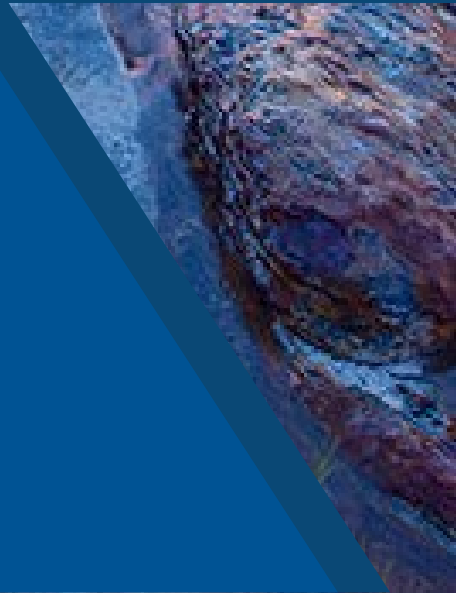
GUIDE FOR INTERNS IN THE NORTHERN TERRITORY

Developing and supporting our doctors of the future



Updated February 2024

Intentionally Left Blank

Contents

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 guide 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 guide 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 before you.

You will be faced with many new challenges during the course of your internship. 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 your internship.

1. Overview

Internship at a glance

The intern year marks your transition from medical 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. Internship is usually completed in a year (47 weeks minimum) and the internship will be referred to in this guide as the 'Intern year' however the writers acknowledge that it may be completed within three years as per the Medical Board of Australia general registration requirements where necessary and authorised.

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. The Australian Medical Council (AMC) outcome statements describe the capabilities of a Intern and are complemented with entrustable professional activities (EPAs), which describe common essential tasks that prevocational doctors undertake as part of providing health care.

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 your and others 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.

Postgraduate Year 1 (PGY1) involves at least 47 weeks of satisfactory, supervised practical clinical experience, completed in accredited terms in a hospital, general practice or community based health service. You will be required to complete a minimum of 4 terms of at least 10 weeks, with a maximum of 25% in any one subspecialty and a maximum of 50% in any one specialty (including its subspecialties). During the year you must have exposure to the four clinical experience categories:

- patients presenting with undifferentiated illness
- patients with chronic illness
- patients with acute and critical illness
- peri-procedural patient care.

After the successful completion of the required 47 weeks of full time equivalent service the parent health service will provide written confirmation of an overall satisfactory completion of the internship to the Australian Health Practitioners Regulation Agency (AHPRA). You should then be granted your general registration as a medical practitioner.

Accreditation of intern education and training programs

Each intern term/rotation has been assessed and accredited by the Prevocational Accreditation Committee (PAC) of the Northern Territory Prevocational Medical Assurance Services (PMAS). The MBA has accredited the PMAS to undertake the accreditation of the Prevocational Training Programs (PGY1 & PGY2) in the Northern Territory. These training programs include and are a combination of the education and training both formal and informal, the terms/rotation workloads and case mix. These areas and more are discussed later in this guide.

The PAC bases its assessment of prevocational training programs and terms on the following:

- **Standard 1:** Organisational purpose and the context in which prevocational training is delivered
- **Standard 2:** The prevocational training program – structure and content
- **Standard 3:** The prevocational training program – delivery
- **Standard 4:** The prevocational training program – prevocational doctors
- **Standard 5:** Monitoring, evaluation and continuous improvement

Regional Health Service Terms and Conditions of Employment

Your terms and conditions of employment will be outlined to you at the time of offer or shortly after you have accepted your offer of employment. Each regional health service will provide information on the following:

- Salary rates and other matters related to your salary
- Your duties and registration requirements
- Criminal history and working with children requirements
- Recreational leave entitlements
- Immunisation status
- Eligibility for relocation support
- Eligibility for accommodation assistance

There will be forms you will need to complete and return to the health service prior to your commencement.
For more information see the current NT Medical Officers Enterprise Agreement.

Allocation of intern terms/rotations

After you have accepted your offer of employment from a NT regional health service they will request from you your term/rotation preferences for that regional health service. Where possible your preferences will be met however be aware that not everyone's preferences can be accommodated due to competing health service needs.

If you have any concerns regarding your elective terms/rotations that have been offered to you please speak to the Junior Medical Officer Manager (or equivalent) for any clarification regarding the terms/rotations allocated to you for your intern year.

Registration as a medical practitioner

The MBA grants provisional registration after you graduate from medical school to allow you to undertake a period of internship. As an intern, you are only entitled to work within your allocated hospital and the positions the PAC has approved for intern training. It is not lawful for you to work in another institution or as a locum. You cannot practice privately whilst undertaking your internship.

As of 1 January 2024, the newly revised MBA Registration Standards came into effect to align with the AMC's National Framework for Prevocational Doctors (PGY1 and PGY2) Medical Training (The AMC Framework).

Successful completion of the 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 their limits of their training.

The MBA requires all interns to undertake at least 47 weeks of satisfactory, supervised practical clinical experience. The 47 weeks of experience:

a) Must be completed in a period of no longer than **3 years**
b) Excludes annual leave but may include up to 2 weeks of professional development leave
c) Must include a minimum of four terms (of at least 10 weeks each term) in different specialities
d) Must include direct clinical care in each term, which will have been predetermined through the accreditation process:

    i. Undifferentiated illness patient care
    ii. Chronic illness patient care
    iii. Acute and critical illness patient care, and
    iv. Peri-procedural patient care.

