigid work schedules,[2] challenging time management, working unsupported, especially during night shifts, and difficulty approaching consultants.[3] Similar to previous studies[6], family, friends, and teachers' support was the most crucial factor in combating stress during the internship in the present study. Mental health support should be a key element in medical education for medical students to be prepared for the emotional and psychological demands of their training and future practice.

One key limitation of this study was the small number of responses from the interns. Despite this, the study provided baseline information about internship experience, which could help refine the curriculum and improve training approaches for successful internship training in Nepal.

CONCLUSIONS

The MBBS internship involves applying theoretical knowledge, acquiring clinical skills, and developing professional competencies under the supervision of licensed medical professionals. Motivation, positive experiences, and the development of work ethics during internships form a strong foundation for independent medical practice. Further research is needed to understand the challenges that medical graduates encounter when independently applying the skills gained during internships to manage real-world patient care as medical officers.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

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