INTERN GUIDE

AMA(SA) is your voice for shaping the health system now and into the future

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Intern Top Nine

YOUR GUIDE TO SURVIVING AND FLOURISHING AS A MEDICAL INTERN

1. Ask questions.
   You are in the earliest stages of your career; no-one expects you to know all the answers.

2. Honesty is always the best policy.
   Despite best efforts, you will miss things and forget to order some tests. Do not lie to try and cover this up.

3. Efficiency and organisation are king.
   Writing down your jobs and systematically completing them will ensure your day runs as smoothly as possible.

   Prioritise those tasks that are most urgent and whether you use tick boxes, task lists or the electronic handover, stick with the system that works for you.

4. Be organised.
   Before you finish the day, check that your patients have a med-chart, warfarin/variable drug dose and if needed, IVT. It will save unnecessary pages and the cover intern will thank you.

5. If you order a test, follow-up the result.
   If you do not know what the result means, ask someone who does. When you request a consult, make sure that you have a specific goal/question to direct the conversation and have all the patient’s notes in front of you.

6. Be polite and use your manners.
   If someone goes out of their way to help you, make sure you thank them sincerely. It’s amazing how nicely people will treat you when you are nice to them and it will make your mum proud.

7. Do not forget to look after yourself.
   Eat lunch, stop to use the bathroom and to re-hydrate. Unless it’s a code blue, most things can wait at least 30 minutes for you to feel human again.

8. Hold onto those things outside of the hospital that you enjoy.
   You are still allowed to play sport/exercise/read fiction/watch a movie and see your friends for dinner without feeling guilty. Despite what it may be called, remember that “work” can actually be a lot of fun.

9. Be polite and use your manners.
   If someone goes out of their way to help you, make sure you thank them sincerely. It’s amazing how nicely people will treat you when you are nice to them and it will make your mum proud.
Anna was selected by the Dean of Medicine and peers as the best final year student in terms of academic performance and contribution to the Faculty of Medicine through representing the interests of student. Congratulations on winning the 2017 Australian Medical Association (South Australia) Student Medal for Flinders University.

Laura was selected by the Dean of Medicine and peers as the best final year student in terms of academic performance and contribution to the Faculty of Medicine through representing the interests of students and involvement in the life of the Adelaide University Medical School. Congratulations on winning the 2017 Australian Medical Association (South Australia) Student Medal for Adelaide University.

YOUR AMA(SA) PRESIDENT

We welcome your participation, your thoughts on what sort of a doctor you want to be, and what the health system should look like in the future.
I hope you remember this as one of the best times in your life – full of challenges, opportunities and friendships forged in the fire of shared experiences. Enjoy the moment.

You’ll hear much about the challenges of becoming a junior doctor but don’t let this weigh too heavily. We know you will want to do the best for your patients and that is as it should be. Yet, in doing remember to care for yourselves and each other.

It might feel a bit lonely periodically in the competitive internship environment but your colleagues — and your professional association, the Australian Medical Association of South Australia (AMA(SA)) are on your side.

The AMA is very aware of the need to safeguard doctors’ wellbeing and we are continuously working to ensure safe work hours, appropriate clinical supervision, mentoring and the ability to seek help when you need it.

We have worked hard for more intern places and other training positions and will continue to remind policy makers to prioritise training in any policy changes.

As well as providing practical support such as training around job applications, preparing for private practice and financial tips through our associations with preferred providers, the AMA(SA) provides you with a community to swap ideas with, to learn from and a voice to share your ideas about the health system.

It’s important that you take up the opportunity to contribute your views on how to build the best health system possible – to ensure clinicians have a say in designing a system that works for them.

At the moment there are many outside influences wanting to control what you learn, what you practice, how you practice and ultimately how you are regarded in the community. We’ve seen what happens when administrators, not clinicians, design hospitals, records systems, outpatient schedules, and the patient mix allowed in the hospital. The result is that the system does not work well for patients, for doctors or the community.

We’ve seen the impact of decisions such as outsourcing on training places and specialty programs. So who decides who you will be as a doctor? Should it be technicians, bureaucrats, insurers, Google?

It has to be you, as doctors, because that’s what makes a profession a profession and not a ‘service provider’.

The AMA has been fighting for doctors’ rights to decide how best to deliver health care for over 150 years and we are still advocating, not because you are a member, but because you are a doctor and one of us, and we care passionately about how medicine will look and doctors will practice in the next 50 years.

So we welcome your participation, your thoughts on what sort of a doctor you want to be, and what the health system should look like in the future.

