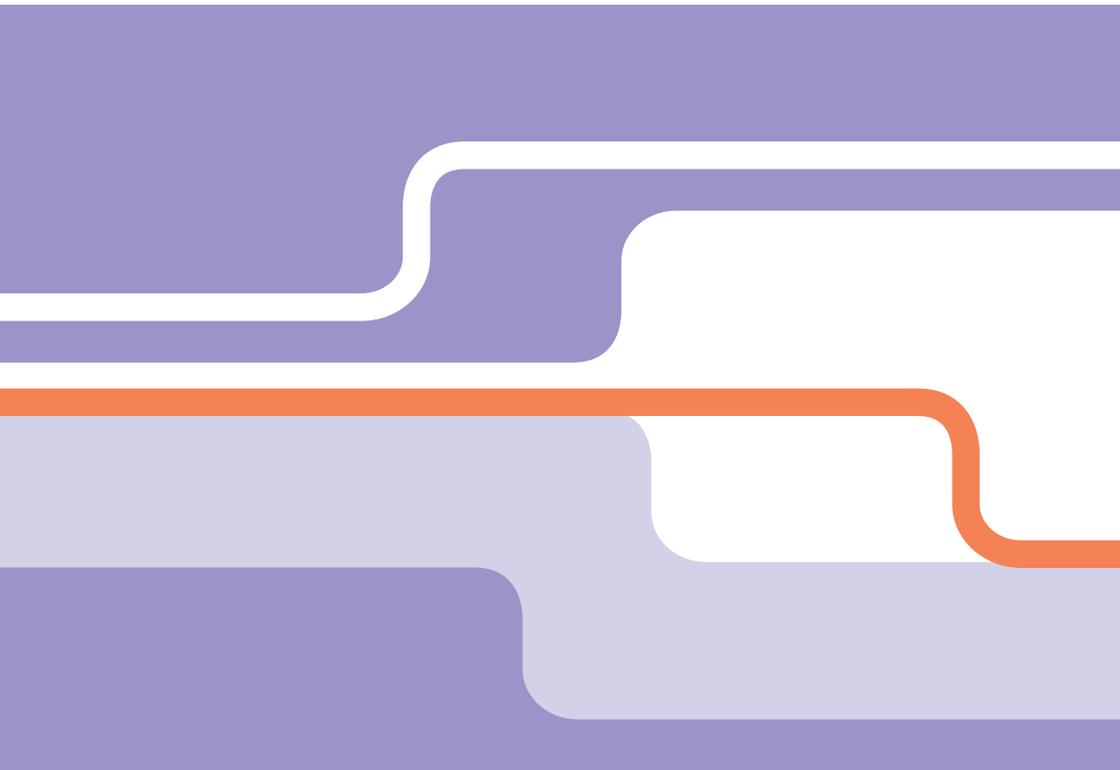




# A Guide for Interns in Victoria

Issued by the Postgraduate Medical Council of Victoria Inc.



Disclaimer:

The material presented in this Guide, distributed by the Postgraduate Medical Council of Victoria Inc. (PMCV), is presented as an information source only. The information is provided solely on the basis that readers will be responsible for making their own assessment of matters presented herein. The information does not constitute professional advice and should not be relied upon as such. The Postgraduate Medical Council of Victoria does not accept liability to any person for the information or advice contained in this publication, or incorporated into it by reference, or for loss or damages incurred as a result of reliance upon the material contained in the Guide.

# Contents

<b>The purpose of this booklet</b>	1
<b>1. Overview</b>	2
The year at a glance	2
The goals of internship	3
Postgraduate Medical Council of Victoria Inc.	4
Specific requirements in relation to registration and accreditation of intern training programs	5
Accreditation of intern posts	6
Allocation of intern posts	7
Achieving general registration (as a medical practitioner on completion of intern training)	8
Australian Curriculum Framework for Junior Doctors	10
Supervisor of Intern Training	10
Learning objectives	11
<b>2. The Framework of Internship in Victoria</b>	13
Intern outcome statements	13
Assessment and certifying completion of internship	16
What does this mean to you?	17
Completion of Internship	19
<b>3. Guidelines for Terms</b>	20
General requirements for intern terms	20
Clinical experience in medicine	22
Supervision	23
Learning Objectives	23
Clinical experience in surgery	25
Supervision	25
Learning Objectives	26
Clinical experience in emergency medicine care	28
Supervision	28
Learning Objectives	28
Additional consideration relating to intern terms in emergency medicine departments	30
Clinical experience in other terms	31
General Practice terms	32
Rural terms	33
Rural Community Intern Training	34
<b>4. Informed Consent</b>	34
<b>5. Looking After Yourself</b>	35
Who's who	35
Some advice	38
Where to go for help	39
Victorian Doctors' Health Program (VDHP)	39

## 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 valuable information about your intern year – the next stage of your journey towards becoming a fully qualified medical practitioner.

