



SOUTH AUSTRALIA

INTERN GUIDE

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

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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.

Congratulations on becoming an intern!



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 advocating 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.

A handwritten signature in black ink, reading "William Tam". The signature is stylized and cursive.

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!**



CONGRATULATIONS ON LEVELLING UP FROM STUDENT TO INTERN AND WELCOME TO THE MEDICAL PROFESSION!

A lot of things are about to change. First up, you get paid to be at hospital. Flip side – you actually have to be at the hospital, at all hours of the day and night. You will be given responsibility for patient care, perhaps the most satisfying part of the job – but with it comes the potential to do patients harm. You will be pushed to your limits: of fatigue, of emotion, of patience with an imperfect system. Are you ready?

I truly believe it is the challenge of our work that makes it worthwhile, but for it to be sustainable and avoid burnout, it's critical to balance work with life. To make sure there's enough good to offset the bad. To apply your own oxygen mask before trying to help others.

The Hippocratic Oath tells us to first do no harm. But the practice of medicine isn't just capable of inflicting harm on patients, doctors too can suffer in its pursuit. In the last few years there has been a spotlight held up to the epidemic of psychological distress and mental ill-health which may be created, exacerbated or perpetuated by the culture of medicine and the way we work as doctors.

Personally, I've worked back to back 16 hour shifts, 90 hour weeks and then gone home to study. I've felt unable to call in sick because there is no one to cover me. I've regularly stayed hours late to complete all of the tasks required for my patients, only to be told I can't claim any overtime. I've caught myself falling asleep driving home from night shift at a rotation 90km from home, and three friends have crashed their cars in this situation, one into her daughter's daycare. I've had a sleep-deprived panic attack before a high stakes college exam. I've sat in my car and cried inconsolably after a near miss with a patient for which I felt culpable. I've worked with a consultant for three months who only communicated with me through his secretary, and never remembered my name.

Any doctor can tell you there's nothing terribly remarkable about these stories. Everyone has their own, and I've heard a lot worse. I don't share this to scare or depress you, but to encourage you to think critically about and take ownership of your experiences. And to remind you that resilience is as much a behaviour as an attribute.

No doubt there are certain stressors inherent to the practice of medicine: dealing with death and suffering,

high stakes decision making, unpredictable workloads often at unsociable hours. But there are a range of stressors that are not inevitable, rather the result of a culture steeped in history and habit that is no longer fit for purpose. The result of health systems under strain, asked to do more and more with less and less. This is unhealthy not only for us, but for our patients, who are at increased risk of harm when Doctors in Training are burning out. But it doesn't have to be this way.

The various State AMA Doctors in Training Committees are quantifying many of the concerns of doctors in training through our Hospital Health Check surveys. This is allowing us to drive long overdue change to common issues like unpaid overtime, difficulties accessing leave, unsafe working hours, working when sick, service provision eclipsing training and more. The Federal AMA Council of Doctors in Training, of which I am Chair, is working to address a number of broader issues for DiTs, from gender inequity and discrimination to onerous requirements for vocational training entry and completion. I'd strongly encourage you to get involved, either in the AMA, your hospital committees, College Trainee groups, or any other avenue that allows you to help shape our professional world for the better.

Despite its many challenges and frustrations, I love my job. (Having just attained fellowship of one college only to sign up for another 4+ years with another it can't be all bad!) Frankly, I can't imagine doing anything else and I truly believe it to be a privilege to care for my community. But doctors are part of that community, and we are deserving of the same care and compassion we afford our patients. So make sure that looking after yourself isn't the last box left unchecked on your to do list.

The next few weeks and months will be full of challenges, but also rich rewards. Make sure you take the time to ensure you get the balance right.

I wish you all the best, and can't wait to see what you do with your time in the profession.

Dr Tessa Kennedy
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Paediatric Intensive Care Trainee
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AMA(SA) CHAIR

DOCTORS IN TRAINING COMMITTEE



I WOULD LIKE TO TAKE THIS OPPORTUNITY TO CONGRATULATE YOU ALL ON FINISHING MEDICAL SCHOOL AND WELCOME YOU INTO THE MEDICAL COMMUNITY! I HOPE THAT YOU ARE PROUD OF WHAT YOU HAVE ACHIEVED AND EXCITED ABOUT THE FUTURE.