Associate Professor William Tam
President
Australian Medical Association (South Australia)
YOUR CHAIR, AMA COUNCIL OF DOCTORS IN TRAINING

Be part of the conversation, and take ownership of your new profession!
On behalf of the Australian Medical Association, please let me join the enthusiastic chorus of people who have welcomed you to the profession of medicine.

Chances are that you and I have never met, but our futures are now intrinsically linked and that’s why I’m talking to you now. I’m the Chair of the AMA Council of Doctors in Training. We’re a council of your Federal AMA, which works together with your State AMA.

We deal with issues that affect all of the doctors in training across Australia, from internship right up to fellowship. Issues include doctor health and wellbeing, advocacy for safe working hours in medicine, a renewed push for flexible work arrangements across the country, support for Indigenous trainees and a fierce call to protect pre-vocational education and training conditions (that’s you now!).

But the biggest issue is that your profession needs you to shape the health system of the future!

The doctor in training is often drowning in a sea of mandatory training and paperwork, unable to spend the time they need to with their patients. Training pipelines are everyone’s problem and nobody’s responsibility, with a workforce that finds itself in oversupply and undersupply simultaneously.

Increased pressure in the workplace leads to toxic cultures, increased rates of absenteeism and less sustainable workloads.

And yet the system still works, because of the dedicated healthcare professionals who care so passionately about the patients that they treat.

This passion is one of the reasons that it truly is a privilege to be a doctor.

It’s a well-worn cliché, but you do get to help some amazing people in their hours of need. You’ll work with outstanding colleagues and learn from some of the most inspiring teachers a profession can even hope for. None of this happens by accident, of course.

Healthcare is incredibly complex, and there are plenty of people with very strong opinions on how the system should or shouldn’t work. Healthcare needs doctors who are passionate about the health of their patients to advocate for the protection and advancement of a world class healthcare system.

And that brings us to you. Your profession needs you, the same way your patients need you.

Your involvement is critical in advancing to the next stage of medicine and to the future of healthcare. Every successful profession needs a peak representative body to lead it forward, and in medicine that body is the AMA. Not the medical board. Not AHPRA. Not the medical defence organisations. It’s the AMA.

So, what are you waiting for?

Find your voice inside your AMA and inside your profession. Become a member today and get in touch with your State AMA doctor in training committees and subdivisions.

Be part of the conversation, and take ownership of your new profession!

DR. JOHN ZORBAS
Chair, AMA Council of Doctors in Training
GET AN EARLY START

It might feel as if you have only just begun your internship but it’s important to keep in mind that the application process for jobs the following year happens frighteningly soon.

It’s vital, given the ever-increasing competition for prevocational and vocational training places, that you submit the best possible application for your next job. The key is to be prepared and aware of timeframes.

We’ve provided some advice but keep in mind that SA Health may change the application process — so please see www.sahealthcareers.com.au for the definitive information.

The SA MET (South Australian Medical Education and Training) unit coordinates the application and allocation process on behalf of SA Health and takes enquiries.

It’s important to invest the time in selecting preferences and preparing for interviews.

The AMA(SA) helps junior doctors in developing their careers with workshops and career nights and the career pathway guide.

South Australian Medical Education and Training (SA MET) administers the application process to allocate prevocational jobs, as well as some vocational training places - but not Emergency Medicine training.

To apply for these directly from internship, investigate the relevant application processes and ensure you are up to speed with important dates. The PGY2+ applications usually open in late May/early June and close in late June and beware, late submissions are not accepted.

To apply you will need to provide some basic information, along with your curriculum vitae and two or three references. References are particularly important —Ideally nominate senior clinicians (i.e. consultants) with whom you have worked clinically.

You can only use a reference from Medical School or research projects only if you cannot identify an alternate (although not beyond PGY2).

Given the timing, effectively you need 2-3 references from your first two rotations of the year. It is technically possible to use a supervising consultant from your third rotation, but this should be considered a back-up option only, given the limited time you would have spent with them.

Approaching consultants for references can be daunting, but most believe it is an important process and are willing to assist you.

Vocational training programs and streamed prevocational places (e.g. surgical resident years) generally prefer references from consultants in the relevant area, so plan for this in choosing your intern rotations.

Once a consultant has agreed to provide a reference for you, the next step is to log their details into the online application form.

The clinician receives an automated email inviting them to submit your reference. Note trap for young players: referee will not receive the notification if the email address is not correct.

Sometimes you need to remind referees to complete the references by the deadline, which is usually a few weeks after applications close.

