

MEDICAL INTERNSHIP PROGRAM

ACADEMIC and TRAINING AFFAIRS

I. INTRODUCTION

After graduation from a recognized medical school, the student is required to successfully complete a 12-month rotation in clinical services. This year of rotation is called "*internship*," a pre-requisite to an honored medical degree. The King Faisal Specialist Hospital and Research Centre General Organization (KFSH&RC [Gen.Org.]) provides medical internship for Saudi graduates training in certain specialties in collaboration with medical schools within Saudi Arabia.

II. PROGRAM OVERVIEW & GENERAL OBJECTIVES

Medical internship is the first clinical experience for a medical school graduate. It has major and lasting effects on the medical professional. KFSH&RC (Gen.Org.) regards medical training as a major mission, and contributing to this and the profession development process is highly regarded by the Organization. Affiliation with medical schools for implementing medical internship will benefit the graduates, the patients, and all medical staff in the Institution. It also offers an opportunity to identify future residents for the Hospital. The Program aims to:

- 1) Provide the basic bed-side skills on care provision to hospitalized patients.
- 2) Teach the interns to be independent in clinical decision making.
- 3) Introduce interns to teamwork, clinical consultation, and limits.
- 4) Acquire skills for professionalism in medicine, respect for patients, and medical ethics.
- 5) Gain experience in proper documentation.
- 6) Enhance communication skills with patients, their families, nursing, and colleagues.
- 7) Foster commitment to patient needs, learning techniques, and stress management.
- 8) Learn how to manage medical emergencies.
- 9) Apply medical knowledge to clinical scenarios.
- 10) Provide an opportunity to identify the future residents of the Hospital.

III. PROGRAM SUPERVISION

Academic and Training Affairs (ATA), through the Postgraduate Education Committee-Residency Subcommittee (PGEC) supervises the Internship Program. Approval of "Rotation Manuals" in various departments and the training capacity for each department is granted by PGEC. This includes delegation of responsibility to accept, train, evaluate, and certify training completion to Program Directors. Rotations are designed to fulfill medical schools' requirements and synchronized with

the Gregorian calendar months. *Appendix 1* describes the standard format to be used when proposing or revising an internship rotation manual.

IV. ADMISSION PROCESS

A. Eligibility and Admission

Eligible Saudi medical students who have completed their respective medical school requirements are candidates for internship training. Admission to program rotations at KFSH&RC (Gen.Org.) is approved by the Residency Program Director or his/her designee (e.g., Chief Resident).

B. Available Rotations and Capacity

Upon PGEC's approval of training capacity for interns in individual departments, ATA communicates the available slots to the affiliated medical colleges. Medical schools will apply for these slots through ATA Internship Coordinator. Accepted interns will then be directed to the respective Program Director in the department. There will be no change in rotations once final approval for the internship has been made. In extreme cases, however, interns may request to swap rotations but they should provide ample time to process their request.

C. Clinical Privileges

Clinical privileges are similar to the junior residents', but all orders require co-signature of a senior member of the team. Electronic orders require stating the ordering physician from the team (similar to nurses making orders on behalf of medical staff).

D. Badging and Communication

Academic and Training Affairs will request badges for the interns. Departments are issued cellphones for the interns equal to the capacity of the program rotation. Management of the phones (assignment, deposits, return, etc.) is the department's responsibility.

V. STRUCTURE OF TRAINING PROGRAM

There will be core rotations and elective rotations. Core rotations are two-month long in the following departments: Internal Medicine, General Surgery, Obstetrics and Gynecology, Pediatrics, and Emergency Medicine. Elective rotations can be spent in the above mentioned departments or other approved departments. Capacity of training is utilized for both core and elective rotations. Such arrangements will be coordinated with the respective medical school to ensure its conformity with its policies and procedures.

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VI. PROGRAM ORGANIZATION AND RESPONSIBILITY

A. Internship Rotation Manual

Departments and residency programs accepting interns for training will prepare and submit a rotation manual to the PGEC. The manual should detail the structure of the available rotations, clinical duties, available capacity, and other related subjects. Approval for departments and residency programs to train interns is granted by PGEC. Annual reports on the internship are expected to be presented to the Committee, outlining achievements and challenges.

B. Intern's Responsibility

Each department determines the responsibilities and duties of each Intern:

- 1) Interns shall complete and submit a Medical Health Screening Form prior to commencement of internship.
- 2) Interns may examine patients, take history, and write notes on medical charts, except on code calls. They may plan patient management with the primary consultant and the treating team, but they should not be involved in actual management or investigation of patients without consulting with a senior member of the team.
- 3) Interns should attend daily rounds with the team, follow their orders and get involved in departmental activities and bed-side teaching.
- 4) Interns should attend at least 75% of the departmental activities.
- 5) Attendance is a must. Each department will keep a record of attendance and absences seriously.
- 6) Night calls are integral in the intern's training as dictated by the department manual. At KFSH&RC (Gen.Org.) interns will be assigned calls until midnight.

C. Intern's Rights

- 1) Interns will be supervised by a Consultant, Assistant, Fellow, or Resident.
- 2) Interns will have exposure to a variety of cases to enrich their basic clinical knowledge.
- 3) Interns will receive direct assistance from the medical team and nurses.
- 4) Each department will guarantee the interns' appropriate training on bed-side teaching, presentations, etc.
- 5) Interns have the right to read and co-sign rotation evaluations. In case of disagreement the process for residents' disputed evaluation will be applied.
- 6) Interns shall receive one and a half days orientation.
- 7) Interns shall receive emergency care. They will have access to the Health Sciences Library, laundry services, cafeteria, etc.

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VII. PERFORMANCE EVALUATION PROCESS

- A) The interns' immediate supervisor (Residency Program Director) should provide evaluation and assessment at the end of each rotation, using the approved evaluation form.
- B) The evaluation should be discussed with interns, with emphasis on strengths and weaknesses. The intern's signature on the evaluation form is proof of acknowledgment and does not necessarily mean the intern's agreement to the evaluation.
- C) Passing rate is 60%. If there are major concerns on any of the ratings, the intern has to repeat the rotation.
- D) ATA delegates the final signature on the evaluation form to the Department Chairman.
- E) Completed evaluations are sent directly from the department to the medical schools.
- F) Interns will be asked to give a feedback about the department staff and the program.

VIII. PROGRAM INTERRUPTION

- A) If absence of more than one month with no valid excuse is incurred, the intern will be dismissed from the program and may not be readmitted to KFSH&RC (Gen.Org.).
- B) Approval of program interruption is granted by the medical school.

IX. LEAVES

- A) Annual leave entitlement is 20 days, but not more than 5 days per rotation.
- B) Ten days educational leave to attend a scientific meeting, but not more than 3 days per rotation. The intern may request for educational leave at least one month prior to the academic event, with proof of registration or acceptance. Proof of attendance should be submitted to the Program Director after the meeting.
- C) Interns are allowed one Eid holiday only.
- D) Documented sick leaves will be submitted to the department.
- E) Emergency, sick, and other similar leaves have to be compensated in coordination with the medical school.

X. DISCIPLINARY ACTION AND DUE PROCESS

- A) A warning letter will be given to the intern if a verbal warning did not correct the deficiency.
- B) The Internship supervisor may recommend repeating the whole rotation or part of it.
- C) Any warning letter will accompany the evaluation form sent to the medical school.