

SEMI-STRUCTURED QUALITATIVE DATA COLLECTION TOOLS

Medical interns' perceptions of competence and readiness for obstetrics and gynaecology practice at selected tertiary hospitals in Uganda

Study purpose

To explore medical interns' perceived competence and readiness to practice in obstetrics and gynaecology, and to identify undergraduate curricular and clinical learning environment factors that influence their preparedness for practice.

TOOL 1: IN-DEPTH INTERVIEW (IDI) GUIDE

Target participants: Medical interns who have recently completed, or are within one month of completing, their obstetrics and gynaecology rotation.

Estimated duration: 30–45 minutes

Interview ID: _____ Date: _____ Site: _____ Interviewer: _____

A. Introduction and consent

Thank the participant for agreeing to take part. Explain the purpose of the study, voluntary participation, confidentiality, and the right to decline any question or stop the interview. Obtain written informed consent and permission for audio-recording before beginning.

B. Opening and background

1. Please tell me a little about your medical training and your experience during the obstetrics and gynaecology rotation.

Possible probes:

- Where did you undertake your undergraduate medical training?
- How was your obstetrics and gynaecology rotation organized?
- What experiences during training stand out most when you think about preparing for practice?

C. Undergraduate training experiences shaping competence

2. Thinking back to undergraduate training, how did your obstetrics and gynaecology training prepare you for clinical practice?

Possible probes:

- Duration and organization of the rotation
- Lectures, tutorials, bedside teaching, ward rounds and case presentations
- Simulation or skills laboratory training
- Opportunities to observe, assist and perform procedures
- Supervision during clinical learning

3. Which aspects of your undergraduate training made you feel most prepared, and which aspects left you feeling less prepared?

Possible probes:

- Can you describe a specific experience?
- What was different about the experiences that were particularly helpful or unhelpful?

4. How were your clinical and procedural skills assessed during training?

Possible probes:

- Written examinations, clinical examinations, case presentations or logbooks
- Feedback received from supervisors
- Whether assessment reflected what you could actually do independently and safely

D. Perceived competence in obstetrics and gynaecology

5. As you entered internship, which areas of obstetrics and gynaecology did you feel most competent in?

Possible probes:

- Theoretical knowledge and clinical reasoning
- Recognizing common obstetric and gynaecological conditions
- Making management decisions
- Communication with patients and teamwork

6. Which practical or procedural skills did you feel confident performing, and which did you feel less confident performing?

Possible probes:

- Normal delivery
- Management of obstetric emergencies
- Manual vacuum aspiration or other gynaecological procedures
- Assisting or participating in theatre and caesarean section
- Other procedures relevant to your experience

7. What do you think makes the difference between knowing how a procedure should be done and feeling able to perform it in practice?

Possible probes:

- Observation versus hands-on practice
- Repeated practice
- Direct supervision
- Feedback and correction

E. Transition to internship and readiness for practice

8. How would you describe your readiness to practice when you first started your internship?

Possible probes:

- Confidence in managing patients
- Situations in which you needed guidance
- Differences between theoretical preparedness and practical preparedness

9. How has your sense of competence or confidence changed during the obstetrics and gynaecology rotation?

Possible probes:

- Experiences that increased confidence
- Repeated exposure to patients or procedures
- Support from senior doctors, registrars or other team members

10. What does being 'ready to practice' mean to you as an intern doctor?

Possible probes:

- Ability to recognize and manage clinical problems
- Ability to perform procedures safely
- Knowing when to seek help
- Ability to work independently while recognizing limits

F. Clinical learning environment and contextual influences

11. How has the clinical environment during internship influenced your ability to develop competence and readiness?

Possible probes:

- Availability and consistency of supervision
- Opportunities for procedural and theatre exposure
- Patient load and number of learners competing for opportunities
- Feedback and mentorship
- Workplace culture and attitudes of senior staff

12. Can you describe a situation in which the clinical environment particularly helped or hindered your learning?

Possible probes:

- What happened?
- How did it affect your confidence or ability to participate?
- How did you respond?

G. Recommendations

13. Based on your experience, what changes would most improve the preparedness of medical graduates for obstetrics and gynaecology internship?