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. If you have a return of service obligation (RoSO) with the Northern Territory Government you will need to notify PMAS regarding the extension of your internship or any other extended leave entitlements i.e. parental leave, bereavement or extended sick leave.

At the completion of your intern year, the Director of Medical Services (or equivalent) of your parent hospital is required to certify that you have completed your internship satisfactorily. The MBA will grant you general registration after:

- receiving confirmation that your internship has been satisfactorily completed
- you have completed an application
- you have signed the mandatory disclosure form; and
- you have paid the scheduled fee.

To ensure you meet all requirements for general registration go to the MBA website. You must ensure that you have been granted general registration before commencing your next health service position.

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

It is your legal responsibility to notify the MBA 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 MBA is administered by the Australian Health Practitioner Regulation Agency (AHPRA) the NT office is located at Level 5, Harry Chan Avenue, Darwin City NT 0800.

For further information regarding the local board and other registration enquiries contact AHPRA on **1300 419 495**.

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.

Education and Training opportunities for Interns

- Teaching (once a week) is compulsory and is protected time from your pager. Divert your pager to your resident/registrar for this hour. It is a good break from the ward and the topics are useful. Always offer constructive feedback on these sessions to those who organise them and help them to continuously improve what is on offer for these sessions.
- Be proactive – there are a wide range of skills you can learn in your intern year such as chest drains, ascetic taps, nerve blocks, lumbar puncture, suturing, tying, cutting and central lines to name a few but not limited to.
- If you have suggestions for education activities, please contact your DCT and/or MEO.

Take notice of the Grand Rounds on offer at your health service these are run regularly and an email will usually

identify in advance what will be on offer so that you can arrange your schedule to attend with permission from your supervisor.

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.*** Read the *Guide to Prevocational Training in Australia for PGY1 and PGY2 Doctors* to assist you to understand what outcomes you should expect from your internship.

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, agreed and recorded.***

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

- The topics, behaviours and skills identified within the prevocational outcome statements and entrustable professional activities 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 term 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.

If you are having difficulty managing your workload, talk to other interns, Prevocational Medical Officers, Medical Education Officer (MEO) and the Director of Clinical Training (DCT) who may assist you with strategies as how to cope in your new environment.

As a prevocational medical officer you are required to meet certain clinical standards

and training/educational objectives.

Your clinical standards will be assessed during and at the end of each term by a senior member of your team (usually a consultant/supervisor). During these assessments your senior is given the opportunity to highlight areas that need improvement and areas in which you did well. These are aligned with the newly revised AMC National Framework for Prevocational Doctors (PGY1 and PGY2) Medical Training.

2. The NT Accreditation Standards

The standards for prevocational training programs for PGY1 and PGY2 doctors are made up of 5 standards with a total of 74 criteria. Press each standard to view the criteria.

- **Standard 1:** Organisational purpose and the context in which prevocational training is delivered
- **Standard 2:** The prevocational training program – structure and content
- **Standard 3:** The prevocational training program – delivery
- **Standard 4:** The prevocational training program – prevocational doctors
- **Standard 5:** Monitoring, evaluation and continuous improvement

Prevocational training programs and terms are assessed on a cycle of up to four years, and are monitored during the accredited period of accreditation.

As terms are re-accredited, health services will be expected to provide evidence of the structures and processes they have in place and practice to address the criteria. 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. Each health service/facility may meet the standards differently dependent on how they deliver their service provision however they must all meet the standards to at least the minimum rating to achieve accreditation status.

For more details of the standards listed above, including the criteria and evidence requirements, visit the Northern Territory Prevocational Medical Assurance Services' website https://www.amc.org.au/ and follow the accreditation link to the standards.

PMAS is always looking for junior doctors to be involved in accreditation survey events. These may be where you will be part of a team visiting a health service or may be a desktop survey event. To be a prevocational surveyor you will need to complete a 3 hour training course. If you are interested please get in contact with the PMAS office via email METC.DoH@nt.gov.au

Specific accreditation assessment of terms

When accrediting prevocational doctor positions and training programs, the PAC 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 prevocational doctor's workload and the experience they can expect to gain
- how the prevocational doctors will be supervised and by whom
- what term documentation is available that indicates the term education and training
- the feedback the prevocational doctor receives and is asked to provide (including who will and does provide this feedback to the prevocational doctor)

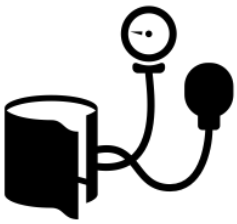
The PAC also considers other issues consistently raised as concerns by prevocational

doctors, including clarity of objectives, menial tasks, hours worked, social support, welfare and advocacy, and employing facilities.

During an accreditation visit, prevocational doctors are asked to provide confidential feedback about their experiences during the year [this can be written or verbal]. The members of the Committee place great value on this information when deciding on accreditation of prevocational positions.

3. Terms/Rotations

The suitability of particular terms/rotations is determined by the PAC on a case-by-case basis, taking into account the main discipline of the term/rotation, workload, the nature of the work, opportunities for involvement in ward rounds, supervision, education, and assessment.



At the beginning of each term/rotation, you can expect to receive a term description that includes the skills and procedures you will be expected to experience. Some procedures may need to be directly observed by a supervisor during the term and that you should review with your supervisor at your mid and end-of-term feedback meetings with your term supervisor.

Supervision

In any accredited term, you can expect to be supervised by an appropriately qualified and experienced staff member with full registration and a minimum of three years' experience in Australia or other countries with similar health care systems. You can expect your supervisor to be available to supervise you, to perform a daily ward round with you and be available for some time each day for consultation and advice. If this does not occur regularly you may need to be pro-active and request and action a meeting with your supervisor and/or Term supervisor.