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

You will be faced with many new challenges during the course of your intern 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. We hope you have a successful start to your career.

# 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 in 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 terms in which you have responsibility for patient management, but which are also aimed at providing you with a broad experience in order to achieve full medical registration at the end of the year and 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). You are required to complete at least 47 weeks in accredited terms including terms in medicine, surgery and emergency care.

## The goals of internship

Internship is an important period of transition from medical student education to independent medical practice and future career development in a medical speciality. 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; and
- encounter and develop strategies to deal with the professional and personal pressures associated with being a medical practitioner.

## Postgraduate Medical Council of Victoria Inc.

The Postgraduate Medical Council of Victoria Inc. (PMCV) is the lead organisation in Victoria that supports state and national initiatives in relation to prevocational training. PMCV supports the development of a high quality junior doctor workforce by providing a range of programs and services to support effective training outcomes, and promote safe patient care.

The participation of junior doctors, including interns, in PMCV activities is essential and is supported at a number of levels including:

- The JMO Forum - The purpose of the JMO Forum is to provide an opportunity for junior medical officers to meet with their peers and for the transmission of ideas on issues concerning JMO training, education and workforce to the Postgraduate Medical Council of Victoria for appropriate referral and discussion. The Forum is chaired by a JMO and meets at least four times a year and interns are encouraged to participate.
- The involvement of junior doctors in the PMCV accreditation process is crucial. Interns can contribute by becoming a member of the PMCV Accreditation subcommittee and participation on accreditation survey teams which undertake assessment of intern training programs at hospitals on a regular basis.
- Interns can also contribute to the assessment of their own training program when a facility is being re-accredited by completing the JMO survey prior to the survey visit and participating in the meetings of the survey team with interns at the survey visit.

Refer to the PMCV website for more information: [www.pmcv.com.au](http://www.pmcv.com.au)

## Specific requirements in relation to registration and accreditation of intern training programs

From 1 July 2010, a National Registration and Accreditation Scheme replaced the previous State and Territory based registration and regulation systems. Following the introduction of the Health Practitioner Regulation National Law, the Medical Board of Australia (MBA) was established and is responsible for registering medical practitioners and medical students, making decisions on registration requirements, and developing codes and guidelines for the medical profession.

The registration standard: *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* defines the basic requirements of an approved intern year for granting general registration. It also aims to provide provisional registrants with a degree of certainty that they will be granted general registration if they meet the requirements of the National Law and if they perform satisfactorily.

On behalf of the Medical Board of Australia and in consultation with stakeholders, the Australian Medical Council (AMC) has developed national standards and guidelines to support the registration standard and to provide a national framework for medical internship.

The documents are available on the AMC website <http://www.amc.org.au/index.php/ar/psa>

- *Intern training – Intern outcome statements*
- *Intern training – Guidelines for terms*
- *Intern training – National standards for programs*
- *Intern training – Assessing and certifying completion*
- *Intern training – Term assessment form*
- *Intern training – Domains for assessing accreditation authorities*

All facilities that provide intern training must comply with these requirements and this compliance is assessed via the accreditation process conducted by the PMCV.

## Accreditation of intern posts

The Medical Board of Australia has approved the Postgraduate Medical Council of Victoria Inc (PMCV) as an intern accreditation authority following an assessment by the Australian Medical Council (AMC), which also accredits medical schools and specialist colleges. The AMC uses specific criteria, which are defined in *Intern training – Domains for assessing accreditation authorities*.

Accreditation of intern training programs and posts is a quality assurance process that establishes and monitors standards to ensure high quality clinical training for interns. The objective of the PMCV accreditation process is to ensure that the intern training programs and posts at the facility comply with the intern training accreditation standards.

The PMCV accreditation standards outline the requirements to be met by facilities in the delivery of intern education and training and are based on the *Intern Training – National standards for programs*.

All facilities in Victoria that employ interns must be accredited by PMCV prior to the commencement of interns working in these posts.

The Accreditation subcommittee established by PMCV is responsible for the accreditation and monitoring of intern and PGY2 training programs and posts in Victoria. When assessing compliance with the accreditation standards, the Accreditation subcommittee bases its assessment of intern training programs and posts on the following elements: governance, structure and culture including intern welfare and support, orientation and education programs, supervisors and supervision, performance feedback and assessment, program evaluation and facilities.

