

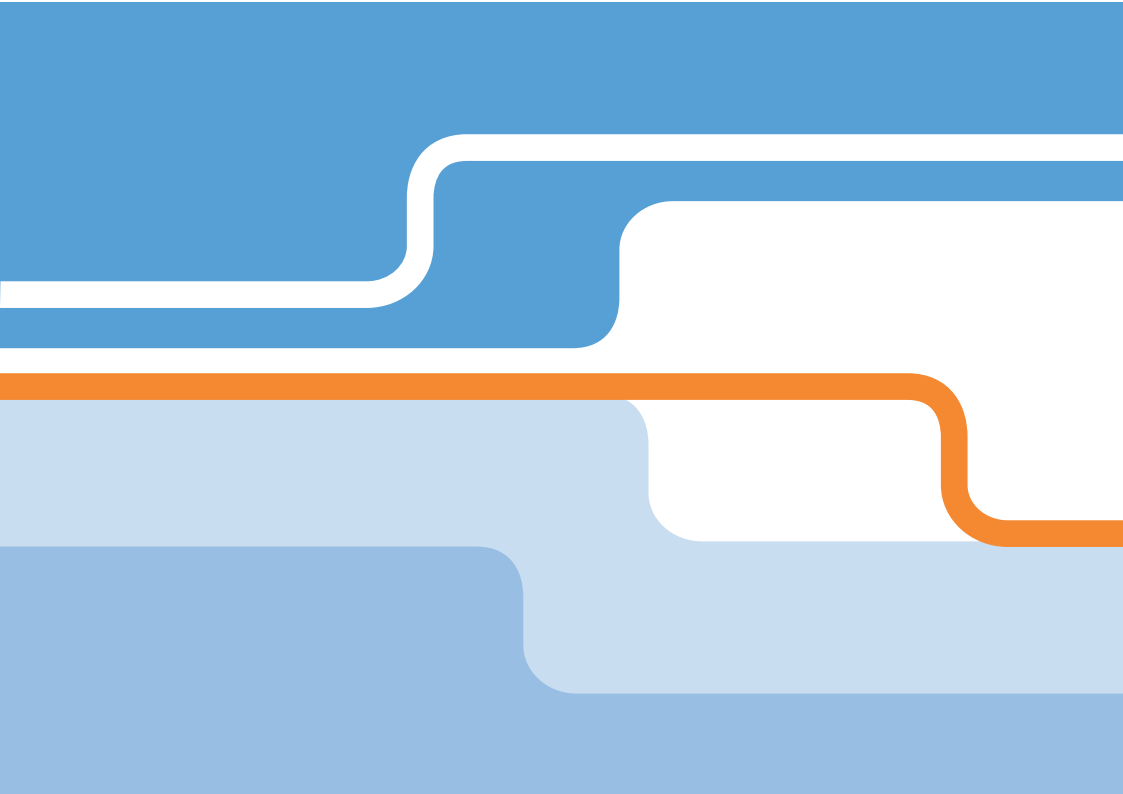
**Medical Practitioners Board of Victoria**

Protecting patients, guiding doctors



# A Guide for Interns in Victoria

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on behalf of the Medical Practitioners Board of Victoria,  
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## The purpose of this booklet

The prospect of starting any new job is daunting. As a new medical graduate, you may well feel both excitement and trepidation at the thought of starting your medical career.

This booklet aims to provide you with some basic information before you start the next stage of your journey towards becoming a fully qualified medical practitioner – your intern year.

The information in this booklet is general in nature. Before you start any rotation you should seek more specific information about your new clinical unit and job. Most hospitals have manuals and protocols that can help in each rotation. It is also always helpful to talk to other doctors who have completed the rotation.

You will be faced with many new challenges during the course of the year. Most of these will be exciting and positive. You will be working with people who understand that you are still learning. If in doubt, ask them for advice and assistance and be courteous and respectful at all times to patients and to members of staff with whom you work.

Enjoy the year ahead.

# 1. Overview

## The year at a glance

The intern year marks your transition from student to medical practitioner. It builds on the theoretical framework you developed as a medical student and gives you experience in applying that theory to the treatment of patients, as a responsible professional.

The purpose of the internship is to provide you with structured experiences that enable you to consolidate and extend your theoretical knowledge and technical skills. It is an opportunity to learn in a relatively protected environment. You will have the opportunity to learn technical skills and to exercise greater judgment than can be applied in a student situation. Your experiences during the intern year should contribute towards you acquiring some of the core competencies and capabilities identified within the Australian Curriculum Framework for Junior Doctors.

Your intern year combines service and training roles. You will contribute to patient care as a member of your hospital's professional staff. You will also be required to be actively involved in training and professional development. You will undertake rotations in which you have responsibility for patient management, but which are also aimed at providing you with a broad experience as a basis for further career development. Your role in caring for your patients will be your greatest source of learning. You will also have the opportunity to undertake other educational activities that contribute to your total experience for the year.

There are usually four or five terms in an internship (between 10 and 12 weeks duration). The start and finish dates of the rotations are determined by agreement of the Hospital Medical Officer (HMO) Managers of Victorian hospitals.

## Accreditation of intern posts

Each intern post has been assessed and accredited by the Accreditation Subcommittee of the Postgraduate Medical Council of Victoria (PMCV). The Medical Practitioners Board of Victoria has formally delegated the task of intern accreditation to the PMCV Accreditation Subcommittee.

The Accreditation Subcommittee bases its assessment of intern posts on the following seven elements:

- health service environment and culture in relation to intern support
- orientation
- education program
- supervision
- feedback and assessment
- program evaluation
- facilities and amenities.

## Allocation of intern posts

Interns are allocated a hospital post through the computer match conducted by the PMCV on behalf of the Victorian Department of Health. You will be appointed by a hospital ('the parent hospital'), but you will be expected to undertake one or two rotations outside that hospital, usually a placement in an outer metropolitan and/or a rural setting.

## Registration as a medical practitioner

The Board's powers and authority are determined by an Act of Parliament – the *Health Professions Registration Act 2005*.

The Board is made up of 12 individuals – eight registered medical practitioners, one lawyer, and three appointees who are not medical practitioners. The Board's primary responsibility is to protect the community by ensuring professional standards are maintained. The Board:

- decides who is qualified and fit to practise medicine in Victoria
- registers medical practitioners
- promotes good medical practice
- deals firmly and fairly with doctors whose fitness to practise is in doubt. This includes investigating concerns about doctors' conduct, performance or health if this is affecting their ability to practise safely.

The Board grants provisional registration to allow you to undertake a period of internship. As an intern, you are only entitled to work within your allocated hospital and the posts the Accreditation Subcommittee has approved for intern training. It is not lawful for you to work in another institution or as a locum.

