

Experience of a Medical Intern in a Secondary Healthcare Hospital in Mexico

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Abstract

In Mexico, medical training consists of 4 or 5 years of studies on a university campus, one year of undergraduate internship and one year of social service. The undergraduate internship is the theoretical-practical academic portion that takes place in the clinical field and is part of the curriculum of the medical career. Normally, students would expect to be able to choose a hospital with subspecialties or with prestige in their region but no matter the type of hospital, the important thing is their attitude towards their work and education

Key Words: Internship and Residency; Medical student; Personal Narrative (Source: MeSH-NLM).

The Experience

In Mexico, medical training consists of 4 or 5 years of studies on a university campus, one year of undergraduate internship and one year of social service. The undergraduate internship is the theoretical-practical academic portion that takes place in the clinical field and is part of the medical degree curriculum. The undergraduate medical intern or medical intern is a student enrolled in an institution of higher education that meets the academic, administrative, and legal requirements to perform the undergraduate internship.¹

Medical interns are medical students who perform a rotating internship for one year after their university training. They are essential to the functioning of the healthcare services, thus avoiding the collapse of the national health system in Mexico. Everyone strives to be accepted to a "good" site; however, there are multiple external variables that influence the outcome, such as the number of students graduating per year, the number of universities, the number of hospitals available, and the historical context being experienced (e.g., the COVID-19 pandemic).

There is no consensus on the criteria for a good medical internship site, however, the current literature describes that most medical interns choose the sites closest to their home because the costs and transportation time increase with foreign sites.²⁻⁵ The reality is that we are pressured by teachers, doctors, peers, or family members with the trite idea that a good internship site equals a better undergraduate internship. By not being accepted to one of those honorable or recognized institutions, there is a

sense of defeat in choosing sites far from home, at less recognized institutions, or with fewer patients.

What happens when you have to do this clinical year in a small hospital or secondary healthcare hospital? I chose the Hospital General de Pabellón de Arteaga, a second-level care hospital in Mexico. Its services are limited to emergency services, psychology, nutrition, epidemiology, internal medicine, general surgery, gynecology, pediatrics, radiology, traumatology, neonatal intensive care, and reproductive health.⁶ The hospital has approximately 40 beds between all these services. There were 9 medical interns with a schedule from 7:00 am to 3:00 pm, in which we had 2-month rotating cycles through the main services of the hospital. However, after 3:00 pm, a team of 3 people was in charge of supporting the hospital during the afternoon and night shifts. Every third day 3 people have a 32 hours shift. The team of interns is shown in (*Figure 1*).

Many medical interns in Mexico dream of seeing and participating in third-level procedures, sub-specialist-led surgeries, or having different medical specialties in their hospital.

In a secondary healthcare hospital, procedures are limited to the resources and specialties that are available on the unit. A small hospital or one with few subspecialties means is considered a bad place for this important year in our training in Mexico. With regard to having few inpatients, we are allowed to deepen our knowledge and skills with feedback from the physician and resident physicians. On the contrary, in many small hospitals or rural areas, the number of patients exceeds the hospitals' capacity allowing the intern to find constant moments of learning and

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practice. In my hospital, the obstetrics and gynecology service has the highest number of patients seeking care for an obstetric event in the evenings. Spending a full night in cesarean sections is common, conducting labor and delivery. This shows that any hospital is a good place for undergraduate medical internships, regardless of the number of patients or type of specialties they have.

Is medical training in a tertiary hospital better? Overcoming the expectation of being in a larger hospital was difficult and I needed a reality check. I found it a great opportunity to study a smaller number of patients in-depth. It was important to have time to critically read scientific articles and the space for medical training with specialists and resident physicians.

Another virtue of being in a small hospital, and perhaps peculiar in my case, is the type of clinical rotation in the hospital services. In most hospitals in Mexico, intern teams rotate for 2 months in the main services offered by their hospital. During this time, they must concentrate on their service.

The case of my hospital is different; the number of interns per generation is 5 to 8, who are divided into 3 teams (*Figure 1*). In the morning shifts from 7:00 am to 3:00 pm, each one works in an assigned service for 2 months, but after that time, a team of interns works in the evening and night shifts for all the hospital services. This may seem like a lot of work; however, there were good and bad days. On good days our only job was to monitor admitted patients and support scheduled surgeries on the afternoon shift, but on bad days we had to support delivery care, cesarean sections, neonatal resuscitation, emergency department consultation, Foley catheter placement, wound suturing, etc. This was a great opportunity to practice different things over the course of a year.

In a secondary healthcare hospital, do you only see common diseases? The epidemiology of the reason for consultation and care is different by region and hospital. Being at a secondary healthcare hospital provides the tools to know what you can solve and what should be referred immediately. Despite that, many rare conditions can be found at this level of care. Examples include Mondor's syndrome, thanatophoric dysplasia, *Loxosceles reclusa* bite, granulomatosis with polyangiitis, cyclic vomiting syndrome, and arthrogyriposis multiplex congenita. The key to making these diagnoses with the limited resources available in the physical exam and health assessment that allow for timely referral to another level of care. In the absence of all the resources to confirm a diagnosis, referrals are usually made to other hospitals that have the corresponding services to confirm the diagnosis (e.g., the genetics service).

Is research possible in a secondary healthcare hospital? In my hospital, there is no fund that directly supports research led by an

Figure 1. Medical Interns and Resident Physicians of the General Hospital of Pabellón de Arteaga.



undergraduate internal medicine physician, but it does provide us with the following items:

1. Computer equipment with the software needed for research (Mendeley, R software, Epi Info™, etc.)
2. A period of time in the hospital to do research.
3. Resident physicians or specialist physicians with the interest to support research projects.

No matter where you are, research is always a possibility. So far, I have had the opportunity to work on the report of two clinical cases and a narrative review, which are in the research process.

Regardless of the type of hospital you are in, I suggest 7 points:

1. Be a proactive person.
2. Study your patients' diagnoses and ask about your uncertainties
3. Research and publish your work.
4. Share your information with your colleagues and have a dialogue.
5. Learn and teach.
6. Use the technological tools at your fingertips, computer or smartphone.
7. Guarantee the best working conditions for your colleagues and for you through a proactive and respectful dialogue with the corresponding authorities in your hospital.

In my perception, if you have a good attitude to learn, are proactive, and take advantage of all the opportunities that come your way, you can achieve great results regardless of the type of hospital in which you find yourself. For all its structural flaws, the undergraduate medical internship provides a year of opportunity to complete 5 years of study. I hope my small experience can help you understand the benefits of this scenario. There are no small opportunities for big people, there are people who accomplish their goals with all the possibilities they find.

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