Terms and Rotations requirements

During a 47-week intern year you will be required to complete a minimum of 4 terms of at least 10 weeks, with a maximum of 25% in any one subspeciality and a maximum of 50% in any one speciality (subspecialties) e.g. you may not work more than 50% of the year in surgical terms or paediatric terms.

Regional Health Services will review the specific roles and responsibilities of prevocational doctors providing direct clinical care of patients in a given term. Primary (and sometimes secondary) areas of clinical experience that prevocational doctors are expected to gain during a term are identified by the regional health service. These clinical experience categories are:

a: Undifferentiated illness patient care

b: Chronic illness patient care

c: Acute and critical illness patient care

d: Peri-operative/procedural patient care

Rural Offsite terms/rotations

As a prevocational doctor you may be provided with the opportunity to complete a rotation in a rural offsite unit. Exposure to the craft of rural practice and your time spent in the community will enhance your understanding of:

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

Each health service has regional hospitals which are accredited as prevocational rural terms/rotations. Contact your JMO Manager to find out what offsite rural opportunities are available to you.

Entrustable Professional Activities (EPAs)

The National Framework includes 4 EPAs that describe the most important components of your work as a prevocational doctor. Assessments of these EPAs document your level of *entrustability*, which is your assessor's judgement of how much supervision you need to safely perform the piece of work that has been observed.

EPA 1 **Clinical assessment**	Conduct a clinical assessment of a patient incorporating history, examination, formulation of a differential diagnosis and a management plan, including appropriate investigations and communication with the patient and their family or carers.
EPA 2 **Recognition and care of the acutely unwell patient**	Recognise, assess, escalate appropriately and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1 and PGY2 doctors are often called after hours to assess patients whose situation has acutely changed.)
EPA 3 **Prescribing**	Appropriately prescribe therapies (drugs, fluids, blood products and inhalational therapies including oxygen) tailored to patients' needs and conditions.
EPA 4 **Team communication – documentation, handover and referrals**	Communicate about patient care, including accurate documentation and written and verbal information to facilitate high-quality care at transition points and referral.

For further information, see the Guide to Prevocational Training in Australia.

Each primary employing regional health service have Directors of Clinical Training (DCT) and a MEO. Both have an important role in supporting and enhancing the prevocational education program which includes the intern education and training program. The DCT and MEO offer assistance and advice on the processes of teaching, assessment and evaluation. They are staff that will provide support for the personal welfare of prevocational doctors), and provide advocacy when required.

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 terms/rotations, working in multidisciplinary teams, being timely in your work, 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 vital 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, nasogastric tube insertion, lumbar puncture, joint aspiration, and pleural aspiration. Some of these common procedural skills will be directly observed by your supervisors and recorded as part of your performance appraisal for that term or rotation.

A term description provided for each term/rotation you are rostered to will give you a list of expected procedures you should come across whilst working in that term/rotation. It should also identify those requiring direct observation by your supervisor.

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 department/division meetings, as well as to other clinical staff when requesting consultations from or transfer to other units/hospitals.

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 ongoing joys and responsibility of practising medicine.

Medical Student placements

Remember, this was you not so long ago! Try and remember your horrible experiences and try to improve this experience for the students attached or assigned to you or your work area.

Professional Standards

Language

Patients expect a high level of professionalism from doctors. It is good to start a relationship using Mr/Mrs – this may change depending on the age of the patient and the rapport you have built. You must always introduce yourself and have your name badge visible. Try to use appropriate language when speaking with your patients, remember that a hospital is a confusing and daunting place – so no swearing, jargon or overly casual remarks!

Manners

Be polite to all members of staff (medical, administrative, health workers, nursing, allied health etc) you can't do your job solo.

Pagers

You are required to be contactable during your rostered hours and must answer your pager promptly. However, if you are in the middle of a cannula just get it done and then answer (it's not practical to answer the pager every 30 seconds so you need to prioritise – as with everything else you do). Mandatory training for prevocational doctors is pager protected time so give your pager to your registrar or other staff member where you are working whilst away for the hour training session.

Punctuality

It is important that you aim to be punctual. Furthermore, it is often expected that prevocational doctors will know the results of the previous day's blood tests etc. so it is often useful to arrive at work 10 minutes early. It is important that you have all relevant information available when interacting with other health professionals and for referring patients.

If you find you are left to deal with a situation that is beyond your level of ability ask for help from a senior colleague. It is important to know your boundaries (you can't know everything and you shouldn't feel that your question is silly). If you do not agree with a

decision from another doctor do not be afraid to question it (away from the patient).

Privacy and Confidentiality

To keep patient details strictly confidential you should always be aware of who may be able to see your notes, where you leave them, where you throw them away, what you say and who may be listening. This can be tricky; especially when you team takes the lift during a round and continues to discuss the patients while members of the general public share the lift. Remember the general public occasionally take the stairs too. When talking to a patient in their room, make sure the curtains are always shut. Every ward has a confidential paper bin near the ward clerk. Throw your lists away there once you have finished with them.

If you take a phone call regarding a patient, ask politely who is calling and their relationship to the patient. If there are guests in a patient's room, ask the patient if they are happy for you to continue talking about their medical conditions. With patients who are unable to communicate, there can be multiple family members involved. Try to convey all information through one family member (usually the next of kin) so that it is clear to all the staff which person can be given confidential information.