Before being granted general (unconditional) registration, you must complete an intern year satisfactorily. The year involves at least 48 weeks of satisfactory, supervised clinical experience that includes:

- a core term of at least 10 weeks in medicine
- a core term of at least 10 weeks in surgery
- a term of at least eight weeks in emergency medicine, with a minimum of five weeks in a core emergency medicine rotation.

You must complete these terms to gain general registration.

If you take more than four weeks leave during your intern year, regardless of the reason for the leave, you will be required to undertake further training before being eligible for general registration. In these circumstances the Board may extend your provisional registration into the following year while you complete your outstanding weeks of training. You will need to make an application to the Board for your registration to be extended.

If you do not satisfactorily complete any or all of the components of your internship, you could be required to undertake further training before being eligible for general registration.

At the completion of your intern year, the Medical Director (or equivalent) of your parent hospital is required to certify that you have completed your internship satisfactorily and to provide details of your rotations. You will need to confirm that the information is correct. The Board will grant you general registration when it receives confirmation that your internship has been satisfactorily completed, you have completed an application, have signed the mandatory disclosure form, and you have paid the scheduled fee.

You must ensure that you have been granted registration before commencing your next hospital position.

*It is your legal responsibility to notify the Board of any change to your postal address within 14 days, so that the Board can communicate with you when necessary. The Board will send you regular Bulletins and your renewal of registration.*

The Medical Practitioners Board is located at Level 16, 150 Lonsdale Street, Melbourne. For further information contact the Registration Department on +61 3 9655 0555.

## The goals of internship

Internship offers the opportunity to consolidate the theoretical knowledge gained as a student and apply it to caring for patients. Ultimately, internship marks the beginning of your journey towards becoming an independent, competent and safe medical practitioner.

The first year after graduation should be a time when you:

- consolidate and build on the theoretical knowledge you gained as an undergraduate and learn to apply it to caring for patients
- develop the technical, clinical, personal, and professional skills that form the basis of medical practice
- take increasing responsibility for patient care, as your experience and understanding allows
- start to develop professional judgment in the appropriate care of patients and the use of diagnostic and consultant services
- work within the ethical and legal framework taught at medical school
- contribute to a multidisciplinary health care team
- explore personal career goals and expectations
- encounter and develop strategies to deal with the professional and personal pressures associated with being a medical practitioner.

## Australian Curriculum Framework for Junior Doctors

In 2006, the Confederation of Postgraduate Medical Education Councils (CPMEC) launched the Australian Curriculum Framework for Junior Doctors. This Framework outlines the knowledge, skills and behaviours required of prevocational doctors for them to work safely in Australian hospitals and other healthcare settings. The Framework can provide you with an educational template that clearly identifies the professional skills required to provide quality health care. It is built around three learning areas: clinical management, communication and professionalism.

We recommend that you familiarise yourself with the Framework and use it when you meet with your supervisors to help you establish your goals for each rotation and plan an educational program that will help you achieve them. A copy of the Framework can be found at [www.cpmec.org.au](http://www.cpmec.org.au)

## Learning objectives

To a large extent, the benefit you derive from your internship will depend on how you manage it. You will have many learning opportunities but they may be lost unless you recognise them and actively engage in them. One of the most powerful, but simple, tools to ensure you gain the most from your internship is to be clear about what you want to achieve.

In a busy unit your learning needs may be overlooked from time to time. This is more likely to occur if they have not been explicitly discussed and agreed.

In considering your learning objectives for a rotation, think about:

- the topics, behaviours and skills identified within the Australian Curriculum Framework for Junior Doctors
- your strengths and weaknesses, including gaps in your knowledge and skills base. Give priority to addressing your weak areas
- the opportunities within the rotation. These may not be immediately obvious but could derive from the nature of the unit or the hospital and its patients, other staff and their particular interests, and special projects being undertaken
- the opportunities you are likely to encounter in other rotations. Take advantage of opportunities that are unique to each rotation. Consider how your skills and knowledge will develop over the year
- your medium and long-term goals. Your internship should be a time when you gain as broad an experience as possible. Although you may have a strong preference for your long-term career direction, exposing yourself to other aspects of medical practice can provide insights into patient care that will be valuable in the long term. If you don't have a strong career preference, your early postgraduate years can provide experience to help you choose.

Once you have a clear idea of what you want from your rotation, discuss it with your registrar and consultant or other senior medical staff. Write down your agreed objectives and review them periodically throughout the rotation, noting your progress towards them and whether they should be changed in light of experience.

As an intern, your workload could vary considerably between rotations, but most rotations are busy. You could easily find your days filled with a variety of tasks, giving you little time to reflect on what you are doing and why. Reflection is essential for learning. If you are going to derive full benefit from your intern year you will need to manage your day effectively to include time to perform your duties and reflect on what you are learning.

## 2. The Framework of Internship in Victoria

### The elements of internship

The framework against which intern posts are assessed has seven elements, each with a specified standard and assessment criteria.

Posts are assessed for accreditation on a cycle of up to three years.

As posts are re-accredited, health services will be expected to indicate the structures and processes they have in place to address all the elements of the framework. It is not expected that all health services will be in a position to fully meet all criteria but they will be expected to be working towards this goal.

The elements for the framework, standards, and assessment criteria are detailed below.

#### **1. Health service environment and culture in relation to intern support and wellbeing**

##### Standard

The health service demonstrates a commitment to the development of interns.

##### Assessment Criteria

- 1.1 The health service supports the professional development of interns through appropriate training and professional development programs, including the appointment of a suitably trained Supervisor of Intern Training and/or Director of Clinical Training.
- 1.2 The health service provides effective organisational structures for the management of interns.
- 1.3 HMOs are appropriately placed and supported in positions commensurate with their level of experience and skills.
- 1.4 The health service reviews its rostering and work practices to ensure interns have a balance of education, service and lifestyle.
- 1.5 The health service has established processes to enable access to confidential career counselling and advice, which is known to the intern, their supervisors, and other team members.

- 1.6 The overall management of the intern year is coordinated between the parent hospital and rotation hospital(s) and/or general practices.
- 1.7 The health service has a process in place to identify interns experiencing difficulties, who can be assisted promptly and confidentially.
- 1.8 The health service has a process in place to enable supervisors and managers of interns to identify 'at risk' behaviour and take appropriate action.

## 2. Orientation

### Standard

Interns participate in formal orientation programs, which are designed and evaluated to ensure sound learning occurs.

### Assessment Criteria

- 2.1 The health service provides a formal orientation program at the beginning of the year, on commencing at a new hospital, and at the beginning of each rotation.
- 2.2 Orientation programs are interactive and not lecture-based.
- 2.3 Orientation programs to both the hospital and the unit rotation are evaluated to ensure they meet the needs of interns.
- 2.4 Interns receive written material and/or handbooks which supplement the content of the formal orientation program(s).
- 2.5 The orientation programs are coordinated between the parent and rotation hospitals.

## 3. Education program

### Standard

Interns are provided with appropriate formal educational opportunities.

