

THE IMPACT OF INTENSIVE CARE INTERNSHIP ON THE TRAINING OF MEDICAL STUDENTS

Maria Dorina PAȘCA

U.M.F. Tîrgu Mureș

Abstract: *Introduction: The aim of this paper is to highlight the imperative role of internship in general and of the one regarding intensive care in particular, through the medical-psychological training of the 5th year medical student from the perspective of informative segment, targeting vocational orientation (specialization – residency).*

Materials and methods: In determining the logistics support of the impact of ICU (Intensive Care Unit) internship on the training of medical students, the entire approach was based on using different methods: conversation, call, observation and questionnaire as part of the investigation; the subjects being a number of 150 medical students from the 5th academic year.

Results: Processing the gathered information by decoding, results in a wide range of expression starting from the perception, involvement and getting to awareness and responsibility, quantifying largely the maturity and cognitive development of the student following his age particular peculiarities.

Conclusions: Our structural and attitudinal approach surprised defining elements that generate the quality of internship program, in this case ICU, highlighting both the good specialty training of the academic teaching staff of the faculty and also the direct involvement of the student in carrying out the internship; the feedback being represented by the impact of internship on the future specialty/residency choices.

Keywords: *internship, student impact, professionalism, ICU*

1. INTRODUCTION

In the academic field, the main “actors”: the teacher and the student represent the matrix of cohabitation and qualitative evolution of the relationship as “The Disciple comes to you to ask you something. You have to teach him that he has nothing to receive, that he has to grow and develop. The Disciple wants to become the ivy, though he should only become himself” [1], however he feels the need to report to you, which can cause a marked attitude and conduct of awareness of its existence under these special auspices.

Thus, in the cognitive development plan “students have the ability to identify problems to be solved, to analyze their components, to think strategically. They have to develop a rational thought, which needs changing and organizing information.

At their age are fit, to acquire scientific theories, examine them critically and build new visions. Their thinking and intelligence potential is expressed in the in-depth study of an area and exposure of what they perceived and assimilated in front of the teachers, the highly qualified specialists, based on the training level of confrontation and understanding of issues of science” [2].

In this context, the linking between desire and fulfillment, develop attitudes that appear on the student's background **as the concept that he has the power to change the world, prompting changes in the self**, through the idea that his entire personality is a history.

Basically, the students' preparation level, deepening in the field study, reflexivity on what they learn elaboration of personal work on topics requested by teachers is a strong pathway towards its assertion, without being directly linked to the society, which can be indifferent or insignificant to them.

In the same time, he feels the need to have a product of its activity social reverberation. In this continuous balance between self and social esteem develops his intellectual future [3].

Because it is a constant “actor” in the academic environment, the student through its psychosocial profiles “defines a world in which the other partner, must start with all the confidence and responsibility, knowing and understanding the human being and not an object” [4].

In his whole attitudinal-behavioral approach in the academic environment, the student assimilates, accumulates and structures in a constant balance thoroughly built on cognitive and commitment processes, on adaptation and absorption between theory and practice so as one is complementary to the other in the context in which learning should be completed by the motricity and intellectual mobility.

Under these circumstances, the university must remain open towards the future, the coexistence between the two “actors” must be real and effective, so that the future of the student responsibility to be drawn into a logical-cognitive approach, ever since the beginning of his studies, the purpose being represented by progress.

Therefore, the training in a domain like medicine implies a “sine qua non” participation of all factors and parties in achieving maximum efficiency in terms of quality of medical care, and maintaining high standards of quality of human life. That is why clinical internship enrolls in the vocational training strategy in developing and guiding the professional future of current students, having a special impact on the value of future vocational orientation.

2. MATERIALS AND METHODS:

The present study aims to highlight the positive impact that the ICU internship has on the fifth year medical students, in terms of their medical and psychological preparation, involving them directly in subsequent vocational orientation (specialty/residency).

As psychological methods of investigation: conversation and observation were used; with a special emphasis on the questionnaire, as a defining element in achieving and evaluating the influence of students internship ICU training upon their general preparation and professional development.