When accrediting posts, the Accreditation subcommittee also 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.

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 posts.

## **Allocation of intern posts**

Interns are allocated to a parent health service through the Intern Computer Match administered by the PMCV on behalf of the Victorian Department of Health. You will be appointed by a health service, but you will be expected to undertake one or two terms in outer metropolitan, rural or general practice/ community settings.

## **Achieving general registration (as a medical practitioner on completion of intern training)**

The Medical Board of Australia (MBA) has established the *Registration Standard - Australian and New Zealand graduates on completion of intern training* under section 52 of the Health Practitioner Regulation National Law as in force in each state and territory ('the National Law'), and in accordance with section 38(2) of the National Law. It defines the supervised intern (provisional registration year) training requirements that must be completed in order for graduates of Australian and New Zealand medical programs accredited by the Australian Medical Council and approved by the Medical Board of Australia to be eligible for general registration.

Graduates of these medical school programs of study are required to hold provisional registration and to satisfactorily complete 12 months of supervised practice as an intern before being eligible for general registration.

Internship is a period of work-based supervised general clinical experience. It allows medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care under supervision. Diagnostic skills, communication skills, management skills, including therapeutic and procedural skills, and professionalism are developed under appropriate supervision. Internship also informs career choices for many graduates by providing experience in different medical specialties including general practice, and providing a grounding for subsequent vocational (specialist) training.

As an intern, you are only entitled to work within your allocated facility and the posts the Accreditation subcommittee has approved for intern training.

Satisfactory completion of internship leads to general registration. General registration indicates that the practitioner has the skills, knowledge and experience to work as a safe entry level medical practitioner able to practise within the limits of their training.

Interns are required to perform satisfactorily under supervision in the following terms:

- A term of at least 8 weeks that provides experience in emergency medical care
- A term of at least 10 weeks that provides experience in medicine
- A term of at least 10 weeks that provides experience in surgery
- A range of other approved terms to make up 12 months (minimum of 47 weeks full time equivalent service).

Terms must be accredited against approved accreditation standards for intern training.

Internship undertaken part-time must be completed within three years of commencement.

At the completion of your intern year, the Supervisor of Intern Training (or equivalent), Director of Medical Services or other person authorised by the health service and acceptable to the MBA as appropriate, must sign off and provide written confirmation on the satisfactory completion of the internship and provide details of terms. 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 provisional registration before commencing your intern position at a health service and you must also ensure that your medical registration remains current throughout your medical career.

It is your legal responsibility to notify MBA of any change to your postal address within 14 days, so that the Board can communicate with you when necessary. The MBA will send you regular bulletins and your renewal of registration. The Victorian Board of the Medical Board of Australia is located at Level 8, 111 Bourke Street Melbourne VIC 3000. Further information regarding registration can be found at: <http://www.medicalboard.gov.au/Registration.aspx>

## Australian Curriculum Framework for Junior Doctors

In 2006, the Confederation of Postgraduate Medical Education Councils (CPMEC) launched the *Australian Curriculum Framework for Junior Doctors* (ACF). The ACF outlines the knowledge, skills and behaviours required of prevocational doctors for them to work safely in Australian hospitals and other healthcare settings.

The ACF provides 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 ACF and use it when you meet with your supervisors to help you establish your goals for each term and plan an educational program that will help you achieve them. The ACF can be found at the CPMEC website: <http://www.cpmecc.org.au/Page/acfjd-project>

## Supervisor of Intern Training

You should identify the Supervisor of Intern Training at your health service and liaise with them regarding any issues or concerns.

The Supervisor of Intern Training (SIT) is a medical practitioner who oversees the training and education provided to interns. The SIT is responsible for the following activities in relation to your education and training:

- Support and promotion of education & clinical training opportunities aligned with the ACF.
- Development, co-ordination, participation in and evaluation of orientation and education programs.
- Support of your ongoing professional development.
- Liaison with and support of Term Supervisors.
- Review of your assessments and participation in support and remediation programs where there are special needs or performance issues.

- Liaison with rotation sites where interns rotate to.
- Participation in certification of completion of internship.
- Mentoring, counselling & advocacy including regular interaction with interns and career advice.

## Learning objectives

Clinical learning is a combination of on the job experiences such as ward rounds, team meetings and general care of your patients, and formal learning through tutorials and simulation teaching. It is expected that interns are provided with at least one hour per week of protected teaching time (pager free and rostered).