I was recently reflecting on a piece I wrote when I was in your position and about to graduate from medical school. I was waiting to find out my rotations at SALHN and wanted to work in Obstetrics and Gynaecology. I wrote about being a member of the AMA so that I could be part of the wider medical community and stay up to date with relevant news and issues affecting the profession. At the time a group of other medical students and I were receiving support from the AMA regarding the internship crisis and training bottleneck. I planned to remain an AMA member because of the strong advocacy power the AMA has.

Fast forward three years and I am now Chair of the AMA(SA) Doctors in Training Committee and about to start working as an unaccredited Obstetrics and Gynaecology Registrar.

It's amazing how time flies and how despite the challenges and new experiences you will face while working your first year as a doctor, you will get through it, and hopefully you'll enjoy it. For me it was a time where I bonded with my colleagues over tough days and funny patient encounters. No one can tell you how to survive internship as everyone will have different experiences but here are a few tips based on things I found helpful.

- **Carry a cheat sheet.** Having a little pocket book containing common drugs and their doses will help you chart medications quickly, especially in emergency situations. You can add to it as you go and eventually you won't need it anymore.
- **Take your time.** Try to ignore the pressure to be quick and focus on one job at a time and do it properly. This way you'll learn and are less likely to make mistakes. Others will be too busy to notice if you're taking that little bit longer.
- **Ask for help.** Don't be afraid to ask for help. No one will remember if you ask a "silly" question but they will notice if something goes wrong and you didn't ask for help. Plus, internship is the time to ask questions. Ask while you are junior

and you'll have the answers for later.

- **Don't sweat it if you make a mistake.** Although your work as a doctor is very important, most mistakes won't have serious consequences. Try to look at your mistakes pragmatically as learning experiences. You'll never make those mistakes again. Getting asked about clinical errors is also a pretty common interview question so take note and hold on to those stories for later.
- **Make your home a haven.** You'll be spending a lot of time at work so home should be a place of comfort and relaxation. A place that makes you happy, that you look forward to coming home to. Set it up in a way so that you enjoy spending time there.
- **Treat yourself.** You'll finally be earning some decent money so reward yourself for all the hard work you're doing. Get a massage, go out for a fancy dinner or order that nice glass of wine.
- **Use the supports around you.** There'll be plenty of people in the same boat as you, whether it be other interns at your hospital, or friends from medical school who are working elsewhere. Talk to each other and share stories and the experience of what it's like to work as a junior doctor and laugh or cry as needed.
- **Don't go it alone.** Working as a doctor can be difficult and overwhelming. There are plenty of doctors out there who struggle with burnout and mental health problems. No one is alone in this and over the past few years awareness of these issues has greatly increased. There is support available. Utilise your friends, family, the AMA or Doctors' Health SA.

I wish you all the best of luck and hope to see you around the hospital or the AMA.

Dr Hannah Szewczyk
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Obstetrics & Gynaecology Registrar
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EIGHT PRINCIPLES

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.

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 over controlling. 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.

FOR BEING A RESILIENT DOCTOR

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

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.

Our medical organisations are charged with the responsibility of advocating about many of the issues that affect our ability to deliver a highquality service to our patients and our communities.

It helps to focus on big-picture issues that make a difference by:

- Finding meaning and purpose in our everyday work and rediscovering the joy of being a doctor.
- Identifying the qualities we admire in our role models, mentors and colleagues.
- Upholding our integrity in all we do.
- Developing goals for all aspects of our lives including our spiritual life, our physical and mental health, our careers and our relationships with other people.
- Personally supporting our medical and other colleagues.

In closing ...

While 'first do no harm' has long referred to protecting our patients, in the 21st century its meaning needs to be expanded to also include protecting our families, our colleagues, our environment and ourselves.