Information in relation to collection of information which is necessary can only be done in a manner that is lawful, fair and non-intrusive. The collection of sensitive information wherever possible and practicable generally requires the patients consent.

Access to health information must be appropriate and related to the provision of care.

- Medical records, including those of family and friends, must only be accessed with appropriate approvals, unless otherwise authorised
- Medical records generally only accessed with patient consent or authority and where required
- Staff unauthorised access to their own medical records may constitute a breach of the Public Sector Employment and Management Act (PSEMA) and may only occur in restricted circumstances

Please refer to the most current *NT Health Privacy Policy* and *Medical Records Privacy Policy* for the most up to date information.

Dress Code

Dress Code is essentially smart office attire such as the 'clinical clothes' you wore at medical school. Closed-shoes are expected as part of occupational health and safety. There are some rotations and some hospitals that allow junior medical staff to wear scrubs to work but this depends on which area you are working in. It goes without saying that dress should not be inappropriately revealing and should avoid flashy logos, slogans or anything else that patients might take offense to. Neckties are now out of fashion due to the inherent infection control risk however, some consultants may insist on it.

If in doubt, follow the adage of **'when in Rome, do as the Romans do' or simply ask**.

Equipment for the ward

- At least three pens…..your registrar will borrow them…forever,
- Clipboards are useful to hold your patient list,
- Extra things in your clipboard such as blank inpatient notes, med charts, radiology forms etc,
- Stethoscope (you'll need this on medical AND surgical terms, surgeons never carry them),
- Pager…especially useful when switched on,
- ID badge to prove that you are no longer another medical student, and
- Log-ins and passwords for online resources and systems.

Surviving after hours

After hours work and night shifts can be the most daunting for prevocational doctors. However, it is important to remember that you are **Never Alone!**

5. What's My Role

Scope of Work

As a prevocational doctor, you are part doctor, part administrator and often the primary point of contact for patients and their families. Working as a prevocational doctor in the hospital system you are required to:

- Write in the notes;
- Complete ward jobs: cannulas, bloods outside of phlebotomy rounds, med charts, investigation request forms, consult forms to other specialties, discharge summaries; and
- Clerk patients (on terms such as ED and the acute assessment units).

Remember these are your patients. If you take the time to get to know them and the details of their care as opposed to simply being the team's 'paper pusher', you will learn a great deal more.

Workload

This will be entirely variable depending on the term/rotation. Expect base hours between 40 and 50 hours/week, including a Saturday morning ward round on many rotations. In addition, there is often a separate roster for after-hours ward cover (this tends to be the case on 'quieter rotations') and on-call roster on terms such as ED. You are paid for your lunch breaks (no doubt implying that it is common to not be able to take one but at least always make yourself stop for 15 mins to eat)

Handover

Handover is 'the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'.

Handover is one of the most important skills that you need to acquire as a prevocational doctor and is not often taught in medical school. It is important to understand that poor handover ultimately affects patient safety.

Handover may include something as simple as asking a colleague to check a blood result or more complex tasks such as handing over patients at term changeover and the more formal handover processes that occur in wards such as the intensive care unit. At the end of your normal day shift you should handover sick patients or those that require review to the evening doctor. If you follow the iSoBAR process you will not miss any vital information.

Discharge Summaries

Discharge summaries are also a form of handover, in this case to the patients GP. It is challenging when first starting out to know how much information to include in the discharge summary. At the very least the following should be included:

- Diagnosis (check with your registrar if you are not sure);
- Medication list (most importantly new medications commenced in hospital, if possible state the indication);
- Follow up/Plan (how long on those antibiotics?);
- Outpatient appointments (if relevant); and
- Specific (and polite!) instructions to the GP

A useful approach is to type a short summary of the presenting complaint and management thereof in the box entitled 'Management/Progress' (e.g. 'This 68 year old lady presented to RDH ED with two hours of central crushing chest pain, which radiated to her jaw. On examination, she was sweaty and pale. Stable vital signs. ECG revealed an acute anterior myocardial infarction….' Etc.).

Those who have been in hospital for a long period are obviously more complex and their discharge summary should probably be started prior to their discharge. A useful approach is to represent key points in dot point form. e.g. this 81 year old man was admitted to ASH following a fall where he fractured his left neck of femur. Summary of admission:

- Fracture neck of femur
- Subsequent osteomyelitis; and
- Rehabilitation.

Tips for prevocational doctors

Your years are an exciting time during which you will be presented with many challenges and learning opportunities. Remember that many have gone before you, so if you feel overwhelmed there is always someone to talk to. Consider the information on the next few pages.

Be Organised and Prepared

- Get a good handover from the previous interns - this is invaluable!
- On day one talk to your team, clarify their expectations of you throughout the term.
- On ward rounds take the time to clearly write down all the jobs you need to do, clarify things as you go.
- Keep a bunch of radiology forms, consult forms, med charts and inpatient notes in a clip board so that you do not need to be running back and forwards unnecessarily. You can also do the forms as you go.
- Pre-empt discharges, when someone is close to discharge make sure their summary is started and their discharge medications are done. This ensures that you are not being chased the following day at ward rounds to get the paperwork done as the patient is walking out the door.

Prioritise jobs

- At the end of ward rounds prioritise the jobs to be done, if possible sit down with your registrar to quickly run through what needs to be done.
- Get consults done early as registrars tend to get grumpy if consulted after midday and may refuse you, especially later in the week.
- Radiology is also another job to organise early as several processes may need to be organised before the patient goes for their scan.