### Assessment Criteria

- 3.1 The health service assesses the educational needs of interns, develops appropriate programs and commits resources to meet these identified needs.
- 3.2 There is a formal and structured education program specifically for interns, which involves practice-based teaching.
- 3.3 Education programs are accessible.

- 3.4 Attendance at education programs is supported by senior medical staff.
- 3.5 Education programs are coordinated between the parent and rotation hospital(s).
- 3.6 There are learning objectives for each individual rotation that are consistent with the Australian Curriculum Framework for Junior Doctors.
- 3.7 Education programs are evaluated to ensure they meet the needs of interns.
- 3.8 The health service trains and supports registrars and clinicians in their role as teachers and supervisors of interns.

#### **4. Supervision**

##### **Standard**

Interns are supervised at a level appropriate to their experience and responsibilities.

##### **Assessment Criteria**

- 4.1 Interns have designated Term Supervisors for each rotation who they know and who actively supervise them.
- 4.2 Intern supervisors have a clear understanding of their role and responsibility in assisting interns to meet their learning objectives, and demonstrate a commitment to their training.
- 4.3 Appropriate supervision is provided at all times by suitably qualified and appropriately experienced medical practitioners.
- 4.4 The health service has a process in place, which enables an evaluation of the adequacy and effectiveness of supervision of interns annually.

#### **5. Feedback and assessment**

##### **Standard**

Interns receive continual and constructive feedback on their performance.

##### **Assessment Criteria**

- 5.1 The health service clearly explains the criteria, process and timing of assessment and feedback to interns.
- 5.2 Assessment of interns is based on the achievement of objectives, expectations and standards, and is clearly understood by supervisors and interns.
- 5.3 Interns receive progressive and informal feedback throughout every rotation from clinical supervisors, including registrars.

- 5.4 Interns receive formal feedback on the rotation as a whole from clinical supervisors, including registrars, at the end of every rotation.
- 5.5 Performance feedback on the year as a whole is received from the Supervisor of Intern Training and/or Director of Clinical Training or equivalent.
- 5.6 Interns are encouraged to take responsibility for their own performance, and to seek feedback from their supervisors in relation to their performance.

## **6. Program evaluation**

### **Standard**

The health service formally evaluates the intern program in a continuous improvement framework.

### **Assessment Criteria**

- 6.1 The intern program is evaluated.
- 6.2 A process is available for supervisors and senior staff, as appropriate, to provide feedback on the intern program.
- 6.3 A confidential process is available for interns to provide feedback on their experiences.
- 6.4 Feedback is acted upon to improve the intern experience for interns, supervisors and hospital administrators, and the program is modified as necessary.

## **7. Facilities and amenities**

### **Standard**

The hospital provides a safe physical environment and amenities that support the intern.

### **Assessment Criteria**

- 7.1 The hospital provides safe, clean and accessible overnight accommodation for interns.
- 7.2 The hospital provides appropriate on-site recreational areas with access to online information systems for interns.
- 7.3 The hospital provides a secure place for storage of personal belongings for interns during work hours.
- 7.4 The hospital provides interns with access to facilities and educational resources, including clinical skills teaching facilities, appropriate to their educational needs and the clinical needs of the hospital.

## Further assessment of rotations

When accrediting posts, the Accreditation Subcommittee considers other factors that have been shown to affect the quality of intern learning, including:

- the complexity and volume of the unit's workload
- the intern's workload and the experience they can expect to gain
- how the intern will be supervised and by whom
- what job documentation is available
- the feedback the intern receives and is asked to provide.

The Accreditation Subcommittee also considers other issues consistently raised as concerns by interns, including clarity of objectives, menial tasks, hours worked, social support, and facilities.

During an accreditation visit, interns are asked to provide confidential written and verbal feedback about their experiences during the intern year. The members of the Subcommittee place great value on this information when deciding on accreditation of intern positions.

## 3. Rotations

This chapter provides the learning objectives and expectations considered suitable for interns' rotations.

The suitability of particular posts is determined by the Accreditation Subcommittee on a case-by-case basis, taking into account the main discipline of the posts, workload, the nature of the work, opportunities for involvement in ward rounds, supervision, education, and assessment.

At the beginning of each rotation, you can expect to receive a position description that includes the skills and procedures you will be expected to experience during the term and that will be reviewed with you at your end-of-term feedback meeting.

### Core medical rotation

As an intern, you will undertake a core term of at least 10 continuous weeks in medicine. This term should provide opportunities for you to participate in:

- the assessment and admission of patients with acute medical problems
- the management of in-patients with a range of general medical conditions
- discharge planning, including preparation of a discharge summary and other components of handover to a general practitioner or a subacute or chronic care facility
- ambulatory care.

An appropriate case load allocated for each medical intern would usually be 10 to 25 in-patients.

### Supervision

In a core medical post, you can expect to be supervised by an appropriately qualified and experienced medical practitioner with full registration and a minimum of three years experience in hospitals in Australia or other countries with similar health care systems, preferably in a physician training program. You can expect your supervisor (a physician, a registrar or senior HMO) to be available to supervise you, to perform a daily ward round with you and be available for some time each day to supervise the management of ward patients.

## Responsibilities

Under the guidance of the medical registrar and consultant physician, you could reasonably be expected to:

- take and/or check the detailed medical history
- perform an examination
- order and coordinate investigations
- communicate with referring medical practitioners
- liaise with other members of a health care team to facilitate effective and efficient patient management
- conduct daily reviews of all patients under your care
- document clinical history, physical examination and management plan in the medical record at the time of admission
- maintain appropriate records of patients' progress, investigations and results
- discuss discharge plans with the patients' general practitioner and other health professionals responsible for ongoing care
- follow-up on recently discharged patients if they return to hospital as outpatients for review.

You should expect to attend ward rounds and regular ward meetings. Daily ward rounds with the registrar and three times each week with the consulting physician are the norm. In addition, most medical units require interns to attend weekly meetings with the general health care team, diagnostic imaging meetings, unit clinical presentations, and review meetings.

You will not be expected to manage complex medical problems without support.

## Procedures

At the completion of the core medical rotation it is expected that you will have had the opportunity to perform (under appropriate supervision) and demonstrate competency in the following procedures:

- insertion of IV cannulae
- insertion of naso-gastric tube
- insertion of urinary catheters (male)
- performance of venipuncture
- taking of arterial blood gases.

While likely to occur in the rural setting, not all interns are expected to perform lumbar puncture, paracentesis, and the insertion of intercostal catheters or diagnostic needles. These are not essential skills to acquire but are nevertheless desirable.

### Investigations

You should acquire the ability for the following five interpretive skills during the core medical term:

- recognise an abnormal ECG tracing
- interpret a chest X-ray
- interpret arterial blood gas results
- interpret serum electrolyte
- interpret full blood examination (FBE) results.

Additional procedures and investigations that you may be required to perform and interpret are detailed in the Australian Curriculum Framework for Junior Doctors (available at [www.cpmec.org.au](http://www.cpmec.org.au)).