BE A TEAM MEMBER

**YOU WILL ENJOY YOUR DAYS AT WORK MORE
IF YOU ARE AN INTEGRAL PART OF THE TEAM**



LIFE AS AN INTERN

Laura Sharley

Is “life as an intern” anything like what you imagined?

Life as an intern has been far more rewarding and enjoyable than I was picturing at 2am the night before my first day of General Medicine. I had so many irrational fears about being clueless, helpless and alone and was very pleasantly welcomed to Flinders Medical Centre with great support networks and friendly colleagues.

I didn't realise how much I would truly enjoy working as a doctor, being part of the treating teams and the satisfaction good patient care can provide.

What would be the greatest challenge you faced as an intern?

It was a challenge to ensure a balanced lifestyle was maintained, even though I was very determined to do so. Overtime hours, late pre-admission clinics, cover shifts with complex unwell patients and many discharge summaries often lead to very busy days on top of the routine care required from your home team during hours.

It did take me a couple of weeks to find the balance, but by having a few regular commitments it helped ensure the balance was met.

Fellow University of Adelaide graduates and I started an AFL 9s mixed football team, and somehow between the Lyell McEwin and Noarlunga Health Service ED we would get a team together every Wednesday for a run around and a kick of the football.

This was a fantastic way to debrief about the week whilst being outside and getting some exercise.

Why do you think it is important to be an AMA member?

Being part of the AMA enables you to be part of a national body that supports the medical profession, advocates for doctors and provides many other member services.

Something that you realise once you're out of medical school and working as part of the SA Health public health system, is the importance of advocacy required for doctors, for the patient's benefit and the health of a community as a whole.

Having worked in the hospital with an overflowing emergency department, critical bed status and logistical challenges within the hospital you gain a far greater respect for crucial organisations like the Australian Medical Association.



APPLYING FOR PGY2+ JOBS

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.

<https://ama.com.au/careers/pathways>.

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 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.



THE AMA'S ADVOCACY WORK

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.

**Please contact the AMA(SA) to be involved
8361 0100**



A SMALL SAMPLE OF AMA ADVOCACY

Alcohol labelling win at national meeting

Following state and national AMA advocacy the Australia and New Zealand Ministerial Forum on Food Regulation recently agreed to progress mandatory pregnancy warning labels on alcohol products. Food Standards Australia and New Zealand have now been tasked with developing the mandatory labelling standard, which will include a pictogram and warning statement. The warnings will be on all alcohol containers. The AMA(SA) directly contacted SA Minister for Health and Wellbeing Stephen Wade on this issue and welcomes the response.

More ongoing advocacy from the AMA nationally - guns, climate change, aged care and more

Recent national AMA advocacy has included on climate change and health, following the latest report from the Intergovernmental Panel on Climate Change; mandatory reporting and doctors' mental health; better support for GPs, who the NHS is trying to lure away; nurse-to-resident ratios in aged care; Indigenous health; health of asylum seekers; and gun safety.

AMA(SA) welcomes WCH co-location with RAH

AMA(SA) welcomes the announcement of a preferred site for a new Women's & Children's Hospital co-located alongside the new RAH, as promised in the Liberal Government's pre-election policy platform. The AMA(SA) has been advocating for this move across five presidents' terms of office," said AMA(SA) state president A/Prof William Tam. "We started talking about it in the lead-up to the 2010 state election and it has been on our list ever since."

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 else's!
- 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.





MEMBERSHIP BENEFITS

- Education opportunities
- Discounts on travel, groceries and petrol
- Save on gift cards (JB-HiFi, Priceline, Endota Spa etc)
- Deductions on car hire
- First free tax return & 50% discount on financial planning advice

Contact us to unlock
your exclusive benefits

(08) 8361 0108

membership@amasa.org.au

WHAT'S IN IT FOR YOU?



Representation and your career

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.



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 to retirement.

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 trustworthy professionals including chartered accountants, financial advisers and accredited banking experts.

Congratulations on your graduation!

Starting your medical career is a momentous and exciting step. Don't put it all at risk.

Make sure you're covered with MIGA's FREE intern insurance

- 24/7 emergency support
- Free legal advice to help you through unfamiliar situations
- Risk management education



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