The questionnaire consisted of 10 questions with multiple answer choice:

1. What is your opinion regarding ICU internship?
 - a. it was instructive;
 - b. it wasn't useful;
 - c. it was satisfactory;
 - d. other opinions.
2. What impressed you most during your ICU internship?
 - a. the medical and academic staff;
 - b. the medical cases, patients and pathologies;
 - c. the staff professionalism;
 - d. the team spirit of collaboration;
 - e. other situations.
3. Were you emotionally involved in a case?
 - a. yes;
 - b. no;
 - c. I don't know;
 - d. I am not interested.
4. Do you consider that emotional involvement is welcomed?
 - a. yes;
 - b. no;
 - c. I don't know;
 - d. I am not interested.
5. Why do you consider that emotional involvement is useful/not useful?
 - a. helps the communication relationship between doctor and patient;
 - b. reduces work efficiency;
 - c. other situations.
6. Do you consider that is necessary to modify the structure of ICU internship?
 - a. yes;
 - b. no;
 - c. I don't know;
 - d. I am not interested.

7. What did you disliked during the period of ICU internship?

- a. the lack of involvement of medical and academic staff in the relationship with students;
- b. the uncooperative patients;
- c. the lack of cooperation between the medical staff and students;
- d. the existence of organizational problems;
- e. other situations.

8. Would you like to become a ICU physician in the future?

- a. yes;
- b. no;
- c. I don't know;
- d. I am not interested.

if yes, why?

- a. it suits me;
- b. it represents me;
- c. I want to be accomplished professionally;
- d. is a lucrative branch of medicine;
- e. other situations.

9. Do you consider that your ICU internship can influence your decision? (in correlation with question 8)

- a. yes;
- b. no;
- c. I don't know;
- d. I am not interested.

10. Do you consider important the hospital where you did the ICU internship?

- a. yes;
- b. no;
- c. I don't know;
- d. I am not interested.

Under this identity, the questionnaire monitors the student's ability to be involved in the ICU internship in the context of a future vocational orientation.

3. RESULTS

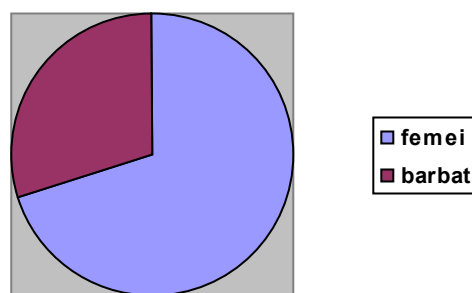
Decoding the questionnaire items reveals the cognitive elements of the interviewed student age, starting from perception, involvement and reaching awareness and responsibility, quantifying in an appropriate measure, the maturity of the subject in question at some

point in progressive-human evolution.

Thus, as the identity element we started from the fact that the sample consisted of 150 students from the fifth year of the Faculty of Medicine grouped as it follows:

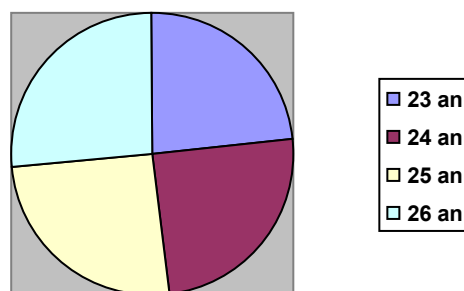
a. after gender:

- females – 105, representing 70%,
- males – 45, representing 30%.



b. after age:

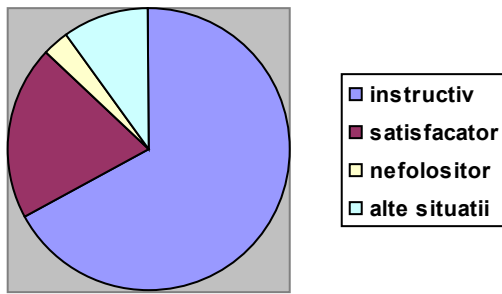
- 23 years – 65, representing 43%,
- 24 years – 70, representing 47%,
- 25 years – 10, representing 7%,
- 26 years – 5, representing 3%.