Possible probes:

- Simulation and skills training
- Structured supervised procedural practice
- Smaller clinical learning groups
- Feedback and mentorship
- Competency-based or workplace-based assessment

14. If you could change one thing in undergraduate obstetrics and gynaecology training, what would it be and why?

H. Closing

Is there anything else about your competence, confidence or readiness to practice in obstetrics and gynaecology that you think is important but we have not discussed? Thank the participant for their time and contribution.

TOOL 2: FOCUS GROUP DISCUSSION (FGD) GUIDE

Target participants: Medical interns who have recently completed, or are within one month of completing, their obstetrics and gynaecology rotation.

Recommended group size: 6–8 participants

Estimated duration: 60–90 minutes

FGD ID: _____ Date: _____ Site: _____ Moderator: _____ Note-taker: _____

A. Opening the discussion

Welcome participants and explain the purpose of the discussion. Emphasize that there are no right or wrong answers and that differing views are valuable. Request participants to speak one at a time, respect differing opinions and avoid sharing the identity or comments of other participants outside the group. Explain that confidentiality within the group cannot be absolutely guaranteed. Obtain consent and permission for audio-recording.

B. Ice-breaker

15. To begin, when you think about starting internship in obstetrics and gynaecology, what words or experiences best describe how prepared you felt?

Possible probes:

- Invite several participants to respond before probing.

C. Undergraduate training experiences

16. How would you describe the undergraduate obstetrics and gynaecology training that prepared you for internship?

Possible probes:

- What teaching and learning methods were commonly used?
- How much opportunity was there for simulation, bedside learning and hands-on practice?
- Did experiences differ across medical schools or training sites?

17. In your view, what parts of undergraduate training contributed most to developing competence?

Possible probes:

- Repeated clinical exposure
- Supervised practice
- Simulation
- Feedback
- Assessment and logbooks

18. Where do you think the main gaps in undergraduate preparation exist?

Possible probes:

- Invite participants to compare and discuss different experiences.
- Ask whether there is agreement or disagreement within the group.

D. Perceived competence

19. As a group, what areas do you think interns generally feel competent in when they begin obstetrics and gynaecology internship?

Possible probes:

- Theoretical knowledge
- Clinical reasoning and diagnosis
- Communication and teamwork

20. What practical or procedural areas do interns commonly feel less prepared for?

Possible probes:

- Normal delivery and emergency care
- Procedural skills
- Theatre and operative obstetrics
- Independent performance under supervision

21. Why do you think there may be a difference between understanding a procedure and feeling confident performing it?

Possible probes:

- Observation versus doing
- Number of opportunities
- Quality of supervision
- Feedback after performance

E. Transition from student to intern

22. How does readiness change during the transition from medical student to intern?

Possible probes:

- Confidence at the beginning of internship
- Dependence on seniors
- Learning through repeated exposure
- Situations that make interns feel ready or not ready

23. What role does supervision play during the first stages of internship?

Possible probes:

- Availability of senior doctors
- Support during emergencies and procedures
- Graduated responsibility
- Impact of supportive or discouraging supervision

F. Clinical learning environment

24. What features of the hospital environment help interns develop competence and readiness?

Possible probes:

- Mentorship and supervision
- Procedural opportunities
- Constructive feedback
- Supportive workplace culture

25. What features make it difficult for interns to gain the experience they need?

Possible probes:

- Limited theatre access
- Large numbers of students or learners
- Limited patient or procedural opportunities
- Inconsistent supervision
- Discouraging attitudes or workplace culture

26. Do these challenges affect all interns in the same way, or do experiences differ by training background or hospital? Please discuss.

G. Recommendations and priority actions

27. What should medical schools do differently to better prepare students for obstetrics and gynaecology internship?

Possible probes:

- Structured procedural teaching
- Simulation linked to clinical practice
- Minimum supervised procedural experiences
- Smaller learning groups
- Competency-based assessment

28. What should internship sites and supervisors do to support the transition from graduate to practicing doctor?

Possible probes:

- Structured orientation
- Consistent supervision

- Mentorship
- Progressive responsibility
- Regular feedback

29. If this group had to identify the three most important actions for improving readiness for practice, what would they be?

Possible probes:

- Facilitator: Ask participants to discuss and reach a broad consensus where possible.

H. Closing

Before we end, is there anything important about medical interns' competence and readiness for obstetrics and gynaecology practice that has not been discussed? Summarize the main points raised and invite participants to correct or clarify the summary. Thank everyone for their participation.