### Learning Objectives

#### Clinical Management

At the end of your core medical term you should be able to:

1. take a comprehensive history, eliciting relevant clinical findings, and formulate a detailed management plan for patients presenting to the hospital with common medical problems
2. document the clinical history, physical examination and management plan in the hospital unit record as a detailed, accurate and legible record of the patient's status on admission
3. write suitable progress notes identifying changes in principal clinical problems, results of investigations and procedures performed, and their interpretation
4. formulate an appropriate strategy for investigation and be able to interpret results of commonly used investigations with reworking of the clinical problem list and management plan, as required
5. develop a therapeutic plan that shows knowledge of the common therapeutic agents, their clinical uses and dosages, adverse effects, and potential drug interactions, as applied to each of your patients

6. design a discharge plan including goals that are clearly identified and attainable, and addressing strategies for maintaining optimal health
7. write a concise discharge summary
8. conduct a complete admission and be able to follow the patient through their continuum of care until discharge, including preparation of the discharge summary and other requirements of handover to a general practitioner, a subacute or chronic care facility
9. demonstrate safe prescribing of medications associated with practice in a general medical unit, with particular emphasis on the safe use of medicines such as anti-coagulants, sedatives and hypoglycaemic agents.

### **Communication**

At the end of your core medical term you should be able to:

10. communicate with patients and carers in ways they understand (e.g. use interpreters, diagrams, less jargon). Involve patients in discussions about their care. Understand and use the principles of good communication such as active listening and the role of information overload
11. communicate clearly and concisely with your professional colleagues, including the patient's general practitioner, the salient features of the clinical history and examination with an appropriate problem list, summary, and management plan outline
12. show due sensitivity to the special needs of an individual patient such as might arise in relation to palliative care, emotional distress, psycho-social disorder, communication difficulties, or cultural beliefs.

### **Professionalism**

At the end of your core medical term you should be able to:

13. develop an appropriate professional rapport with patients, their families, carers, and other members of the managing health care team, which will facilitate patient management
14. understand the interactive roles of the various health professionals in the management of each patient and play an active role in the multidisciplinary health care team
15. gain access to both relevant and current literature to assist with understanding clinical problems and for formulating the best possible management plans

16. understand how time management impacts on patient care and the functioning of the hospital and demonstrate an ability to prioritise your workload
17. make the most of opportunities to become involved in research and educational bodies/committees
18. monitor your own health and welfare for your benefit and the benefit of patients, colleagues and family.

At the completion of the core medical rotation it is expected that interns will have developed expertise in assessing and managing common potentially life-threatening medical problems including dyspnoea, chest pain, hyper/hypovolemia, hyper/hypoglycaemia, fitting, shock and pain management, and be able to communicate effectively with patients, relatives, and multidisciplinary team members.

## Core surgical rotation

As an intern, you will undertake a core term of at least 10 continuous weeks in surgery. During your surgical rotation, you will be required to be exposed to all phases of care including pre-operative evaluation, operative management and post-operative care. If possible, it is desirable for you to be involved in all phases of care for an individual patient. A core surgical post will provide you with experience in managing patients who exhibit the broad principles of surgical illness. These include, but are not confined to, the metabolic response to trauma, infection, shock, and neoplasia. The surgical unit should undertake major surgical procedures.

### Responsibilities

As a general rule, in a core surgical post you could expect to:

- undertake assessment and management of urgent general surgical cases at least weekly
- attend and actively participate in operating theatre for one to three lists each week, with at least one list being in ‘protected time’ when your ward work is being covered by another doctor
- attend an outpatient clinic at least weekly or gain other experience in evaluating ambulatory surgical patients, particularly those recently discharged.

As with your core medical rotation, you should expect to attend ward rounds and regular ward meetings, including audit and teaching sessions. In parent hospitals you could normally expect daily ward rounds with the registrar and three times each week with the consulting surgeon, but rounds could be less frequent in other rotation hospitals. In addition, most surgical units require interns to attend unit clinical presentations and review or audit meetings.

### Supervision

In a core surgical post, you can expect to be supervised by an appropriately qualified and experienced medical practitioner with full registration and a minimum of three years experience in hospitals in Australia or other countries with similar health care systems, preferably in a surgical training program. You can expect your supervisor (a specialist surgeon, a registrar or senior HMO) to be available to supervise you, to perform a daily ward round with you and be available for some time each day to supervise the management of ward patients.

### Learning Objectives

#### Clinical Management

At the end of your core surgical term you should:

1. have experience in managing patients who are undergoing surgery as part of their treatment and be able to:
  - assess patients who present electively and as emergencies
  - develop a plan of investigation and treatment
  - prepare patients for surgery
  - understand options for treatment (surgical and non-surgical).
2. be familiar with operating theatre procedures, including:
  - anaesthesia and monitoring
  - sterile technique
  - surgical scrub
  - surgical assisting
  - recovery room care.

3. be able to manage a post-operative patient, including:
  - during the first four hours, during recovery from anaesthesia (airway, respiration and circulation)
  - during subsequent in-patient care (analgesia, intravenous fluids and nutrition, drains, fever, and complications)
  - preparation for discharge and/or rehabilitation (communication of expectations, mobilising resources, and ongoing communication with the patient's general practitioner).
4. have developed appropriate skills such as simple suturing, wound closure, management of wounds, including complications and dressings, fluid management, and pain management.

### Communication

At the end of your core surgical term you should be able to:

5. outline proposed treatments in a way that the patient understands
6. discuss the risks or possible complications with patients and their families/carers
7. discuss the expected post-operative course and begin the planning for discharge
8. understand the process of informed consent (but you are not expected to obtain primary consent from patients, including emergency admissions).

### Professionalism

At the end of your core surgical term you should:

9. be familiar with the roles and responsibilities of different members of the surgical team including pre and post operative care
10. be able to work as an effective team member, demonstrating a willingness to defer to and learn from team leaders and share knowledge with and assist others in the team to learn
11. demonstrate an appropriate standard of professional practice including time management and the ability to work within your personal capabilities
12. have made the most of opportunities to become involved in research and educational bodies/committees
13. be able to monitor your health and welfare for your own benefit and the benefit of patients, colleagues and family.

## Non-core surgical terms

The features of a surgical rotation that would make a surgical position non-core would be an inability to meet the requirements listed above, **especially the following:**

1. a rotation where the surgical procedures were predominantly endoscopic and/or minor procedures
2. a rotation where the senior HMO/Registrar support was either non-existent or where the registrar was not on the wards regularly with the HMO
3. a rotation where the majority of the case load was elective and where the intern had no experience in the assessment and management of emergency general surgical cases.

## Emergency medicine rotation

As an intern, you will undertake a term of at least eight weeks in emergency medicine. It will either be completed as:

- an eight week core term in an emergency medicine department (see below for requirements), or
- as a combination of at least a five week core rotation in an emergency medicine department and the remaining three weeks in a non-core rotation in an emergency department which may be in a regional/rural setting (see below for requirements).

