



Things I wish I knew before I started my internship

Your questions answered

AMA (NSW) put your questions to a team of doctors-in-training to get the best insider tips for you. Here's what they had to say...

Will living far away from the hospital make a huge difference to work related fatigue? Would you recommend moving into somewhere closer to the hospital?

Remember you are employed within a local health district and will likely be going to different hospitals. Some people prefer to live close by, others prefer not to be so close to hospital and yet others like to live in the middle of it all.

How do you feel about seeking mental health support knowing that the person you tell may have to decide to report you? Is it a real consideration or just a theoretical one?

There're only 4 criteria for mandatory reporting:

- i) having sex with a patient
- ii) being under influence of drugs or alcohol whilst working
- iii) being impaired (due to physical or mental health issue)
- iv) deviating from standard practice (eg. treating infection with lavender oil)

Hence, seeking support for your mental health is a good idea. You're dealing with the problem and seeking professional help. If you don't process it, you're more likely to become impaired/ burnt out/etc.

Also, if you have depression/bipolar disorder, etc. but are under treatment and well, that is not a reason to be reported.

Are there any resources (e.g books) that you would recommend reading before we start working as an intern?

A useful resource during internship is the "On Call" series books/app for phone.

Any specific professional therapists/services for doctors to debrief?

AMA NSW has a list of GPs who "specialise" in looking after doctors (Doctors for Colleagues www.amansw.com.au/member-benefits/gps-for-doctors-in-training).

DHAS NSW (Doctors' Health Advisory Service).

EAP (Employee Assistance Program)

NSW Health has also set up a JMO helpline

"I have also loved Suzanna Azevedo at "GP on Ebley" (a clin psychologist). She's amazing!" (Dr Ashna Basu)

How do you reconcile making mistakes? I feel like lots of people in medicine are type A and perfectionists, so how do you deal with making a mistake and being able to move on from it and not dwell on it?

Very difficult but also a necessary skill to learn. We are all humans and will make mistakes. Take it as a learning opportunity. Debrief with people involved – supervisor, colleagues, loved ones, etc. Then if you still struggle, seek professional help (it's not a sign of weakness btw).



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How do you do an appropriate handover?

Handover is one of the most important, if not the most important, aspects of your role as a junior doctor. If there is anything you are concerned about at the end of your shift, it must be handed over - whether it be repeating bloods (ie. serial troponin, APTT), chasing results of investigations, an unwell patient or something you may not have had time to do.

If you're finishing for the day and there's an after-hours JMO covering the evening, make sure you put any important jobs on Task Manager (power chart) or handover directly to the JMO if task manager isn't available at your hospital. You may have to call or message the JMO directly.

If you're the After Hours (or night) JMO - make sure that EVERYTHING is documented so that the day team can keep a record and is aware of what has happened. Ensure that you tell the night team what has happened so they are aware of the patient and can keep an eye on them if something occurs overnight. For the night team, it is important that anything overnight is handed over to the day/ home team in the morning. Despite it being documented in the notes, it can often be missed and not followed up on during the day.

For the handover itself - be clear and concise with the information that is important for the other person to know/be aware of. A good framework for handing over is always ISBAR - Introduction, Situation, Background, Assessment/Action, Recommendation/Request. Remember, this is not an exam! You can have the patient notes open in front of you while you do this, or you can write it out prior to making the call/handover.

How do prepare for short calls and cover shifts?

Cover shifts can be after-hours, typically from 5pm to 10:30pm, night shifts or when you cover for someone on annual leave. After hour shifts can be very varied - some are busy but other are less so. Make sure you have your pager on you! It is very important not to forget this as this is how you will be contacted about things on the wards.

It is very hard to prepare for these shifts as you can be called about anything and everything. However, if you

get called about something you don't know, you can ALWAYS call the medical or surgical registrar covering that shift and ask for their option/help. 'On Call' is a great book which covers common ward calls (as aptly named). You should also definitely have eTG on your phone ready to go. Other good Apps are 'MD on Call', 'Wardable' and 'MD Calc' - these provide quick reference materials if you need to find something quickly or just a quick refresher. 'iTransfuse' is great for quick reference details on blood product transfusions and 'EyeManual' is a lifesaver when it comes to eye pathologies.