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 term, think about:

- The topics, behaviours and skills identified within the ACF.
- Your strengths and weaknesses, including gaps in your knowledge and skills base. Give priority to addressing your weak areas.
- The opportunities within the term. 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 terms. Take advantage of opportunities that are unique to each term. 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 to achieve during your term, discuss it with your Term Supervisor or other senior medical staff. Write down your agreed objectives and review them periodically throughout the term, noting your progress towards them and whether they should be changed in light of experience.

As an intern, your workload could vary considerably between terms, but most terms 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

This section outlines the overall requirements of the National Intern Training Framework approved by the Medical Board of Australia.

### Intern outcome statements

Internship, as a foundation year of work-based learning, is a key part of the transition from medical student education to independent medical practice and career development in a speciality.

To facilitate this transition, the AMC has published outcome statements: *Intern training – Intern outcome statements* that state the broad and significant outcomes that interns should achieve by the end of their programs and intern training providers are responsible for designing learning programs that will enable interns to achieve these outcomes.

These outcome statements are not a curriculum and do not replace the *Australian Curriculum Framework for Junior Doctors (ACF)*. The ACF describes the knowledge, skills and behaviours expected of prevocational doctors during their first two years of training following medical school graduation to work safely in Australian hospitals and other healthcare settings.

However the ACF does not contain intern-specific outcomes, which is the role of this *Intern training – Intern outcomes statements* document and the aligned *Intern training – Term assessment form*.

The outcome statements are:

- set within four domains<sup>1</sup>, which align with the ACF at the intern level;
- to be achieved by the end of internship;
- work-based, patient-centred, and take account of the intern's increasing responsibility for patient care under supervision; with and
- designed to be sufficiently generic to cover a range of learning environments.

<sup>1</sup> The same four domains are used in the graduate outcome statements for medical students, and can be found in: Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012 (Internet). Canberra: Australian Medical Council; 2012 (cited 2013 Sep 23). Available from: <http://www.amc.org.au/index.php/ar/bme/standards>.

The domains are as follows:

***Domain 1: The intern as scientist and scholar***

On completing training, Australian interns are able to:

- 1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

***Domain 2: The intern as practitioner***

On completing training, Australian interns are able to:

- 2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.
- 2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.
- 2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.
- 2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately.
- 2.5 Safely perform a range of common procedural skills required for work as an intern.
- 2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.
- 2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents.
- 2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.
- 2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

**Domain 3: The intern as a health advocate**

On completing training, Australian interns are able to:

- 3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors.
- 3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.
- 3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.
- 3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.

**Domain 4: The intern as a professional and leader**

On completing training, Australian interns are able to:

- 4.1 Provide care to all patients according to *Good Medical Practice: A Code of Conduct for Doctors in Australia*, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.
- 4.2 Optimise their personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.
- 4.3 Self-evaluate their professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues.
- 4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.
- 4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.
- 4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

Further information and supporting documentation can be found at the AMC website: <http://www.amc.org.au/index.php/ar/psa>

## Assessment and certifying completion of internship

The *AMC Intern training – Assessing and certifying completion guidelines* details the requirements for assessing interns participating in accredited intern training programs, and for certifying completion of internship.

Performance assessment of interns has three distinct imperatives:

- The process must be clear and transparent for all involved.
- Assessment must capture the essential information that training providers must forward to the MBA for determining whether interns have met the registration standards.
- The assessment process must be based on outcomes consistent with the national standards, in particular interns must be assessed against the Intern outcome statements.

Assessment of intern training is work-based and term supervisor reports have a key function in the national medical registration system. A consistent approach to assessment is supported with a nationally available tool: *intern training – term assessment form* (available in word or PDF form from the AMC website: <http://www.amc.org.au/index.php/ar/psa>)

The *Intern training – Term assessment form* requires specific ratings of your performance against the intern outcome statements on a five point scale (1–5).

The form also requires a global score to assist in determining your overall satisfactory performance, as required in the *Registration Standard – Australian and New Zealand graduates*. In assigning global scores, term supervisors are to consider both the individual 1–5 ratings on the assessment form, and the global abilities of interns to:

- practise safely;
- work with increased levels of responsibility;
- apply existing knowledge and skills; with and
- learn new knowledge and skills as required.

Global scores are based on a clear understanding of the intern role as a supervised, beginning practitioner who is not yet fully independent, and the accumulated knowledge and judgement of term supervisors from their experience in intern training and assessment. Global scores should be assigned at three levels:

- Satisfactory – the intern has met performance expectations in the term.
- Borderline – further information, assessment and remediation may be required before the intern can meet performance expectations in the term.
- Unsatisfactory – the intern has not met performance expectations in the term.