### Responsibilities

During your core emergency rotation you could be expected to:

- take patient histories
- perform examinations
- interpret common investigations including ECG, X-rays, oximetry and ABGs
- document the findings
- develop a management plan and follow-up if relevant.

When the clinical presentation is complex, you would be expected to present that plan to a senior doctor for comment and approval before commencing treatment. In all cases, you and your supervisor should ensure that your level of responsibility matches your level of knowledge, experience and competence.

For patients with less complex clinical presentations you could be expected to manage their discharge.

## General supervision requirements for a core rotation in emergency medicine for interns

An emergency medicine term will be recognised as a core term if the following conditions are met:

1. Your Term Supervisor must be a Fellow of the Australasian College for Emergency Medicine (FACEM), or a Fellow of one of the following colleges:
  - Anaesthetics (FANZCA)
  - General Practice (FRACGP)
  - Medicine (FRACP)
  - Surgery (FRACS)
  - Intensive Care (FANZCA or FRACP)
  - Rural and Remote Medicine (FACRRM)

who has completed **ALL** of the following training areas:

- Advanced Trauma Life Support or Emergency Management of Severe Trauma and
  - Emergency Life Support or Advanced Cardiac Life Support and
  - Paediatric Advanced Life Support Course or
  - Equivalent internationally recognised courses.
2. a) Direct supervision is provided 100 per cent of time during your roster. Direct supervision is supervision that is on-site within your department and continuous, 100 per cent of the time, 24 hours a day, seven days a week.  
b) Direct supervision must be provided by a Fellow as described above OR by an appropriately qualified and experienced medical practitioner with a minimum of three years experience in hospitals in Australia or other countries with similar health care systems.
  3. There is an appropriate case mix that will enable you to achieve the learning objectives. The case mix will be assessed during an accreditation visit.

## Learning Objectives

### Clinical Management

At the end of your core emergency medicine term you should have:

1. gained experience in the acute presentation of common medical and surgical conditions including altered consciousness and trauma
2. gained an understanding of the initial management of a patient's presenting complaint as part of their overall management
3. become familiar with agreed protocols for the management of emergencies
4. performed common procedures for the management of acute conditions (with adequate supervision)
5. developed an appreciation of which patients and types of conditions require hospital admission as opposed to those who may be best managed within an outpatient, community, and other ambulatory settings
6. developed an appreciation of the range of outpatient and community care facilities.

### Communication

At the end of your core emergency medicine term you should have:

7. developed an appreciation of how to communicate effectively with patients, their relatives, peers, supervising medical staff, nursing and allied health colleagues, departments where investigations are being conducted, referring doctors, medical records staff, and switchboard staff
8. become familiar with the requirements for presenting patient case histories and clinical details at the bedside during ward rounds concisely and with appropriate sensitivity to each patient's condition, needs and wishes
9. become familiar with the requirements for presenting at unit and other meetings, as well as to other clinical staff when requesting consultations from or transfer to other units.

## Professionalism

At the end of your core emergency medicine term you should have:

10. developed time management skills
11. developed an appreciation for sharing knowledge and assisting others in the team to learn
12. made the most of opportunities to become involved in research and educational bodies/committees
13. learned to monitor your own health and welfare for your benefit and the benefit of patients, colleagues and family.

## General supervision requirements for a non-core rotation in emergency medicine for interns

An emergency medicine term will be recognised as a non-core term if it does not meet the requirements for a core ED term but meets the following minimum standards:

1. your supervisor is one who is an appropriately qualified and experienced medical practitioner with a minimum of three years experience in hospitals in Australia or other countries with similar health care systems
2. indirect supervision should be no greater than 20 per cent of the supervision provided during your non-core ED rotation
3. indirect supervision is supervision which is available:
  - on-site but not in the same department/unit or
  - off-site and not immediate. If back up and support is off-site, you can expect the supervisor to be available immediately by phone and be within five minutes drive of the hospital.

If you are required to work in an Emergency Department without direct supervision, the following additional requirements are to be met:

- the Supervisor of Intern Training or the Director of Clinical Training or Medical Director should review the supervision plan for you to work in the emergency department and be satisfied that you will not be placed in a position beyond your experience or ability to deal with and to protect patient health and safety
- clear written guidelines should be provided to you stating when and who to contact in an emergency if an immediate supervisor is not readily available and
- supervision expectations within the emergency department, including the written guidelines about who to contact, should be formally discussed between you and senior medical staff at the beginning of the rotation.

### **Special issues relating to intern core and non-core rotations in emergency medicine departments**

The nature of work in an emergency medicine department places particular responsibilities on hospitals to ensure you are adequately supervised. Comments in other sections of these guidelines relating to supervision of interns are pertinent here, but additional requirements for emergency medicine departments include:

- you should not be the only doctor in the emergency medicine department unless appropriate back-up is available within five minutes
- for the first two weeks of your first two rotations, a senior doctor should always be present when you are on duty. In this context, a senior doctor is one with full registration and a minimum of three years of experience in hospitals in Australia or other countries with similar health care systems
- when you are on call or are the first call doctor, you should be aware of and familiar with agreed protocols for the management of common serious conditions, in case you are required to initiate the management of a potentially life-threatening condition. These will assist you to manage the condition and gain from the learning experience
- you should not be expected to manage obstetric patients or children less than two years of age, without direct supervision.

## Non-core rotations

Non-core rotations may make up the balance of your intern year and have been accredited according to the standards and criteria outlined in Chapter 2. They provide opportunities to explore additional areas of medicine and surgery, anaesthesia, psychiatry, and less acute care such as rehabilitation medicine, palliative care, geriatrics and general practice.

Almost all processes of clinical practice are common to all rotations, including; history taking, examination, developing a management plan, maintaining appropriate documentation, and communication with patients, relatives and other professionals. Also, elements related to hospital practice are common to all rotations, such as medico-legal issues (e.g. completion of certificates) and issues of cost efficiency.

In all rotations, whether core or non-core, you can expect to have clear learning objectives, work that provides opportunities to learn, supervision at a level appropriate to your experience and responsibilities, and feedback during and at the end of your rotation.

## General Practice rotation

As an intern you may be provided with the opportunity to complete a non-core rotation in general practice. Exposure to the craft of general practice and your time spent in the community (rural or metropolitan) will enhance your understanding of:

- the patient in their context
- the difference between illness and disease
- your role in the continuum of care.

The valuable insights gained from your time spent in general practice will enable an informed decision to be made on your future professional development.

The general practice rotation should provide you with an opportunity to manage a variety of patients in a highly supportive clinical setting. You should anticipate a patient case load of 40-70 patients per week, with a booking of one to two patients per hour. A 'Parallel' consulting model (also known as WAVE or Confluence), will normally be used in which:

- a patient will make an appointment to see you and a matching space will be left in the supervising doctor's appointment book

- you will see the patient and formulate the diagnosis and management plan
- the supervising doctor will then see you and the patient in a joint review
- there will be opportunities for feedback from both patient and supervisor.