Don't dump on your colleagues

- Ward cover should be an emergency service, not picking up the pieces from disorganised interns.

Make sure you have:

- Prescribed warfarin daily;
- Re-written medication charts on Friday;
- Checked/ordered blood and x-ray results daily;
- Addressed patients who were hyper or hypo-glycaemic overnight; and
- Written a plan for fluid replacement if necessary.

Writing in notes

- Minimum information includes names of those on the round (from most to least senior), date, and time, your name and signature and pager number.
- A good way to start your entry is to quickly revisit who the patient is and why they are in hospital i.e. '78 year old female with CAP, day 2 IV ABx'.
- **Write legibly** (this may become a legal issue).
- Ensure there is an entry for each patient **every day**, even if only brief.
- If you are ordering a test, try and make it obvious why it is being ordered and document the result when you have it.
- If the patient's problems and care is complicated, write a problem list at the front of the notes to highlight the hurdles to discharge.
- **Make your plan very clear**. This is what is referred to by nursing and allied health staff to guide treatment for that day – it makes their job easier and facilitates timely discharge if the plan is clearly stated.

Communication	• Ensure the written plan is verbalised to the appropriate nursing staff, they'll make notes on their handover sheet based on your advice and this will facilitate thorough care of the patient. • Warn ward clerks regarding impending discharges. • If you are asked by the ward staff to review a patient, **do it!** It doesn't look good to have 'Doctor refused to review patient' in the notes. Respect their opinion; many will be far more experienced than you. Furthermore, write in the notes afterward so that there is evidence that you were there and what you did, allowing the next person reviewing them to be up to speed.
Consulting colleagues	• Make sure you follow up your written consult with a phone call. Make sure you have all notes, blood results and radiology available **before** you call so that you do not get caught out when they fire questions at you. Make sure your referral refers to a specific clinical question to be addressed. • The same goes for radiology requests and it often pays to speak to radiology directly. If contrast is required know the patient's creatinine.
Learning opportunities	• Ask to do procedures, even with the grumpiest registrar; if you are enthusiastic they often give in! • If you are keen on surgery show your face in theatre, the more they see of you the more likely they are to let you assist. • Take responsibility for your learning; ask lots of questions on ward rounds. If you do not ask why a test is being ordered it will be assumed that you understand why, which is often not the case! It is much easier to order an investigation or arrange a consult if you know the indication for the request.
Managing ward cover	• Carry a tourniquet, pen torch and a copy of on call information. • Prioritise jobs! Ward cover is invariably a very busy shift ranging from acutely unwell patients to rewriting medication charts. • Handover unwell patients to the night cover prevocational doctor.
Seek help early	• Do not be afraid to ask for help. You are a doctor under supervision so do not feel like you have to make all the decisions. • Stand up for yourself. Do not do anything that you are not comfortable doing, such as running a code or doing a consent form for a procedure that you know nothing about.

Debrief

- Medicine is an extremely rewarding but demanding profession. It is important that you talk to friends on a regular basis so that you remind yourself that other people also face similar challenges.
- Friends outside of medicine are also important, especially if you are having a hard time and may be in doubt over your career choice. Being new in any profession can be tough and friends may have stories that not only put your experience into perspective but also put a smile on your face.

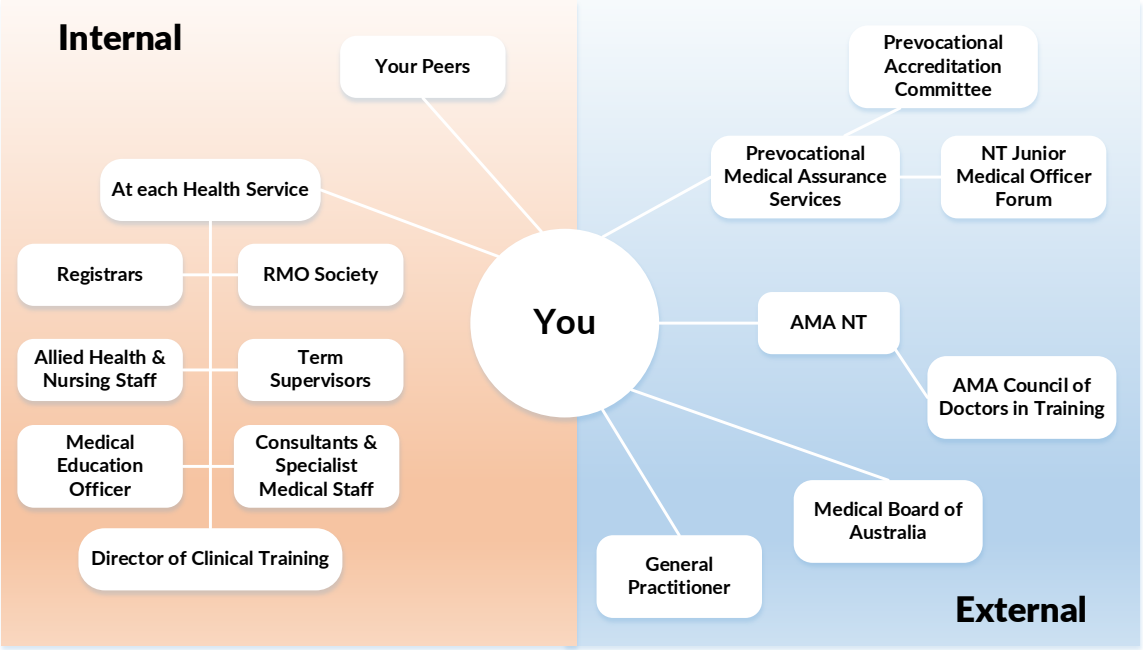
Help is never far away – so **ask for it if you need it**