Intern training providers are required to certify completion of internship and will be provided with a form by the Medical Board of Australia. The Medical Board of Australia makes the decision to grant general registration on the basis of the intern experiences and evidence of completion provided by a parent health service.

## What does this mean for you?

The PMCV has developed guidelines, *Performance Assessment and Feedback Guidelines for Junior Doctors*, to assist with understanding the performance assessment process. These guidelines are available on the PMCV website: [www.pmcv.com.au](http://www.pmcv.com.au)

For each term you should be assigned a Term Supervisor who is responsible for overseeing your training during that term and for assessing your progress using the processes described above. They will be looking for whether you can demonstrate the skills and knowledge described in the intern outcome statements. Your Term Supervisor will assess your progress in a work-based setting. Typically, this will occur at the mid and end points of a particular term. These assessments are primarily to provide feedback on your performance and assist your professional development. The end-of-term assessment also ensures you have met your pre-defined learning objectives.

In relation to assessment of your performance, your term supervisor must:

- Provide regular feedback to you, both informal and formal, on your performance.
- Complete a formal mid-term and end-term assessment using the intern term assessment form (or equivalent).
- Provide formal feedback on your performance to you.

You are encouraged to take responsibility for your own performance by using the term assessment form to undertake self-assessment of your own performance and seek feedback from your term supervisor.

If there are any issues with your progress, such as if you are performing below the level your supervisors expect for an intern, you may be required to participate in remediation. This is an immediate and natural process in the training program that aims to support your professional development. Any remediation is tailored to your specific circumstances and jointly agreed with your supervisors. You can read more about this in *Intern training – Assessing and certifying completion*.

For assessment purposes, you should meet with your term supervisor three times during each term.

1. At the beginning of the term (preferably on the first day or two) to discuss in particular:
  - the goals and objectives of the clinical unit and your role;
  - the term learning objectives and skills training goals; with and
  - the process of performance assessment.
2. Undertake a mid-term assessment (both self-assessment and supervisor assessment) at about week 5 or 6. This formative assessment focuses on your learning and development needs and at this meeting there should be discussion on progress against the learning objectives and planning for further development of skills and knowledge to guide the direction of training for the rest of the term.
3. The end of term summative assessment should occur in the final week of the term. Again, you should complete a self-assessment prior to meeting with the term supervisor when the outcomes of the term are discussed.

## Completion of internship

You must complete the minimum time requirements described in the *Registration standard - Australian and New Zealand graduates*, and demonstrate that you have acquired the skills and knowledge expected from intern training as described in the National Intern Training Framework.

At the end of your internship, your Supervisor of Intern Training (or equivalent) will determine whether you have completed the Registration standard requirements, based on your end-of-term assessments. Other senior medical staff may also be involved. The Supervisor of Intern Training (or equivalent) will then inform the Medical Board of Australia. This allows you to apply to the Board to be granted general registration.

If you receive an 'unsatisfactory' rating for a particular term, it does not necessarily mean that you will be unable to complete your internship within the 47 week period. However, your Supervisor of Intern Training (or equivalent) and the Medical Board of Australia will need to be satisfied that your performance has improved with evidence of remediation, and that you have acquired the skills and knowledge described in intern outcome statements. If you have not demonstrated satisfactory performance, your general registration may be delayed.

### 3. Guidelines for Intern Terms

This section outlines the experience and supervision that interns should obtain during terms, particularly during medicine, surgery, and emergency medical care terms as defined in the *Intern training – Guidelines for terms*. The PMCV has also developed a guideline, *PMCV Accreditation of Intern Terms Guidelines* to assist health services and facilitate accreditation decisions by aligning AMC requirements and PMCV expectations.

These guidelines should be read alongside the Intern training – Intern outcome statements and the *Australian Curriculum Framework for Junior Doctors*. The work-based learning opportunities described in this document should allow interns to develop the required learning outcomes, which supervisors will then assess against the *Intern training – Term assessment form*. These guidelines are not prescriptive about the training setting. They recognise a need for greater flexibility in the location and nature of clinical experience offered during the intern year, particularly experience outside major hospitals. Interns may undertake their clinical experience across a number of settings, even within a specific term. The Australian Medical Council also acknowledges that as models of care evolve and change, intern training will evolve and change in response. These guidelines support innovation in defining clinical experiences in diverse health settings, while maintaining the quality of the clinical experience.

Note that the definition of an intern term is the specific rotation undertaken by the intern and usually involves a clinical team, service or unit attachment where the intern works and where clinical training takes place and each must be accredited.