Preferences

Applicants can submit applications for up to four jobs, from most preferred to least preferred. Obviously the likelihood of receiving an offer is a function of the supply of relevant places, candidate demand and how competitive your application is.

Find out more about technicalities of the application process at SA Health.

An ever increasing pool of graduates is competing for a limited number of prevocational and vocational training places.

SA MET releases a publication outlining the results of the allocation process in January each year for the preceding allocation (see SA MET Reports).

Review this at the start of your internship to understand the competitiveness of the positions which you are interested in applying for.

If you are interested in surgical training, it might not be wise to apply only for surgical resident years if you are not very confident of receiving an offer for one of these positions.

If you do not receive an offer for any such position, you will not be considered for any of the general positions which (at least historically) have been less competitive due to their greater availability.
EIGHT PRINCIPLES FOR BEING A RESILIENT DOCTOR
MEDICINE is a rewarding and endlessly challenging career, and hanging in there for the long haul requires the ability to transcend adversity.

When we consider all the complex issues we juggle every day, sometimes it seems easier to try to ignore the frustration and just get on with the job.

But chronic states of stress can catch up with us and if this happens patient care will suffer.

We need to think about ways to maintain our own resilience in the long term and care for our colleagues.

We need to look after ourselves and build strong relationships as an essential component of providing competent medical care to our patients.

Most importantly we need to challenge our medical culture which can encourage us to wear a state of chronic stress as a badge of honour.

Through our experience as doctors we learn how to deal effectively with the many great joys and the many challenges of medical life.

Outlined on the next pages are some of the principles we have learnt about developing resilience.
1. Make home a sanctuary

In any demanding career, it is essential to have a quiet sanctuary away from work. We can proactively choose partnerships and friendships which energise us and provide mutual love and support. As doctors we often find ourselves adopting our carer role in our personal relationships, and while this is inevitable, it is also important to seek out people who will help sustain us.

By caring for our families and friends, we create a welcoming sanctuary at home – a place to relax and restore ourselves and our loved ones.

2. Value strong relationships

To get the job done, many of us try to manage each day by unsuccessfully attempting to complete endless ‘tick lists’ at the expense of our professional and personal relationships. Anyone with the right training and experience can become an excellent medical technician. What sets excellent doctors apart are their strong, caring relationships with people.

3. Have an annual preventive health assessment

As doctors, we each need our own doctor, someone whom we trust for our own medical care and advice. If we are going to prevent our own major health problems, we must attend our own doctor for regular evidence-based preventive health assessment to allow early identification and management of the symptoms and signs of any physical or mental illness.

4. Control stress, not people

As doctors, we tend to have reputations for being overcontrolling. Whether this is true or not, many of us tend to develop driven personalities as an adaptation to the demands of our work. This personality can be a positive in the workplace, but can be damaging in our personal lives.

We need to accept that other people can’t be controlled, and allow others to learn from the consequences of their actions.

We need to learn to delegate and share care more effectively.

Acknowledgement

This article is an edited extract from the book First do no harm – being a resilient doctor in the 21st century by Adjunct Associate Professor Leanne Rowe AM and Professor Michael Kidd AM.

Both authors are general practitioners, and are a past chair of the RACGP Victoria and a past president of the RACGP, respectively.

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5. Recognise conflict as an opportunity

We can recognise it as an opportunity to build stronger relationships with people. Avoiding conflict, non-assertiveness, hyper-sensitivity to criticism, refusing to listen or angrily squashing another person’s point of view can be destructive to relationships.

6. Manage assertively

Bullying and violence are not acceptable behaviours and must not be tolerated. As doctors, we must know our responsibilities as employers in addressing cases of bullying or violence in the workplace.

We need to be aware of how our own behaviours are perceived and strive always to behave in an appropriate professional manner.

7. Make our medical organisations work for us dantur?

By becoming involved in our membership organisations, even in a limited way, we can gain peer support, develop areas of special interest and learn how our organisations work and how they can provide us with ongoing support and advice.

8. Create a legacy

Each of us has the potential to be a role model for future doctors and contribute our own lasting legacy through the examples we set in the way we live our lives and practise medicine.

It may be worth considering how each of us would like to be remembered at the end of our medical careers and act accordingly now.

Each of us has a set of values and principles which determine how we behave as ethical medical practitioners. In creating our legacy we can also discover ways to transcend adversity that we encounter as part of our professional lives.
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The AMA(SA) Ambassador Membership Card brings tangible benefits through the savings it offers. It can be used at many outlets across Australia to access discounts on dining out and accommodation, and a variety of entertainment offers.