Decoding the items comprised in the questionnaire we captured the following answers:

1. What is your opinion regarding ICU internship?

67% of the respondents considered the internship as instructive, 20% satisfactory and only 3% considered it useless; which demonstrates the utility of ICU internship in the complex training of fifth year medical student.



2. What impressed you most during your ICU internship?

57% of the respondents answered that the medical cases, patients and pathologies encountered during the internship, which also certifies the involvement of the medical and academic staff 23%, completed with the professionalism of the medical staff 20%, and only 3% highlighted the team spirit collaboration, probably due to the existing caseworks when applying the questionnaire.

Decoding the two items, we can capture the positive element regarding the two parties involvement "so that efficiency to be the expected and preparation to be adequate". Question three, four and five address to the volitional-emotional state of the student so that outdated or no, emotion has or no positive impact on communication between physician and patient. In this register we are able to apply the identity of physician-patient relationship, based on the structure of the five W:

- a. **who?** = who do I interact?
- b. **what?** = what happens during the interaction?
- c. **where?** = where (the location) takes place the interaction based on communication?
- d. **when?** = when (in time) can I develop a relationship and then turn it into a relationship on the principle of cooperation and longevity?
- e. **how?** = how the relationship can provide communication and communion relationship between people, leading to various interactions between them?
- f. **why?** = why a communication relationship based on a correct communication relationship, consistent, stable and consistent is needed?

, as the message being or not the reason for a future relationship, so that:

3. Were you emotionally involved in a case?

70% of the respondents answered negatively, while,

4. Do you consider that emotional involvement is welcomed?

74% considered that it is not necessary, because:

5. Why do you consider that emotional involvement is useful/ not useful?

67% appreciating through correlation that emotional involvement can decrease working efficiency.

Regarding from the perspective of the ones who considered that personal involvement can be useful 23% considered that it is due to a necessity, while 13% considered that it helps the communication relationship between doctor and patient. We can observe also the existence of "I don't know" where: passivity, lack of involvement and inadequacy can create situations of: 3-7% and 4-13% in conjunction with other situations - 5 to 10%, which capture the opinions certifying an age doubled or not with a specific experience as:

a. for no:

- it is important to maintain a distance so as not to influence the medical act;
- emotional involvement is just not needed;
- involvement destabilizes psychologically;
- you can not think objective;
- involvement affects objective decision making;
- long-term involvement affects your personal life and emotional state causing undesirable effects.

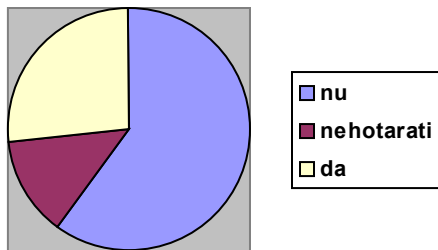
b. as well as emotion and involvement - yes:

- a better relationship between physician and patient;
- when you have some compassion for the patient, you are helping him.

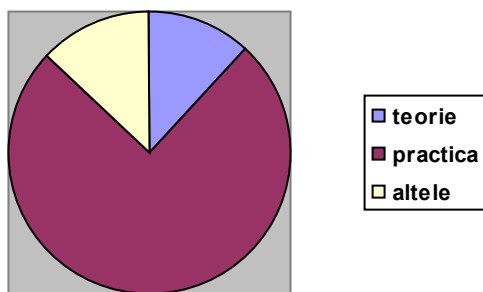
The sixth question evaluates directly the involvement of the student in the internal structure of ICU internship:

6. Do you consider that is necessary to modify the structure of ICU internship?

60% of the respondents gave a negative response, 13% were undecided and 27% respondent positively an argument being that viable existence of:



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- a. more hours of theory - 12%;
 - b. more hours of practical training - 75%;
 - c. other situations - 13%; stating that it is necessary that:
 - students to have a different role than being a spectator at the patient bedside;
 - theoretical verification to be held first, then the practical ones;
 - synchronization of practical training and theoretical instruction;
 - better collaboration between student and resident,



as well as the desire that presentations and discussions to start earlier, in terms of time as a factor in the implementation of the ICU internship, as important is the involvement and relevance of the argument concerned.