#### General requirements for intern terms

Experience in each discipline should be planned, and continuous or longitudinal. Unrelated duties, such as extended periods of relieving, should not significantly interrupt the term. Term length must also be considered, with experience balanced between the continuity of longer terms and the need to gain general experience across a full range of specialties.

The PMCV has developed a guideline for clinical supervision in all accredited intern and PGY2 terms in Victorian Health Services and General Practices, *PMCV Supervision Guidelines for Health Services/General Practices for Prevocational Doctors in Victoria*. The purpose of this Guideline is to ensure that intern training providers are aware of the accreditation requirements for supervision of prevocational doctors, the purpose of which is to ensure safe, quality clinical practice.

Each term should have clear and explicit supervision arrangements as follows:

- All senior medical staff in the unit should ensure that interns within their unit have clinical supervision that at all times is sufficient to ensure good clinical care, and that provides a safe learning environment.
- Senior medical staff (SMS) supervisors should have a relevant College Fellowship and clinical experience appropriate to the unit in which they are supervising prevocational medical staff.
- A senior medical staff member in each unit should be identified as the Term Supervisor. The Term Supervisor should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. The Term Supervisor is the person responsible for orientation and assessment. There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least postgraduate-year-three level. For other intern and PGY2 terms, Term Supervisors should have relevant Fellowships including of the RACGP.
- Clinical supervision of interns may also be undertaken by more senior doctors-in-training (registrars/PGY3+) who should be appropriately experienced to undertake this role.
- A clinical supervisor (senior medical staff +/- more senior doctor-in-training) should be identified for each patient for the intern at all times. Suitable replacement supervisors should be identified if the nominated clinical supervisor is not available.
- There should be regular interaction between the intern and supervisors with a clinical supervisor contactable at all times. The principles that apply to clinical supervision within normal operating hours also apply after hours.

For after-hours & cover shifts the following principles apply:

- The majority of rostered intern hours should be in normal operating (business) hours to ensure alignment with their unit clinical supervisors. In general, for mandatory medical and surgical terms, no more than 30% of rostered hours should be after-hours and this should be with direct supervision.
- At no time should interns be the sole doctor in the hospital.
- Other terms may include a greater proportion of after-hours' including night terms, however should still provide direct supervision.
- As for in-hours, during after-hours' shifts, interns must consult a clinical supervisor about the management of all patients, and all patients should undergo review by a more senior doctor (PGY3+) prior to discharge.
- 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.

## Clinical experience in medicine

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in medicine. This term must provide supervised experience in caring for patients who have a broad range of medical conditions, and opportunities for the intern to participate in:

- Assessing and admitting patients with acute medical problems;
- Managing inpatients with a range of medical conditions, including chronic conditions; and
- Discharge planning, including preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

## Supervision

You can expect to be supervised by an appropriately qualified and experienced medical practitioner with full registration and a minimum of three year's 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 (PGY3+)) 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.

Your Term Supervisor and other senior medical staff involved in your supervision during your mandatory medicine term should have Fellowship of the Royal Australasian College of Physicians (RACP).

You should generally be directly supervised (either by a more senior doctor-in-training or by a member of the senior medical staff) for the duration of your shift (i.e. there is an on-site supervisor allocated to that unit). Should the immediate medical/surgical supervisor be unavailable (e.g. afternoon off), an alternative supervisor with a similar level of experience should be nominated.

## Learning Objectives

Approved terms will provide generalist medical experience and may be in medical units and some medical subspecialties.

A core term in medicine must provide:

### **Science and scholarship – The intern as scientist and scholar**

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important medical presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols and seek and apply evidence to medical patient care.

**Clinical practice – The intern as practitioner**

- Opportunities to assess and contribute to the care of patients with a broad range of medical conditions. This should include taking histories, performing physical and mental state examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- Clinical experience in a range of common medical conditions, including exacerbations of chronic conditions.
- Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience in assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations.
- Opportunities to observe and perform a range of procedural skills.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, blood and blood products.
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- Opportunities to develop written communication skills including: entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

**Health and society – The intern as a health advocate**

- Opportunities to discuss allocating resources in providing medical care.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

- Opportunities to screen patients for common diseases, provide care for common chronic diseases and discuss healthcare behaviours with patients.
- Opportunities to develop knowledge about how inpatient medical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

### **Professionalism and leadership – The intern as a professional and leader**

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

## **Clinical experience in surgery**

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in surgery. This term must provide supervised experience in caring for patients who together represent a broad range of acute and elective surgical conditions, and exhibit the common features of surgical illness, including the metabolic response to trauma, infection, shock and neoplasia. Approved terms will provide generalist experience in surgery and may be in general surgical units and some surgical subspecialties.