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Contact our Health Team on 1300 764 200 for more details.

Print and online resources

AMA(SA) membership comes with a subscription to the Medical Journal of Australia, Australia’s leading fortnightly scientific and academic medical journal, as well as medicSA, for South Australian news and views. You can get 10% off with MJA Bookshop. doctorportal Learning is an online CPD Tracker, capable of tracking points against most medical colleges, supporting medical professionals’ MBA reporting obligations and providing online medical CPD learning.

www.learning.doctorportal.com.au

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The AMA has a strong representative structure which ensures the AMA position and advocacy are well informed by members representing a range of fields and areas of expertise.

This includes doctors in training, who are represented on our Councils, and through our DiT Committee and DiT Council.

The AMA has developed a national Careers Advisory Service, linking centralised web based resources for members to face-to-face careers consultation available through your local AMA.

The AMA understand the increasingly competitive environment for medical professionals and the Careers Advisory Service can assist with coaching and resources to help you get the medical career you want to achieve.

AMA Skills Training (RTO No 40880) and sapmea offers include a Diploma in Leadership and Management, a range of practical CPD medical education such as courses in emergency and obstetrics, and other areas in which you may wish to enhance your skills.

WHAT’S IN IT FOR YOU?

Helping to make the most of your career

Doctors are trained to think of their patients first and many are drawn to the profession by a desire to help others. So much so, that many get to the end of their careers without having given enough thought to their financial situation and despite having had a decent income, many have not insured themselves against loss of income through illness or injury and many have not built enough wealth to retire.

The AMA(SA) supports doctors by providing information about all aspects of their working life – clinical, legal and financial and we have developed some preferred partnership relationships with professional services firms to help do this.

Hood Sweeney is our preferred provider of financial services, including accountancy, financial planning and income protection insurance. With Hood Sweeney, we host a range of information sessions to help you at different stages of your career – from preparing for private practice, building wealth as a salaried medical officer and financial planning.

Hood Sweeney’s team has deep knowledge of the health sector and it provides a concierge service and special discounts for AMA(SA) members. The team is made up of highly experienced and trusted professionals including chartered accountants, financial advisers and accredited banking experts.
I have learnt to appreciate the importance of teamwork amongst the group of junior doctors.

Despite the continuing anxiety, unfamiliarity and pressure of managing patients, it’s reassuring to see my six years of medical school teaching come together.

I’ve learned a wide range of skills and knowledge but still find times where I think to myself “oh this is what they meant!”.

James Johnston
Intern, Royal Adelaide Hospital

As an intern you often assume that senior doctors will be the main contact with patients and carers, but it’s surprising how many times I’ve found myself the main source of communication. I hadn’t expected so much interaction in this capacity as a junior, or to have complete strangers listen so intently. Even as the most junior member of the team, I felt I had a really important part to play in providing overall patient care.

Other lessons I have learnt this year aren’t any great mystery: find your balance, get enough sleep, stay connected to your friends and family. They seem so trivial but sometimes doing the basics like making sure you have enough clean shirts for the week, seeing friends or calling to talk to your family makes the bad days a little less difficult.

I have noticed that the RAH is very much like Adelaide itself in that you can’t walk very far without seeing someone you know or have worked with in the past. This has made me realise how helpful it can be to ask to debrief and for advice from other colleagues and friends.

Having a busy or difficult day can feel like an inherent part of being an intern, so having a supportive network of those who have been through it before (or are going through it currently) is really beneficial.

Team work is also important at a big picture level. Doctors have the privileged position of being able to be role models and communicators for good in the community.

I have particularly been impressed with the federal AMA’s support for issues such as same-sex marriage and the call for health and wellbeing assurances for asylum seekers on Manus Island. Particularly with the latter, doctors have the privileged position to speak up about cruelty, inhumanity and unethical mistreatment and have people listen.
Internship is the beginning of an exciting journey of lifelong learning. At times, the responsibilities can be daunting. You’ll also find your experiences rewarding as you are finally able to extend your knowledge into the practice of patient care.

I’ve learned that one of the most important things you can do as an intern is to be safe and clearly communicate. One of my consultant supervisors said “I evaluate interns based on whether I would trust that person to take care of myself, family, and grandparents.” So with that in mind, it pays to ask for feedback early in each rotation to ensure that you constantly improve. Remember you are part of a team so don’t forget to update nursing staff on management plans.