When doing these shifts you will need to triage jobs. Any emergencies ie. MET calls/ICU assist, clinical reviews or arrest calls obviously take priority. Nursing staff may also call/page you if they are concerned about a patient, but they don't meet criteria for a specific call. These patients can often be quite unwell, and you may need to escalate by initiating a Clinical review/MET/ICU assist. Don't be afraid to do this - trust your gut if you feel a patient needs more help. It is useful to think about this in time frames - if you feel this patient needs help within 30 minutes, a clinical review is appropriate. If help is needed within 10 minutes - ICU/MET call is suitable and if immediate help is required or you feel this is a life-threatening situation, call an arrest. Do not hesitate in doing this as no one will ever criticise you for being overly cautious and it is your job as a junior to recognise when help is needed and escalate.

Most cover shifts will be filled with odd jobs such as cannulas, charting fluids and odd ward jobs. You will learn very quickly which of these need to be done urgently and those that can wait, ie. if a patient is sleeping, an IVC can usually wait until they are awake unless it is for urgent fluids/medications.

These shifts are great fun, you learn so many new skills and you work closely alongside a range of different registrars who are a wealth of knowledge. It's great to see how different situations are managed and critically think about clinical scenarios, with the safety net of having a senior oversee your decisions.

Just remember, even though the first shift will be TERRIFYING and every time your pager goes off, you'll be startled and anxious, this quickly wears off and in no time, you'll be confident and comfortable.



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How do you juggle getting research and things to add to your CV whilst doing internship? especially for competitive specialties e.g ophthal, surgical?

Don't stress too much about this. Try your best to be active in the field you want to train in, and the research opportunities will come. You don't need to start stressing about your CV until you get to residency year, but that being said, it will be very useful to start getting into research projects with the right people (mainly the most senior doctors such as the professor of the dept, they will be able to guide you to research projects, audits, etc...). You will also have plenty of opportunities to enrich your CV with things that don't necessarily need to take all your free time such as certain types of audits.

Any helpful apps that you must have on your phone before internship?

Uber Eats

eTG

Uptodate

Medical Calculator app (useful for calculating scores for different scales such as child pugh score, PERC score etc..)

How do we actually take a day off, e.g. if you wake up unwell? Who do we contact and what happens to the team?

Don't come to work if you are sick! Follow your department's local procedure.

What's the best way to organise yourself on a busy ward round?

It depends how many JMOs you will have. If you are on a surgical team for example, you can leap frog from one patient to another so that the notes are always prepared once the ward round arrives to the patient. Otherwise, you can do things like having a template for the ward round notes.

Another thing you can do is pre-round, so come earlier than the ward round and have a look at the patient's overnight status, if anything happened (fever, clinical reviews, MET calls...), so the ward round notes are already prepped and you know the patients.

Did you feel like your hospital's orientation prepared you enough for the day to day expectations of internship? For example, how to practically find things, how to order specific investigations, guidelines or criteria for escalating.

Probably not. Medicine seems to be about throwing you in the deep end. By the time you find your feet, 10 weeks are almost over, and you have to start all over again. But don't worry, everyone is in the same boat and people (nurses, etc.) understand.

Do you think it is a good idea to start a part time online Masters degree in internship?

Up to you. Personally, I think you should enjoy not having to study for the first time in 20 years (and you will be learning lots on the job). So, don't overwhelm yourself and become burnt out. Medicine is a marathon not a sprint.

What are your thoughts on really busy rotations vs more 'chill' rotations. How does it affect your competency as an intern, wellbeing etc...

Busy rotations are busy and you get tired/exhausted/possibly burnt out but you also learn a lot.

"Chill" rotations you won't learn as much but might be good to do when preparing for exams.

Don't forget alternative options: e.g. doing busy rotation part-time so you can manage work, life and study.

What are your thoughts on when you're supposed to know what you specialise in?

When you are ready. Some people enter medical school knowing what they want. Others work it out by process of elimination during the intern year or beyond. Yet others start one and decide at some stage it is no longer for them and switch. (Some have completed a speciality to then start a completely different one all from scratch.)

Podcast recommendations?

On the wards.

The Hamish and Andy podcast



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Curious about differences between public vs private internships

I only have limited understanding about this topic but this is what I've heard. Basically for private internships (mainly for international students like myself), the opportunities to learn are less varied, the patients are generally more stable and so there is limited exposure to critically ill patients. There is another issue of how many connections you get to make in a private internship vs internship in the public system. However, you also rarely have overtime and you finish on time. However, if you are in a private internship, it is NOT the end of the world, it's totally manageable, I would suggest for you to have something to be involved in with the public system such as some sort of research project.

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