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# Applicant Reported Experience of a Medical Internship Application Collection Session in Sri Lanka

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**Abstract:**

- ***Background:***

**High-volume medical workforce administration combines digital preparation with in-person document verification. Immediate applicant feedback can identify service priorities, but it should be interpreted according to the denominator and recruitment process actually observed.**

- ***Objective:***

**To describe the distributions of two applicant-reported five-point ratings, the frequency of predefined improvement-priority selections, and the rank-order association between the two ratings after a medical internship application collection session in Sri Lanka.**

- ***Methods:***

**This was a descriptive cross-sectional service evaluation of the voluntary anonymous feedback export collected from 17 to 19 October 2026 after the session held on 17 October 2026. The unit of analysis was a submitted form record. Rating distributions were summarized with counts, percentages, medians and interquartile ranges; upper-range scores were defined as 4 or 5 for a secondary descriptive summary. Multiple-response priorities were summarized by category, and the association between the two ordinal ratings was calculated with Spearman rank correlation.**

- ***Results:***

**The export contained 347 records. Overall process satisfaction had a median of 5 (IQR 5 to 5), a descriptive mean of 4.78 (SD 0.58), and an upper-range score in 333 records (96.0%; 95% CI 93.3% to 97.6%). Organization and efficiency had a median of 5, a descriptive mean of 4.77 (SD 0.56), and an upper-range score in 337 records (97.1%; 95% CI 94.8% to 98.4%). Information and instructions was the most frequently selected improvement priority (108 records, 31.1%), followed by queue management and waiting time (54, 15.6%), document verification (48, 13.8%), and staff communication and assistance (27, 7.8%). The two ratings were positively associated (Spearman rho 0.758, two-sided $p < 0.001$).**

- ***Conclusion:***

**Submitted feedback records showed strongly ceiling-dominated, favorable upper-range ratings while identifying information and instructions as the leading improvement priority. The findings describe survey records rather than all applicants and do not establish that digital components caused the observed experience.**

***Keywords:*** *Medical Internship; Medical Workforce Administration; Service Evaluation; Applicant Experience; Digital Workflow; Sri Lanka.*

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## I. INTRODUCTION

Medical internship application collection is a high-volume administrative process that connects graduate eligibility, document verification, preference submission and workforce placement. A single session may involve online preparation, scheduled arrival, registration, queue management, in-person verification and administrative closure. Each stage can create avoidable uncertainty when instructions, document requirements or navigation are not clear.

Digital components can improve traceability and provide an operational record, but their presence does not by itself demonstrate better service quality. Applicant experience is influenced by perceived performance, expectations and communication, and a brief local feedback form should not be treated as a validated multidimensional service-quality instrument [3,4]. Web-based evaluations also require transparent reporting of recruitment, participation denominators, missingness and potential selection bias [1,2].

The Ministry of Health in Sri Lanka conducted a medical internship application collection session on 17 October 2026 using a hybrid workflow that included online preparation, merit-position-based arrival scheduling, QR-based registration, station processing, document verification and optional anonymous feedback. The supplied research report contained a feedback export but no reliable individual identifier, no validated survey-exposure denominator and no respondent characteristics for nonresponse assessment.

This study therefore takes a deliberately narrow descriptive scope. It does not compare digital and nondigital workflows, estimate causal effects, validate a satisfaction scale or generalize survey results to every person attending the event. The objective: To describe the distributions of two applicant-reported five-point ratings, the frequency of predefined improvement-priority selections, and the rank-order association between the two ratings after a medical internship application collection session in Sri Lanka.

## II. METHODS

➢ *Study Design and Setting*

A descriptive cross-sectional service evaluation was conducted using an anonymous voluntary feedback form associated with a medical internship application collection session held on 17 October 2026 in Sri Lanka. The feedback form was available from 17 to 19 October 2026 and was presented after document submission through a QR-based route. The session combined online application preparation with in-person document verification and administrative processing.

The study was designed to describe the submitted feedback records.

➢ *Data Source and Analytic Unit*

The primary analytic source was the anonymous feedback dataset. All records present in the defined export were eligible for analysis. Results are consequently reported as records or submissions.

➢ *Variables and Operational Definitions*

The feedback export contained a submission timestamp, two five-point rating fields, a multiple-response improvement-priority field and an optional free-text suggestion field. The two rating fields corresponded to overall process satisfaction and session organization and efficiency. The numeric scores from 1 to 5 as a scale-anchor from “Not Satisfied” to “Highly Satisfied”. The interpretation done as higher values as more favorable.

For the primary rating summaries, each score from 1 through 5 was treated as an ordered response category. For a secondary descriptive summary, an upper-range rating was defined as a score of 4 or 5. For the improvement-priority field, each category was counted once per record when selected; categories could co-occur within a record. The denominator for each category was all submitted records. Blank priority fields were retained in the denominator and were not interpreted as evidence that the respondent had no concern.