Traps for Young Players

Lab Results	• If you order a test, **it is your responsibility** to follow it up. Some tests like pathology and microbiology take time to come back so make sure you set yourself a reminder to check (you could put the patient's sticker in a little notebook or put it in your phone). • Interpret in the context it was ordered. Treat the patient, not the lab test i.e. +ve MSU results in the context of a symptomless patient. • Remember that all investigations cost money and excessive 'routine' investigations add up for both the NT Health and the patient (think of all those needles!).
Fluid management	• It is harder than you think and can be potentially dangerous, as a general rule do not prescribe fluids without going to see the patient. • Think about body weight, oral intake (or lack thereof), losses through drains, and electrolytes. • Ensure you know how to assess fluid balance; there are some useful apps that can assist here.
Medication charts	• Do not rewrite blindly – check all medications/doses/ routes until satisfied. • If unsure of the dose, check with eMIMs, AMH, a colleague or a pharmacist (pharmacy are always happy to be consulted). • Remember, some drugs need monitoring i.e. warfarin, digoxin and gentamicin. • If patients have completed their course of medication, cease it (i.e. antibiotics and steroids). It's also good practise to write the reason why the medication was ceased as it can be very confusing for subsequent doctors to work out what's going on if things are simply crossed out.
Drug levels	• Do not blindly chart warfarin, refer to INR and consider whether the drug should be withheld in the context of the patient's admission. • Write the correct info on the request form i.e. when checking drug levels write the specific time the test was taken. If unsure of the timing, check with the lab. • Remember to consider drugs that are cleared by the kidneys in the setting of renal failure.

Radiology on ward cover	• Know your review spots in a CXR, e.g. the small pneumothorax or sub diaphragmatic free gas. • Do not clear an NG tube placement until completely satisfied. • (a clinical review may be warranted) • If in doubt, seek help or ask your friendly radiologist.
BSLs on ward cover	• You will be called to prescribe insulin for high BSLs, do not just prescribe four units of insulin blindly, consider timing, presentation and reasons for poor control. • Review the patient and the insulin chart, look for identifiable causes for hyper- or hypo-glycaemia. • Insulin is renally cleared so be wary in renal impairment. Prescription should then be reviewed by the day team.

The Who's who in supporting YOU (There are lots!!)



As you can see there are a wide range of people and groups that will have a role in your internship, although their particular responsibilities and title could vary between health services and hospitals. In many cases, in the health services one person may take on several of the listed roles.

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, for example, asking questions, asking to be taught procedures, reading, and discussing issues with others
- reflecting on your experience and its implications
- being organised and prepared to take advantage of learning opportunities
- seeking and being open to feedback from all staff you work with including but not limited to medical staff, nurses and allied health
- seeking assistance if things are getting on top of you (work or personal)

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.

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 performance appraisals and

feedback during the term/rotation. The term supervisor is often the unit head or a delegated person within the unit. If you find that you are not receiving the support that you require, speak to your term supervisor in the first instance or Head of Department/Division. If this does not improve the support you are receiving or you feel that you cannot discuss this with the department, contact your DCT. This can be further addressed to PMAS directly through or via the NT JMOF and if necessary the accreditation of the term/rotation will be independently reviewed and concerns investigated.

Your unit Registrar – 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 their expectations and receive appropriate experience and opportunities for learning. They are expected to guide you and provide feedback to you on your performance, during and at the end of the rotation. If this does not occur discuss the situation with your term supervisor.

Health Service Consultants and Specialist medical staff – senior medical staff, such as heads of departments/divisions, also have a responsibility for providing you with on-the-job training, guidance and feedback.

Allied health and nursing staff – play key roles in the clinical team and can provide you with strong support and feedback on how you are going. Be sure to ask them for support and constructive feedback on your progress.

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 DCT is complementing the role of a teacher, a confidant, a diplomat, a counsellor and a point of liaison with other groups of doctors, for all hospital medical officers who have not commenced specific vocational training.

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 DCTs. They may also have other roles within the hospital, often as senior clinicians. Throughout the Northern Territory, hospitals have a diverse range of education structures and titles for personnel in teaching and supervisory positions. In some cases there are two medical staff members sharing the DCT role so that there is coverage across a usual business week. Regardless of how these positions are titled or structured, hospitals must ensure that clinical, educational and pastoral support is provided for prevocational doctors.

Medical Education Officer (MEO) – both of the primary teaching hospitals have appointed a Medical Education Officer to facilitate the continuing education of prevocational doctors who are not in vocational training. They work with senior medical staff who are responsible for the supervision and education of prevocational doctors (e.g. DCTs, 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.

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) oversight the rosters. Rosters are often the responsibility of the departments/divisions within the hospitals you may work at. 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.

Your General Practitioner (GP) – 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. If you have any concerns regarding mandatory reporting see page 31 for more information.

Resident Medical Officer (RMO) Society – These societies can be found at each health service and for a small fortnightly fee that comes out of your pay, the RMO societies do a lot of good work on a prevocational doctor's behalf.

NT Junior Medical Officer Forum (NT JMOF) – NT Wide forum concerning itself with advocacy on behalf of prevocational doctors. The NT JMOF advises and comments on the healthcare system and process, and its impact on the health and wellbeing of junior doctors. They may discuss industrial related matters referring those matters to external bodies.