Another important lesson has been to be resilient and to persevere. For interns and others, it is wise to accept criticisms and use them as a learning tool. Debrief with your colleagues and supervisors for challenging situations.

Interns guide the ward rounds so you must advocate for your patient. If you are concerned about a patient, persist and escalate the issue until you are satisfied that their needs are being appropriately met. Always document your concerns for medico-legal reasons. Spend time explaining treatment plans to patients since ward rounds are generally very quick.

It also pays to be organised and efficient. Your senior colleagues will have some tips on how they assess patients and adopt a mental checklist to help frame your approach to working up a patient. Educate yourself on the subject of each rotation. You should know how to interpret ECGs and always compare with previous ECGs; you should also look at x-rays yourself. I picked up a bowel perforation on an x-ray that was not reported by the radiologist and the patient was rushed to theatre.

You should take advantage of your professional development leave to further your learning and position yourself for specialty programs if that is your goal.

It’s up to you to adhere to practice medicine in a moral and ethical way while keeping in mind that you are only human.

At the end of the day, be kind to yourself. Achieve a work-life balance, take care of your mental well-being and sleep. Without adequate sleep, it is easy to become volatile and you also put yourself and your patients at risk.

Being awake for 18 hours equates to a blood alcohol level of more than 0.05%. It seems like a simple tip, but when a ward gets busy, you may forget to eat or drink. Take a break, drink water and eat a protein bar.
Advocacy might be an old fashioned word but its meaning is as relevant as ever to the medical profession. It means providing a voice for those who might not otherwise be heard. The AMA is this voice, not only for doctors, but also for the community, in shaping the health system to be one that supports their needs.

As Federal President Michael Gannon recently noted, there is no other organization in the health and medico-political sectors that can cover social and health topics from hospital funding to vaccination, IVF, primary care, marriage equality and the well-being of asylum seekers. Our goal is always about substance - getting results from careful, skilful, and quiet diplomacy and negotiation. It is not about making a noise.

All of our public commentary is based on established AMA policy, developed with intellectual rigour and careful consideration of the evidence – reflecting the views of our members, our profession, and our patients. We do what is necessary to get the best result for the people we represent. We can’t please everyone all the time and there are moments when lively discussions within our membership and broader community about major political and social issues are necessary. That’s democracy!
CHRIS’S SIX TIPS

Dr Chris Moy is the AMA(SA)’s Vice president, a GP and the Doctors In Training liaison person with the AMA(SA) executive. He admits it is quite a while since he was an intern but these six tips sprang to mind...

1) Although you may be overwhelmed by many other things, remember your first responsibility is to your patient.

2) A patient in front of you is a person - not just a diagnosis, procedure or problem to be solved.

3) Learning to develop good relationships with other staff - particularly nursing staff - is a key challenge, and joy, of the year.

4) You must develop relations with your senior colleagues that allow you to ask them advice when you need it.

5) Think about what you want your patients and colleagues to see - a smile or a scowl - it may make a big difference to your day - and everyone elses!

6) Imagine a line across the floor of the hospital exit - and learn to switch off from your clinical responsibilities when you cross it to leave at the end of the day.

A Window into the Bigger Picture CONT./

We are at the forefront of influencing reforms in mental health, indigenous health, rural health, preventive health, women’s health, child health, global health, medical training and workforce, aged care, and palliative care.

Almost daily, the AMA opinion is sought on matters in the public domain.

These include tobacco and e-cigarettes, obesity, nutrition, alcohol and drug abuse, domestic violence, concussion in sport, exercise, climate change and health, air quality, tick-borne diseases, cosmetic surgery, medical tourism, task substitution, and bullying and harassment in the medical profession.

And the list goes on.

The AMA’s policy book is thick, full of facts and evidence based results. Its advocacy is broad, bold, and ongoing. And it matters.

The AMA plays an important role in building a culture of support and collaboration in the profession.

We are working to ensure the health system is a safe and fair place to work, where young doctors are valued and have influence.

The AMA is a place where doctors come together to collaborate, to learn and to share their experiences and visions.

Increasingly there’s a lot of pressure from administrators, business and insurers to shape the way we practice medicine - what we prescribe, how long we see patients and how we prioritise cases.

The AMA believes it is for clinicians to decide the best way to treat patients and we advocate that this is at the very heart of what makes us a profession. We want to get to know you and hear your voice and we want you to know that your AMA will stand beside you throughout your professional life.

Become a part of the AMA family and be a part of the bigger picture.

PHOTO
AMA(SA) Vice President with Anna Elias
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