The optional free-text field was not included as a prevalence-estimation outcome. Its nonblank count was retained as a data-completeness indicator.

➢ *Statistical Analysis*

No sample-size calculation was performed because the analysis used all available records in a defined retrospective export. There was no imputation, weighting or model-based adjustment. Submission dates and field completion were summarized to describe the dataset.

For each rating field, the analysis reported counts and percentages for scores 1 through 5, the median and interquartile range, and the descriptive mean and standard deviation. The proportion with an upper-range score of 4 or 5 was accompanied by a 95% Wilson score interval. These intervals quantify uncertainty conditional on the submitted records and do not correct for self-selection, duplicate submissions or the absence of a verified participation denominator.

The association between the two five-point ordinal ratings was calculated with Spearman rank correlation and a two-sided exploratory p-value. The association was interpreted as concordance of contemporaneous respondent ratings.

The analysis was reported in accordance with the relevant principles of STROBE for observational studies and CHERRIES for web-based surveys [1,2].

The feedback form was presented as voluntary anonymous service-improvement feedback. Anonymous feedback dataset was obtained for secondary analysis. Only aggregate results are presented here.

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## III. RESULTS

➢ *Survey Record Coverage*

The feedback export contained 347 submitted records. Most records were dated 17 October 2026, with a small number submitted on each of the following two days. Both rating fields were complete in every record. The improvement-priority field was nonblank in 224 records, while the optional free-text field was nonblank in 109 records.

Table 1 Survey Record Coverage and Field Completion

| Dataset characteristic | Records | Percentage |
|---|---|---|
| Submission dated 17 October 2026 | 343 | 98.8% |
| Submission dated 18 October 2026 | 2 | 0.6% |
| Submission dated 19 October 2026 | 2 | 0.6% |
| Overall process rating present | 347 / 347 | 100.0% |
| Organization and efficiency rating present | 347 / 347 | 100.0% |
| Improvement-priority field nonblank | 224 / 347 | 64.6% |
| Free-text suggestion field nonblank | 109 / 347 | 31.4% |

➢ *Overall Process Satisfaction*

The overall process rating was concentrated at the upper end of the five-point scale. The median was 5, and the descriptive mean was 4.78 (SD 0.58). A score of 4 or 5 was present in 333 of 347 records (96.0%; 95% CI 93.3% to 97.6%).

Table 2 Overall Process Satisfaction Ratings

| Rating | Records | Percentage |
|---|---|---|
| 1 | 2 | 0.6% |
| 2 | 2 | 0.6% |
| 3 | 10 | 2.9% |
| 4 | 43 | 12.4% |
| 5 | 290 | 83.6% |

➢ *Organization and Efficiency*

The organization and efficiency rating showed a similar concentration at the upper end. The median was 5, and the descriptive mean was 4.77 (SD 0.56). A score of 4 or 5 was present in 337 of 347 records (97.1%; 95% CI 94.8% to 98.4%).

Table 3 Organization and Efficiency Ratings

| Rating | Records | Percentage |
|---|---|---|
| 1 | 2 | 0.6% |
| 2 | 2 | 0.6% |
| 3 | 6 | 1.7% |
| 4 | 54 | 15.6% |
| 5 | 283 | 81.6% |