### **Supervision**

In a surgical term, you can expect to be supervised by an appropriately qualified and experienced medical practitioner with full registration and a minimum of three year's 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.

Your Term Supervisor and other senior medical staff involved in your supervision during your mandatory surgery term should have Fellowship of the Royal Australasian College of Surgeons (RACS).

You should generally be directly supervised (either by a more senior doctor-in-training or by a member of SMS) for the duration of your shift (i.e. there is an on-site supervisor allocated to that unit). Should the immediate medical/surgical supervisor be unavailable (e.g. in theatre/afternoon off), an alternative supervisor with a similar level of experience should be nominated.

## Learning Objectives

A core term in surgery must provide:

### **Science and scholarship – The intern as scientist and scholar**

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important surgical presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and seek and apply evidence to surgical patient care.

### **Clinical practice – The intern as practitioner**

- Opportunities to assess and contribute to the care of patients admitted for surgical management. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- Clinical experience in all care phases for a range of common surgical conditions, including pre-operative evaluation, operative management and post-operative care. Interns should participate actively in operating theatre sessions.
- Clinical experience in managing critically ill surgical patients, both at presentation and as a result of deterioration during admission, including experience of assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations.

- Opportunities to observe, learn and perform a range of procedural skills, including those requiring sterile conditions.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, intravenous fluids, blood and blood products.
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- Opportunities to develop written communication skills, including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

### **Health and society – The intern as a health advocate**

- Opportunities to discuss allocating resources in providing surgical care.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how inpatient surgical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

### **Professionalism and leadership – The intern as a professional and leader**

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles and responsibilities of different surgical team members in managing each patient, including pre- and post-operative care, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

## Clinical experience in emergency medical care

The Medical Board of Australia requires interns to undertake a term of at least 8 weeks providing experience in emergency medical care. This term must provide closely supervised experience under in assessing and managing patients with acute, undifferentiated illnesses, including assessing and managing the acutely ill. Normally this is a term in an emergency department or selected general practices with involvement in emergency medicine. Not all general practice terms will meet these requirements.

### Supervision

Your Term Supervisor and other senior medical staff involved in your supervision during your mandatory emergency care term should have Fellowship of the Australasian College for Emergency Medicine (ACEM), or alternatively, Fellowship of the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM) with additional certificates/qualifications in emergency management, including paediatric emergency management.

You should generally be directly supervised (either by a more senior doctor-in-training or by a member of the senior medical staff) for the duration of your shift (i.e. there is an on-site supervisor allocated to that unit).

### Learning Objectives

A core term in emergency medical care must provide:

#### Science and scholarship – The intern as scientist and scholar

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important emergency presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and seek and apply evidence to emergency patient care.

#### Clinical practice – The intern as practitioner

- Opportunities for the intern to assess patients with acute, undifferentiated illness at the point of first presentation. This should include taking histories, performing physical examinations, developing

management plans, accessing clinical management resources, rational ordering of initial investigations, making referrals and initiating treatment, all under appropriate supervision.

- Clinical involvement, at the point of first presentation, in a range of common conditions managed in an emergency setting including: taking histories, performing physical examinations, developing management plans, ordering initial investigations, participating in decisions to admit patients, making referrals and initiating treatment, all under appropriate supervision.
- Opportunities to develop skills in managing critically ill patients from the point of first presentation. These experiences should include assessing patients and actively participating in their initial investigation and treatment, and participating in resuscitation and trauma management.
- Opportunities to interpret investigations ordered in the initial management of patients presenting for acute care.
- Opportunities to observe, learn and perform a range of procedural skills, particularly those likely to be used largely in an emergency setting.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including intravenous fluids, blood and blood products.
- Opportunities to develop skills in synthesising acute management issues and presenting a concise patient assessment.
- Opportunities to develop skills in preparing appropriate documentation, including records of clinical interactions, discharge letters and summaries.
- Opportunities to develop communication skills needed for delivering care in an emergency setting through interaction with peers (particularly through handover), supervisors, patients and their families, and other medical practitioners and health professionals involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life care in conjunction with experienced clinicians.

**Health and society – The intern as a health advocate**

- Opportunities to discuss allocating resources in emergency settings.
- Opportunities to develop knowledge of legislative issues arising in an emergency care setting, particularly those relating to capacity and mental health.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how emergency medicine interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

**Professionalism and leadership – The intern as a professional and leader**

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

**Additional considerations relating to intern terms in emergency medicine departments**

The nature of work in an emergency medicine department places particular responsibilities on health services 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 in Victoria 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 terms, 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.