### **Responsibilities**

In a general practice rotation your responsibilities will depend on the organisation of each individual practice. However, you could be expected to:

- under the direction of a qualified general practitioner, consult on a wide range of patients
- discuss all patient consultations, management plans and prescriptions with the supervising general practitioner
- maintain practice standards, policies and protocols, ensuring familiarity with the Practice Policy and Procedure Manual provided
- follow the practice confidentiality policy
- accurately document on clinical management software, all patient consultations and the arrangements made for their follow-up
- arrange necessary patient appointments, referrals and investigations
- ensure up-to-date documentation of patients' past medical history, social history and current medication
- adhere to the Practice Recall policy as set out in the Practice Manual
- participate daily in the acute in-patient ward round at the/a local hospital
- complete any hospital paper work as requested by hospital and clinic nursing staff
- liaise with other staff members including nurses, the diabetic educator, local community health providers and associated allied health professionals
- when necessary, communicate clearly accurate information to the patient's family
- attend all practice meetings and participate in all the requirements of practice accreditation
- actively support all immunisation requirements and preventative health strategies undertaken by the practice.

## Learning Objectives

### Clinical Management

At the end of your general practice rotation you should:

1. have developed and be able to demonstrate your applied professional knowledge and skills in:
  - knowledge of commonly prescribed drugs, their indications, interactions and use
  - the ability to take a concise history and perform an appropriate examination
  - competence in minor procedures such as suturing, skin biopsy, cryotherapy, and performing spirometry and Pap smears
  - competence in diagnosis and management of common general practice presentations
  - the ability to quickly recognise critically ill patients who need urgent referral for hospital treatment, and to organise safe transfer
  - skill in deciding which investigations are appropriate
  - ability to interpret investigation findings
  - ability to differentiate between illness and disease
  - coordination of whole patient care with referrals to specialists, allied health personnel and community support services.
2. be able to demonstrate your understanding of professional and ethical roles including:
  - knowledge and application of evidence based practice.

### Communication

At the end of your general practice rotation you should:

3. be familiar with and be able to demonstrate the following skills around communication and the patient/doctor relationship:
  - a respectful patient centred approach
  - skills in whole person care so that the doctor understands the patient, their context and the influence this can have on illness and behaviour
  - skills in educating patients about their condition, being able to fluently discuss such topics as immunisation, asthma management, diabetes, hypertension and hyperlipidaemia

- appropriate communication skills with peers using medical terminology
  - appropriate communication skills with patients so that the doctor understands the patient's concerns and the patient understands the medical terms and concepts
  - a sensitivity to discussing topics that may be embarrassing or distressing for the patient
  - an awareness of patients' needs and vulnerabilities, in a non-judgemental context.
4. be able to demonstrate an understanding of organisational and legal requirements including:
- efficient use of electronic software such as Medical Director, showing ability to access its resources and to file information.

### Professionalism

At the end of your general practice rotation you should:

5. be able to demonstrate an understanding of population health in the context of general practice including:
- an appreciation of the role of general practice as community primary care
  - the use of preventative health care measures in the practice and in the community
  - the ability to educate patients about preventative health measures
  - delivery of culturally appropriate care, acknowledging individual and social differences
  - ability to deliver care to the whole family throughout their whole life cycle.
6. be able to demonstrate your understanding of professional and ethical roles including:
- respect for professional boundaries and ethical practice
  - recognition of need for self care and for seeking help if required
  - respectful and appropriate actions if a colleague is in difficulty
  - a commitment to self-directed, life-long learning
  - continuing self-appraisal skills and involvement in peer assessment.

7. be able to demonstrate an understanding of organisational and legal requirements including:
  - understanding the Medicare and the private health care systems
  - understanding and appropriate use of the PBS
  - knowledge of the legal requirements of general practice and the ability to fulfil these while respecting the patient’s rights and sensitivities
  - good time management skills.

On arrival you can expect to be given a full orientation to the general practice and time to adjust to the differences in your new work environment. Your supervisor will help you identify your learning needs and these will be documented and worked through during the rotation.

### **Guidelines for On-Call & After Hours in a General Practice**

You may find that you will be rostered to work after hours or on-call. All after hours and on-call undertaken by you will be consistent with the ‘Parallel’ consulting model and is considered a normal part of general practice when a practice is open outside of ordinary hours. After hours and on-call arrangements should be no more onerous or socially unfriendly than those of other doctors in the practice.

### **On-Call Supervision Arrangements**

Suitable triage of patients by a Division 1 nurse or equivalent after-hours must be in place before you can be rostered for on-call.

Your Supervising Doctor will be in attendance with you when you see any patients on-call.

You may be expected to take calls direct from patients when on-call, however you must discuss your assessment of the patient with your supervisor. The final definitive decision about the patient’s treatment must rest with your supervisor.

### **Personal Safety**

Any reasonable concerns for your personal safety when working after hours or on-call should be considered and discussed with your supervisor when making after hours work arrangements.

## Rural rotations

During your internship, you can expect to spend at least one rotation in a rural setting. Rural rotations provide experience in a different institutional setting, less oriented towards complex disease presentation and formal teaching.

Rural hospitals play a vital role in the health care and social fabric of their communities. As an intern in a rural hospital you, will encounter a broad range of people and illnesses, and your professional contribution will be particularly valued.

Rural hospitals have fewer medical staff and, typically, interns work closely with Visiting Medical Officers, gaining more hands-on experience and accepting greater personal responsibility than in metropolitan hospitals. Many interns enjoy this.

A number of other aspects are typical of the experience of interns in rural hospitals:

- clinical support services are more limited, enabling you to gain experience in managing patients without immediate access to expensive tests and equipment
- you may be separated from peers, family and friends, but generally there will be a friendly work atmosphere and good working relationships with nursing staff
- fewer formal education opportunities exist than in city hospitals
- you can expect to have more contact with general practitioners
- workload pressure will probably be less, although this can be highly variable
- few other medical staff will be on-site during overnight or weekend shifts
- you will probably have less direct supervision on duty, with specialist/GP support on call.

## 4. Practical Skills

To function as a safe and competent practitioner you will need to develop a broad range of skills. As well as mastering clinical and procedural skills, you will need to be able to communicate effectively and understand the importance of good communication for optimising patient outcomes. You will also be assuming the mantle of professionalism – learning administrative systems and patient management protocols as they apply within your different rotation units, working in multidisciplinary teams, learning how to act in an ethical fashion, taking responsibility for your ongoing professional education, and learning the legal requirements of being a doctor.

### Communication Skills

Your communication skills are particularly important as an intern because of your central role in coordinating patient management. During the term, you will be expected to communicate effectively with patients, their relatives, peers, supervising medical staff, nursing and allied health colleagues, departments where investigations are being conducted, referring doctors, medical records staff, and switchboard staff.