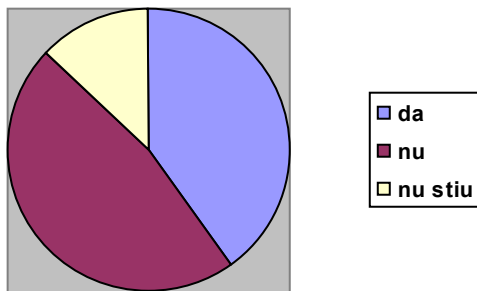
In counterpart, question 7. **What did you disliked during the period of ICU internship?** 30% of the respondents answered the existence of organizational problems, 23 % the lack of cooperation between the medical staff and students, 17% the uncooperative patients, and also other situations 17% are highlighted as:

- disagreements with the room physician;
- the particular stress that the student and the physician are submitted;

- lack of communication between colleagues;
 - the need of interactive case presentations, in correlation with different time factors:
 - the internship starts too early in the morning;
 - had to wake up at 6.30 in the morning;
 - the clock terrorized me,
- but what really brings value to the questionnaire are the pertinent remarks:
- the time window between the end of the visit and beginning of presentations is approximately one hour, and it would be useful to read something about the case, but there is no quiet place where I could do that, it would useful if a study hall for students would be created;
- It's time to implement on this item a few opinions from other situations - items 1 and 2:
1. stressful, exhausting, tense;
 2. involvement of academic staff in the action: the teacher puts us to introduce new cases,
- Through its complexity, question 8. **Would you like to become a ICU doctor in the future?** submit to our attention the choice, encoding responsibility by evaluating the impact of ICU internship on the future development and the final decision regarding the professional career of the student; paradoxically only 10% would like to become a ICU doctor motivating their choice by:
- a. it suits me – 10%;
 - b. it represents me – 7%;
 - c. I want to be accomplished professionally – 7%;
- while the overwhelming percentage of 70% that do not want this career, recognizing that:
- a. they do not fit – 40%;
 - b. it doesn't represent them – 27%;
 - c. it's beyond their professional capabilities – 3%,
- and also because it is not a lucrative branch of medicine 3% and other situations 3% reflected by:
- it is too painful;
 - no time for personal life and family;
 - it is a specialty that keeps “plugged-in” all the time.

Gratifying is that the student has the opportunity to decide knowingly and wittingly about his future, reducing random elements, with fortitude and accountable to the gesture through making a decision, so regarding the answers to question 9. **Do you think that your ICU internship can influence decision?**, percentages may overturn previous syllogism as:

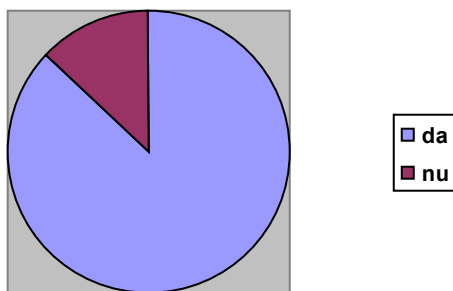
- a. yes - 40%;
- b. no - 47%;
- c. I don't know - 13%,



in the idea that a summer practice, another internship during the sixth year or another situation according to the particular period of time, may influence the decision of the fifth year student which may not become decisive.

10. Do you consider important the hospital where you did the ICU internship?

87% of the respondents answered yes and only 13% stated that the location of the hospital has no influence at all.



The decoded results capture in a certain equation the contextually of the first contact of the fifth year medical student during his ICU internship, the impact it has on student experience a year before its decision on through residency specialty choice, both positive and negative arguments are cognoscible plausible in the their approach of maturity vs. immaturity being found in a particular structural situation.

4. CONCLUSIONS

Our structural-attitudinal approach surprised a constructive attitude defining elements that generate quality internship program, in this case, ICU internship, highlighting both good specialized academic training and direct involvement in the development stage of the students, his feed back representing the impact on his future elections by targeting vocational orientation (specialist, resident), so the relationship between the two actors from the academic field to be a bi-univocal structural identity with a barometer and ultimately causing an efficient academic training and certifying performance value and human progress.

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