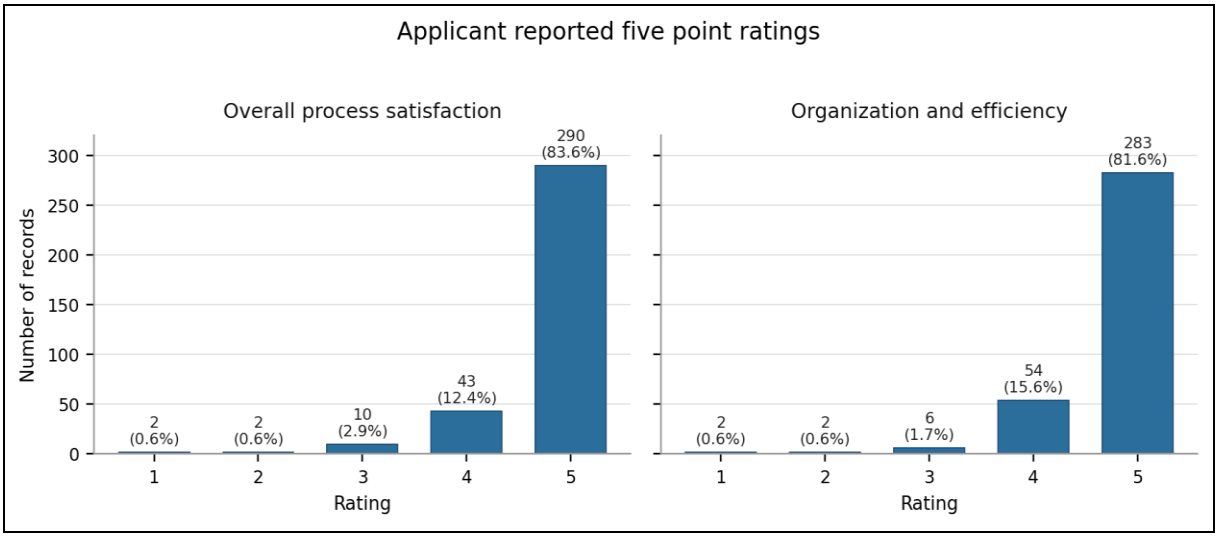



Fig 1 Distributions of the Two Applicant-Reported Five-Point Ratings.

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➢ *Improvement Priorities*

Information and instructions was the most frequently selected predefined improvement priority, followed by queue management and waiting time, document verification and staff communication and assistance. Counts are appearances of selected categories among records and therefore do not represent mutually exclusive groups.

Table 4. Predefined Improvement Priorities Selected by Survey Record

| Predefined priority | Records | Percentage of all records |
|---|---|---|
| Information and instructions | 108 | 31.1% |
| Queue management and waiting time | 54 | 15.6% |
| Document verification process | 48 | 13.8% |
| Staff communication and assistance | 27 | 7.8% |

➢ *Association Between the Two Ratings*

The two rating fields were positively associated, with a Spearman rho of 0.758 and a two-sided p-value below 0.001. The association describes overlapping respondent perceptions measured in the same brief questionnaire.

## IV. DISCUSSION

➢ *Principal Findings*

In this single-event service evaluation, submitted feedback records showed strongly ceiling-dominated ratings for both the overall process and session organization and efficiency. Information and instructions was the most frequently selected predefined area for future attention. The positive association between the two ratings indicates that records with a higher overall-process rating generally also had a higher organization and efficiency rating, although the association does not establish causation or measurement validity.

The coexistence of favorable global ratings and specific improvement priorities is not contradictory. A respondent may judge a session positively overall while still identifying a practical barrier such as unclear documentation guidance or uncertainty about what to do next. For service management, the priority selections are therefore useful as targeted signals, but they should not be interpreted as a complete account of all applicant concerns.

➢ *Interpretation in the Digital Workflow Context*

The session used a hybrid arrangement in which online preparation and digital registration were combined with in-person document verification. This is consistent with a digitally supported administrative process, but the present dataset cannot isolate the contribution of any digital component. There was no comparator session, pre-intervention baseline or person-level measure of digital exposure. Therefore this is an evaluation of the applicant-reported experience of one session.

The leading priority concerning information and instructions is particularly relevant to hybrid workflows. When applicants must move between an online application, a printed submission and physical verification, inconsistencies in timing or document requirements can become visible even when the final service encounter is rated favorably. The appropriate operational response is to improve the clarity and consistency of the information pathway and then evaluate whether later sessions show better, independently measured experience and process indicators.

➢ *Strengths and Limitations*

The main strengths are a clearly bounded event and feedback window, transparent record-level denominators, explicit handling of multiple-response selections, avoidance of unapproved linkage and a prespecified separation between the anonymous survey and the restricted operational audit. Reporting the complete five-point distributions also preserves information that would be lost through dichotomization alone.

Several limitations constrain interpretation. The feedback was voluntary and self-selected, and the number of unique people exposed to the survey is controlled assuming device uniqueness. The dataset contains no applicant demographics, appointment-group information or individual process times. The two rating fields are brief single items rather than a validated multidimensional instrument, and both distributions show a marked ceiling effect. The original scale anchors were not retained in the export and must be verified before publication. The study concerns one event and has no comparator, so causal claims are not supported. Finally, the optional free-text field was not formally coded by independent reviewers, so no narrative theme prevalence is reported.

➢ *Implications for Future Evaluation*

Future sessions should use a privacy-preserving mechanism to prevent duplicate submissions where appropriate, and define in advance whether the evaluation is service improvement or research. If qualitative feedback is intended to support empirical claims, a codebook, independent coding and an auditable adjudication process should be established before analysis.

## V. CONCLUSION

Among 347 submitted anonymous feedback records associated with a medical internship application collection session in Sri Lanka, both applicant-reported five-point ratings were concentrated at the upper end, and the two ratings were positively associated. Information and instructions was the most frequently selected predefined improvement priority. These findings support targeted improvements in communication and documentation guidance, but survey records from one event do not demonstrate a causal effect of digital workflow components.

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