You can expect to be instructed and supported in situations in which you are not familiar or in dealing with a patient with diminished responsibility, such as cognitive impairment. Before breaking bad news to a patient or requesting an autopsy from relatives, you should seek assistance, advice and support from more senior staff.

### Common Procedural Skills

You may expect to be shown how to perform a procedure and have possible complications explained to you. You should be supervised until you demonstrate proficiency. Developing a good working relationship with your supervising registrar is often the key to developing your confidence and competence in procedural skills.

Some of the procedural skills you could be asked to perform include intravenous line management, venous and arterial punctures, bladder catheterisation, naso-gastric tube insertion, lumbar puncture, joint aspiration, and pleural aspiration. The Australian Curriculum Framework for Junior Doctors contains a more detailed list of the procedural skills you will be expected to perform (available at [www.cpmec.org.au](http://www.cpmec.org.au)).

## Presentation Skills

During your internship, you should have the opportunity to practise and improve your presentation skills. You will probably be expected to present patient case histories and clinical details at the bedside during regular ward rounds – concisely, and with due sensitivity to each patient’s condition, needs and wishes. You may also be required to present at unit and other meetings, as well as to other clinical staff when requesting consultations from or transfer to other units.

## Teaching

While as an intern you are not expected to take on formal teaching responsibilities, your close contact with your patients will often mean that your advice and knowledge is sought by medical and other health care students. Sharing knowledge and assisting others to learn is one of the joys and responsibilities of practising medicine.

## 5. Informed Consent

In relation to informed consent in hospitals, the policy of the Medical Practitioners Board of Victoria states 'that while interns need to understand the process of informed consent, obtaining informed consent should not normally be the responsibility of the intern'.

### General

The issues surrounding obtaining consent from patients before intervention, have become more complex, more demanding, and more important. As an intern, you are not expected to obtain primary consent from patients, including emergency admissions. It is normally expected that **consent for surgical or other major procedural intervention will be obtained by the registrar or the surgeon. If this policy is not being implemented, you are advised to draw this to the attention of the Head of Unit.**

### Emergency Procedures

As an intern you will not be expected to seek patient consent for emergency procedures. This particularly applies to ensuring patients give their consent for theatre when you are on call in the evenings, nights and weekends.

**The appropriate surgical registrar or surgeon should be contacted to gain consent of the patient before theatre. If this policy is not being implemented, you are advised to draw this to the attention of the Head of Unit.**

## 6. Looking After Yourself

### Who's who

A range of people will have a role in your internship, although their particular responsibilities and title could vary between hospitals. In many cases, one person will take on several of the listed roles.

1. **You** – overwhelmingly the value you derive from your internship will depend on you. You will encounter many opportunities for learning, but relatively few of them will be presented to you formally. The extent to which you learn from your experience will depend on:
  - how clear you are about what you want and expect to learn
  - how assertive you are in seeking your learning by, for example, asking questions, asking to be taught procedures, reading, and discussing issues with others
  - reflection on your experience and its implications
  - being organised to take advantage of learning opportunities
  - seeking and being open to feedback.
2. **Your peers** – no-one understands your situation as well as your colleagues who are going through the same experiences as you. Talk about the highs and lows of your experience. Share your concerns and discuss appropriate action if a situation needs to be addressed.
3. **Your term supervisor** – is the designated person responsible for managing your work experience and progress throughout your term rotation. Your term supervisor is also responsible for ensuring the adequacy and effectiveness of supervision and support for you to function safely within your term rotation. They should ensure that you are orientated to your unit, discuss with you the skills, knowledge, and experience to be gained during your rotation and provide formal and informal assessment and feedback during the term. The term supervisor is often the unit head or a delegated person within the unit.

4. **Your unit registrar** – who will usually be your day-to-day supervisor and the primary source of teaching on the job. The registrar is expected to ensure you have a clear understanding of his/her expectations and receive appropriate experience and opportunities for learning. He/she is expected to guide you and provide feedback to you on your performance, during and at the end of the rotation.
5. **Consultants and specialist medical staff** – senior medical staff, such as heads of units, also have a responsibility for providing you with on-the-job training, guidance and feedback.
6. **Allied health and nursing staff** – play key roles in the clinical team and can provide you with strong support.
7. **Supervisor of Intern Training (SIT)** – the major role of the SIT is to ensure interns are provided with, and take advantage of, available learning experiences. Typically, the SIT is a senior doctor who relates well to interns and has an interest in your training. The SIT is not simply a teacher, but emphasises those aspects of your intern year that are important for learning. You can expect the SIT to be a teacher, a confidant, a diplomat, a counsellor, and a point of liaison with other groups of doctors, both within and outside the hospital.  
If you have any concerns about supervision, the demands of a particular rotation, or lack of guidelines, you should first seek the advice of the SIT. The SIT also has a pastoral role and is there to help you if you are having problems.
8. **Director of Clinical Training (DCT)** – increasingly, the first and second postgraduate years are being considered as an integrated period of generalist training. In this context, the Director of Clinical Training is complementing the role of the SIT for all hospital medical officers who have not commenced specific vocational training. Directors of Clinical Training may also have other roles within the hospital, often as senior clinicians.

Throughout Victoria, hospitals have a diverse range of education structures and titles for personnel in teaching and supervisory positions. In some cases the roles of SIT and DCT are combined. Regardless of how these positions are titled or structured, hospitals must ensure that clinical, educational and pastoral support is provided for junior medical staff.

9. **Medical Education Officer (MEO)** – most of the large teaching hospitals have appointed a medical education officer to facilitate the continuing education of interns, PGY2s, and those PGY3s who are not in vocational training. They work with senior medical staff who are responsible for the supervision and education of pre-vocational doctors (e.g. Directors of Clinical Training, Supervisors of Intern Training, physician and surgical training) to maximise and promote teaching and learning for this group. The MEO is unique to each setting and responsive to the needs of that setting.
10. **Medical Administration** – staff in medical administration (including the Director of Medical Services or equivalent) manage the medical and legal aspects of running the hospital, including medical staff and (usually) rosters. Rosters are often the responsibility of the Hospital Medical Officer (HMO) Manager working in medical administration. Some hospitals have asked managers of clinical services units to oversee the rosters of junior doctors working in their area. It is very important that you notify the Medical Director (or equivalent person) of any issues that might cause the hospital to have a legal or insurance problem as soon as possible.
11. **General Practitioner** – it is important that you have your own GP. Your GP has also been an intern at some stage and is someone outside the hospital system who can provide you with support and counselling, as well as attend to your health needs in general.

## Some advice

Most interns find their intern year enjoyable and satisfying but it will also be intellectually, physically and emotionally challenging at times. It is important to remember you are not alone. There are others around you who have been or are going through similar experiences and it is often helpful to talk to someone you trust if you feel under pressure.