## Clinical experience in other terms

The remaining terms may be undertaken across a range of specialties and clinical settings, providing interns with a broad variety of clinical learning opportunities, including different supervision arrangements.

As with the terms in medicine, surgery and emergency medical care, supervision arrangements in these terms should be explicit and clear and learning objectives for the term should be identified and form the basis of performance assessment. Interns should experience consistent supervision throughout the term, and at least one of the remaining terms should be continuous and not significantly interrupted by other duties.

The principles of supervision in other (non-core) rotations are similar to the principles of supervision in mandatory rotations. In general, supervision should be direct, however in sub-acute units, supervision may include a combination of direct and indirect supervision. During any period of indirect supervision, the intern should have an escalation protocol that identifies more senior medical support if required in an emergency. This should be available within 10 minutes.

Supervision of interns in general practice rotations should be in accordance with the *AGPT PGPPP (Practice) Guidelines* for the supervision and training of doctors in the Prevocational General Practice Placements Program. For these rotations, the immediate supervising clinician will be a general practitioner.

These terms should provide:

- Opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care.
- Opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

### **General Practice terms**

As an intern you may be provided with the opportunity to complete a non-core term 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 care of patients in this context, the difference between illness and disease and 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 term 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), 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; and
- there will be opportunities for feedback from both patient and supervisor.

You will be supervised and work under the direction of a qualified general practitioner who should be a Fellow of RACGP or a Fellow of ACRRM.

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.

### **Rural terms**

During your internship your roster may include at least one term in a rural setting. Rural terms 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 visiting medical officers and 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.

### **Rural Community Intern Training**

Rural community intern training (RCIT) is a relatively new approach in Victoria that involves interns considering a career in general practice undertaking a majority of their training in a range of smaller rural health settings. The mandatory terms rotations for intern training generally occur in larger regional health services with rotations in general practice or small rural hospitals.

There are five accredited programs in Victoria. These are located in the Hume region (known as Murray to the Mountains intern training program), in East Gippsland (Bairnsdale and Sale), South West Victoria (Warrnambool), the Grampians (Ballarat, Ararat and Maryborough) and the Loddon Mallee region (Echuca).

## **4. Informed Consent**

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 your Term Supervisor or Supervisor of Intern Training.

In addition, 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.

## 5. Looking After Yourself

### Who's Who

A range of people will have a role in your internship, although their particular responsibilities and titles could vary between hospitals. Get to know your local support and how you can access the help, and during orientation make sure you note the names and contact details of key people.

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-based learning and progress throughout your term. Your term supervisor is also responsible for ensuring the adequacy and effectiveness of supervision and support for you to function safely within your term. They should ensure that you are orientated to your unit, discuss with you the skills, knowledge, and experience to be gained during your term 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 term.

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 term, 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 patient 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'.

Don't forget:

- Keep your vaccinations up to date, including the free annual flu vaccination provided by health services.
- Know your infectious disease status and know how to report body substance exposure.

## 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 Inc (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 or physical health, substance use and anxiety and stress. The clinicians of VDHP can refer you to an appropriately qualified health professional and can be contacted on +61 3 94956011, 24 hours a day.

Medical practitioners are encouraged 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. Refer to the VDHP website: <http://www.vdhp.org.au/website/home.html>



Postgraduate Medical Council  
of Victoria Inc.  
Location:  
Level 8, 533 Little Lonsdale Street  
Melbourne Vic 3000  
Postal:  
PO Box 13330  
Law Courts Vic 8010.  
Telephone: +61 3 9670 1066  
Fax: +61 3 9670 1077  
Email: [pmcv@pmcv.com.au](mailto:pmcv@pmcv.com.au)  
Website: [www.pmcv.com.au](http://www.pmcv.com.au)

Medical Board of Australia  
(in partnership with the Australian  
Health Practitioner Regulation  
Agency (AHPRA)  
Phone 1300 419 495  
(from outside Australia)  
call +61 3 8708 9001

The Victorian Board of the Medical  
Board of Australia  
Located at:  
Level 8, 111 Bourke Street  
Melbourne VIC 3000

Mailing address:  
AHPRA  
GPO Box 9958 Melbourne VIC 3001

Website: <http://www.medicalboard.gov.au/>

Registration information  
[http://www.medicalboard.gov.au/  
Registration.aspx](http://www.medicalboard.gov.au/Registration.aspx)