This includes:

- Liaising with hospital administration staff regarding issues such as leave and rostering. Talk to your RMO Society representative if you are having problems at your health service – they may be able to assist or put you in touch with who can.
- Providing social supports and events for both new and old hands

Australian Medical Association NT (AMANT) – Council of Doctors in Training (CDT)

The AMA Council of Doctors in Training (CDT) provides strong representation and leadership on issues of importance to prevocational doctors. The AMA CDT consists of nominees from all states and territories and meets four times a year to discuss the issues affecting prevocational doctors and how to address those issues through advocacy and communications. The NT has two representatives one from Central Health Service and one from Top End Health service. If you would like to know more about AMACDT or would like to become a member of the AMANT visit their website. https://ama.com.au/article/about-ama-council-doctors-training

Medical Board of Australia (MBA) – In 2010 all states and territories joined the Medical Board of Australia, which is a division of the Australian Health Practitioner Regulation Agency (AHPRA). The MBA has an office in all capital cities, including Darwin.

The Board is an independent statutory authority. Its role is to:

- Register medical practitioners and medical students
- Develop standards, codes and guidelines for the medical profession
- Investigate notifications and complaints about medical practitioners
- Where necessary, conduct panel hearings and refer serious matters to tribunal hearings
- Assess International Medical Graduates (IMGs) who wish to practise in Australia
- Approve accreditation standards and accredited courses of study

Prevocational Medical Assurance Services

Prevocational Medical Assurance Services (PMAS) is a business unit within the Commissioning and System Improvement division in NT Health that facilitates and coordinates medical education and training, and prevocational medical training accreditation, support health services with the policy and process for prevocational recruitment, lead and support workforce planning to achieve sustainable workforce in the NT and be a point of jurisdictional coordination in relation to medical staff matters (across the whole medical training and practice continuum). For more information

regarding the structure and committees of the PMAS go to www.ntmetc.com

Some advice to the wary

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'.**

What is Mandatory Reporting About?

Here are some basic facts about mandatory reporting, in case fears are stopping you from seeking care. The threshold for making a mandatory report is high.

In relation to impairment, a treating doctor is only required to make a mandatory report if their patient-doctor has an impairment that has *placed the public at risk of substantial harm*.

Notifiable concerns have a specific meaning under the National Law. There are four concerns that may trigger a mandatory notification, depending on the risk of harm to the public:

- Impairment
- Intoxication while practising
- Significant departure from accepted professional standards, and
- Sexual misconduct

All practitioners have a professional and ethical obligation to protect and promote public health and safety. They may make a voluntary notification or encourage the practitioner or student they are treating to self-report.

How does the law translate in practice?

- The MBA encourages all doctors to take care of their health and wellbeing. This means having a regular treating GP, and seeking help when you need it.
- If you are suffering stress, burnout, anxiety or depression, talk to someone or seek help.
- You can access confidential advice and support through the doctors' health advisory and referral services. Contact details for Doctors' Health Services in each state and territory are available at DRS4DRS – Help doctors stay healthy. The MBA funds these services through an Australian Medical Association (AMA) subsidiary company, DrHS, at arm's length from the MBA.
- A doctor who seeks help for stress or burnout does not meet the definition of impairment under the law unless their capacity to practise is significantly affected.
- A doctor suffering from anxiety or depression who is being treated by another practitioner and is following their doctor's advice, does not meet the threshold for a mandatory report.

You can read more about mandatory notification requirements on AHPRA's website.

You can access confidential support and advice through DRS4DRS – Help doctors stay healthy

Self-Care – Ways to Stay Well

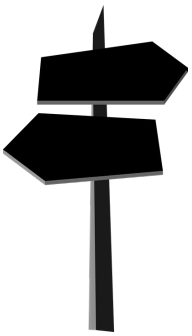
The following advice is taken from "An apple a day keeps the doctor away: a Health and Wellbeing guide for Junior Medical Officers" Developed by The Postgraduate Medical Education Council of Tasmania.

Doctors often put their duty of care to their patients first and work unrealistic workloads. Remember you are human first and doctor second. Take care of your health, family and friends; enjoy them.

"Self-care is about ensuring you look after yourself. It is not about being your own doctor! Self-care involves taking care, not just of our physical health, but also our mental, emotional and spiritual health. It includes eating, sleeping and living well. It means setting priorities and achievable goals and enjoying work and leisure – making time for both. Self-care ensures our own and our family's needs are not neglected. It means making sure we have professional and independent medical advice about our own physical and emotional health. Self-care is what we advise our patients to do when they consult us, worn down and stressed out about work and life. Sometimes we need to take our own advice. *"Clode D and Coldero J. 2006"*
"Keeping the doctor alive a self-care guidebook for medical practitioners"
Royal Australian College of General Practitioners

Tips for self-care

- Take a few minutes to stop, focus on your breathing, do some breathing exercises
- Eat regularly and choose healthy options
- When it is difficult to take a break, keep some food at hand to re-energise yourself: good options are nuts, dried fruit, bananas, plain rice crackers, muesli
- When necessary, take sick leave: if you can't work at your best, it will affect you and your patients
- Plan your holidays early, it gives you something to look forward to
- Join a gym or a group that suits your interest, such as a walk or yoga group
- Source your own medical practitioner to obtain care and medical treatment, including prescriptions and referrals see www.doctorshealthnt.com.au
- Take advantage of an advisory, anonymous and confidential 24 hour phone service for doctors and medical students. NT Phone Advisory Line – (08) 8366 0250



Where to go for help if you need it

We have already looked at a number of options to receive support and help. Here are a few more sources of help that are available, depending on your needs including:

- your term/rotation Registrar/s
- Supervisors of Intern Training and/or DCTs
- medical administration staff and other in-hospital resources (e.g. Medical Education Officer, JMO Manager, Junior Medical Officer Forum (or equivalent)

External bodies to Health services

- Prevocational Medical Assurance Services (NT PMAS)
- Doctors Health NT
- Australian Medical Association Council of Doctors in Training (AMA CDT)
- Drs4drs
- your General Practitioner
- Beyondblue Doctor's Mental Health Program

The Beyondblue Doctor's Mental Health Program is a free and confidential service that has been established to assist doctors and medical students suffering from health problems including mental health and substance use. The clinicians of Beyond Blue can refer you to an appropriately qualified health professional and can be contacted 24 hours a day on **13 11 14**.