Expect that you will have bad days, when you could have difficulty coping. During your first year in particular, you can expect things to happen that you will not be emotionally prepared for. You could also have days when you feel overwhelmed or irritable. Remember, this happens to everyone. Talk to your friends, family and peers about the good and sad experiences. This can be very therapeutic – but remember not to identify patients or families.

Many interns feel pressured by their workload. It can be helpful to sort out priorities, practise some basic stress and time management techniques, and talk to your supervisor and other team members about their expectations of you.

Do not take criticism from your consultants or registrars too personally; learn from their advice.

Maintaining good nutrition, ensuring you have enough rest and exercise, and sustaining outside interests and relationships, should also help you to retain insight and perspective into your situation.

You are strongly advised to find a general practitioner with whom you feel comfortable and with whom you can consult if you are not well. Do not self-diagnose, never self-prescribe medication, and don't ask your colleagues at work for medical advice or for prescriptions. Finally, the key to safe medicine is 'if you don't know, ask'.

## Where to go for help

A number of sources of help are available, including:

- your registrar
- the Supervisor of Intern Training and/or Director of Clinical Training
- medical administration and other in-hospital resources (e.g. Medical Education Officer or HMO Manager)
- Postgraduate Medical Council of Victoria (PMCV)
- Australian Medical Association Victoria (AMA Victoria)
- your general practitioner
- Victorian Doctors' Health Program (VDHP).

The VDHP is a free and confidential service that has been established to assist Victorian doctors and medical students suffering from health problems including mental health, substance use and physical problems. The clinicians of VDHP can refer you to an appropriately qualified health professional and can be contacted on +61 3 9495 6011, 24 hours a day.

The Medical Practitioners Board of Victoria and the Victorian Doctors' Health Program encourage medical practitioners to identify their health concerns as early as possible and to seek help, assessment, appropriate referral, and where necessary ongoing monitoring of their health. This is particularly important if you have a pre-existing physical or psychological condition or if you are experiencing difficulty with your patients, peers, or with other staff. You should consider seeking help if you find that you are becoming isolated at work or home, or if you feel you need to take time off because of the pressures you are dealing with at work.

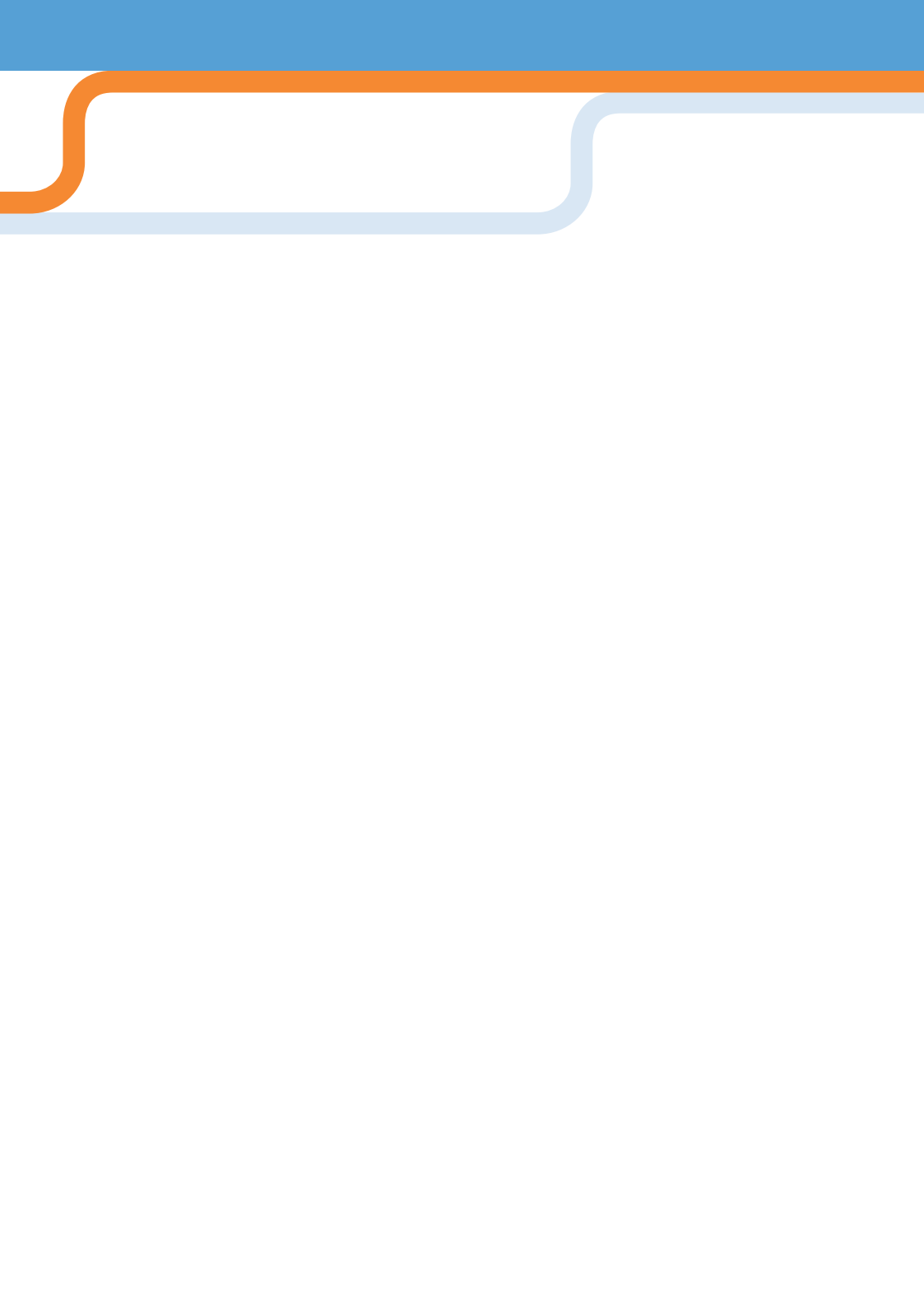
If you are aware of another intern who is experiencing problems you should suggest that they seek help or consider discussing their situation with someone they can trust at your hospital.

Employers and managers of doctors in training are expected to have identified at least one appropriately qualified person who can act as an initial reference and point of contact to assist you if you are experiencing difficulties. This person may be able to assist you in seeking appropriate consultation with other people (e.g. VDHP) and will do so to ensure that the management of any problem is confidential, independent of your medical training, dealt with compassionately and continually re-evaluated. For further information, refer to *The Position Paper on the Welfare and Personal Health of Medical Students and Doctors in Training*, issued by the Postgraduate Medical Council of Victoria. This publication should be available as part of your orientation.

### **Discrimination**

Hospitals are required to have anti-discrimination policies in place to deal with complaints. This information is generally available from the human resources department. More detailed information can be obtained from the Victorian Civil and Administrative Tribunal on +61 3 9628 9900.







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