The NT Board of the Medical Board of Australia and Beyondblue 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 or with an external body listed above.

Employers and managers of prevocational doctors 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 or body may be able to assist you in seeking appropriate consultation with other people (e.g. PMAS) 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.

"If you don't know …….. Ask"

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 Northern Territory Anti-Discrimination Commission www.adc.nt.gov.au 1800 813 846.

Dealing with Inappropriate Behaviour in the Workplace

Employees who feel they are subjected to inappropriate workplace behaviour may submit an internal complaint, in accordance with the Employee Internal Complaints Policy and Guidelines. This can be found on the NT Health electronic Policy and Guidelines Centre (PGC). Ask if you need help finding it.

An employee may initiate informal measures to resolve inappropriate workplace behaviour. This may include discussion with the individual/s concerned, seeking advice from their supervisor or manager, or writing a civil letter or email to the individual/s concerned outlining their concerns.

Employees may find it worthwhile speaking with a support person about an effective way to approach the situation. A support person can include a friend at work, the employee's supervisor or manager, a Human Resources consultant or a Union representative.

Definitions – What is…

Workplace bullying is repeated, inappropriate, unreasonable behaviour directed towards an employee or employees that creates a risk to health and safety in the workplace.

'Inappropriate or 'unreasonable' behaviour is behaviour that a reasonable person, having regard to the circumstances, would find unacceptable, humiliating, threatening, victimising or undermining to an employee's mental well-being and right to respect and dignity in the workplace.

The term 'Workplace' also includes work-related activities (e.g. office social functions, work-related travel, etc) or actions which may occur outside of the usual place of work but are connected to an employee's work (e.g. social media comments about other employees).

Workplace Behaviour

Appropriate workplace behaviour is behaviour that is respectful, fair, professional and courteous.

Inappropriate workplace behaviours include, but are not limited to, behaviours such as:

- intimidation;
- threats of violence or physical abuse;
- offensive remarks about race, gender, religion or impairment;
- shouting/excess or malicious teasing/sarcasm;

- deliberately withholding information needed to perform effectively;
- isolating a person from others in the workplace;
- body language which is threatening or intimidating;
- sabotaging someone's work;
- taking credit for someone else's work;
- maliciously assigning meaningless tasks unrelated to the job;

- inappropriate comments about personal appearance;
- unrealistic and/or unreasonable workload demands;
- embarrassing or degrading work requirements;
- constant, unproductive criticisms; and
- spreading gossip or sending abusive/offensive electronic messages (e.g. sms text messages, e-mail, social media.

Inappropriate workplace behaviour does **not** include:

- setting reasonable performance goals, standards and deadlines;
- legitimate and reasonable allocation or re-allocation of work;
- refusing requests on the basis of objective criteria, or reasonable operational requirements;
- occasional differences of opinion or lively constructive debate;
- reasonable, timely performance feedback including constructive criticism and management of poor performance;
- non-aggressive conflicts and problems in normal working relations; and
- appropriate workplace counselling.

Contact Details

NT Prevocational Medical Assurance Services

Casuarina Plaza, Ground Floor
Shop 5/6 – Trower Road
Casuarina, NT 0811

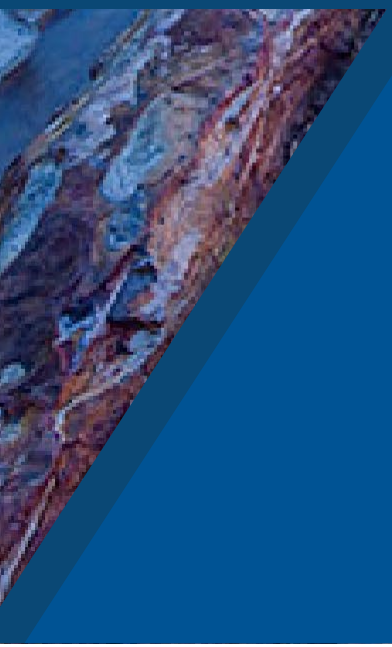
PO Box 40596, Casuarina, NT 0811
Telephone: +61 8 8999 2834
NTMETC DoH@nt.gov.au
www.ntmetc.com

Medical Board of Australia

Level 5, Civitas Building,
22 Harry Chan Ave, Darwin NT 0800

G.P.O. Box 9958, Darwin NT 0801
Telephone: 1300 419 495
or +61 7 3666 4911
http://www.medicalboard.gov.au/

ISSUED BY
THE NORTHERN TERRITORY PREVOCATIONAL MEDICAL ASSURANCE SERVICES
FEBRUARY 2024



(08) 8999 2834
www.ntmetc.com
InternsNT.DoH@nt.gov.au
PO Box 40596, Casuarina, NT 0811