NATIONAL INTERN WORK READINESS FORUM

Summary of Proceedings

Health Workforce Principal Committee
Medical Deans Australia and New Zealand
New South Wales is leading the work on the Review of Medical Intern Training.

If you would like to receive this publication in an accessible format please contact the Health Workforce Principal Committee Secretariat via email at hwpc@health.vic.gov.au

© Australian Health Ministers’ Advisory Council, March 2015.

This publication is copyright, no part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.

Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

This work is licensed under a Creative Commons Attribution 3.0 licence (creativecommons.org/licenses/by/3.0/au). It is a condition of this licence that you credit the Australian Health Ministers’ Advisory Council as author.
# CONTENTS

**Introduction**  4

**Issues Raised**
1. Variability in the Skill Level 6
2. Australian Medical Council (AMC) Graduate Outcome Statements 6
3. Defining a Core Set of Skills and Competencies 7
4. Assessment Options 7
5. Development of a Clear Role for Medical Students 8
6. Communication and Information Exchange between Medical Schools and Employers 8

**Next Steps** 9

**Appendix 1:** Forum Program and Participating Organisations 10
**Appendix 2:** Survey of Interns and Supervisors 12
**Appendix 3:** Proposed Skills and Competencies 18
On 28 September 2016, a National Intern Work Readiness Forum was held at the Park Royal Melbourne Airport Hotel. This Workshop was jointly sponsored by the Medical Deans Australia and New Zealand and the Health Workforce Principal Committee (HWPC). The Forum was facilitated by Dr Norman Swan.

The Forum was convened to further consider the Review of Medical Intern Training Report’s recommendation relating to intern work readiness.

“That the internship should have entry requirements that reflect agreed and defined expectations of work-readiness that graduates must meet before commencing. Specification of the expectations and certification of work-readiness should be undertaken collaboratively by employers, universities and the Australian Medical Council within 1-2 years.” Recommendation 2

The Forum’s aims were:

- Identification of the baseline capabilities and expectations required from medical practitioners as they transition into practice;
- Consideration of options for assessment of these defined capabilities and expectations;
- Consideration of enablers and barriers to implementation; and
- Exploration of how information can be exchanged between universities and employers to support the transition of medical graduates to the workplace.

Medical schools are preparing graduates for a lifelong career in medicine, part of which is ensuring that they have the skills and competencies to contribute to safe and effective patient care under supervision on Day 1 of internship. The focus of the Forum was to identify the Day 1 skills that graduates need to transition to internship to be work ready.

The Forum brought together key stakeholders from medical education and training and employers. There were over 70 participants with representatives from the majority of medical schools, Commonwealth, State and Territory Health Departments, postgraduate medical councils, doctors in training, the Australian Medical Council (AMC), the Medical Board of Australia and public and private employers.

The Forum was informed by a background paper which is available at [http://www.coaghealthcouncil.gov.au/MedicalInternReview](http://www.coaghealthcouncil.gov.au/MedicalInternReview). The Forum included presentations, plenary discussions and participant table work. The Program and list of organisations represented is provided at Appendix 1.

The Forum commenced with an interview with Dr Anne-Marie Feyer, co-author with Professor Andrew Wilson, of the Review of Intern Training Report. Dr Feyer outlined the extensive consultation with stakeholders, particularly noting the significant input from medical students, junior doctors and employers, in producing the Report and its key findings.

Key themes identified in the Report:

- There is value in a structured, supervised transition to practice that enables medical graduates to assume increasing responsibility as their capability matures.
- Medical graduates entering internship had variable skill levels.
- A consequence of variability in graduate skills and not knowing what skills graduates possess has been low expectation of graduates’ skills by employers.
- Employers have largely been passive and have not clearly outlined their requirements of interns at commencement. Employers should engage with medical schools to communicate their requirements.

“Medical schools are preparing graduates for a lifelong career in medicine, part of which is ensuring that they have the skills and competencies to contribute to safe and effective patient care under supervision on Day 1 of internship.”
• New models of care, shorter lengths of stay, increased emphasis on patient safety and shorter working hours have unintentionally diluted the intern learning experience.

• Interns are a highly educated and motivated workforce, who are not working to their full potential.

• Through the Report’s consultation process, it was suggested the interns of today are the medical students of yesteryear and Postgraduate Year 2 perform the roles of interns.

• There is always a day 1, and it’s now time to have a discussion about the capabilities that interns must possess at the commencement of internship as opposed to assessments of their knowledge alone.

• The Australian Medical Councils Graduate Outcome Statements provide a framework but lack specificity.

The Forum was also informed by presentations from:

• Professor Brian Kelly, Head of School of Medicine and Public Health, Dean Joint Medical Program, University of Newcastle, who provided a medical school perspective on work readiness;

• Dr Andrew Singer, Senior Specialist in Emergency and Retrieval Medicine, The Canberra Hospital, who provided a supervisor’s perspective of what is required for a medical graduate to be work ready; and

• Associate Professor Alison Jones, Manager of the South Australian Medical Education and Training Unit, who provided a presentation on assessment options to inform the plenary discussion on assessment.

Survey of Intern and Supervisors

Forum participants were provided with an overview of the online national survey conducted in September 2016, of current interns and intern supervisors. The surveys sought information on how prepared interns felt at the commencement of their internship and supervisors’ observations of the level of preparedness.

Six hundred and eighty seven interns and 334 supervisors completed the survey. The overall intern response rate was 20.7%. Responses were received from all states and territories and from the public and private sector for both cohorts.

The results of the intern and supervisor survey are provided at Appendix 2. Key points from the survey:

• Of those who responded, 70% of interns felt work ready on Day 1;

• There was variability in their work readiness for different tasks. Interns felt least prepared for decisions about patient care, prescribing, handover and communication of management options to patients;

• There were some differences between interns’ and supervisors’ assessment of interns’ preparedness, particularly for working in teams, infection control, differential diagnosis and consent; and

• Interns felt that prior to commencing internship it would have been beneficial to have had greater exposure to some basic clinical skills and procedures (44%) and prescribing (26%), as well as an understanding of the specific work environment (14%).

Forum Discussion

The Forum provided a platform for the exchange of perspectives and experiences between employers, intern supervisors, medical schools and junior doctors with respect to medical graduate work readiness. Forum participants were afforded the opportunity to hear a range of presentations, pose questions and state their position, which resulted in wide ranging discussion and debate.

This summary of proceedings reflects the main discussions about various issues raised at the Forum, but does not prescribe any specific course of action arising from it. Although there was convergence of experiences and perspectives in some areas, there was no formal agreement or consensus amongst participants on the manner in which the issues should be addressed.

Across all areas discussed, Forum participants emphasised that the primary aims of addressing graduate work readiness were twofold; to ensure patient safety, including decreasing potentially avoidable incidents, and to ensure graduates are confident and competent employees.
ISSUES RAISED

1. Variability in the skill level

Forum participants discussed that there was a level of variability in medical graduates’ work readiness. It was suggested that medical graduate variability is not isolated to one university or a particular type of course (4, 5 or 6 years; school leaver or graduate entry; MD).

It was noted that diversity in medical school programs is one of the strengths of the Australian medical education system. It was suggested that any approach to reduce medical graduate variability should not reduce the diversity of medical school programs or stifle innovation.

A lack of defined employer expectations of medical graduates at commencement of internship was cited as one factor contributing to variability in intern work readiness. It was suggested that employers have not been pro-active in clearly stating their expectations of the skills graduates should possess on entry to internship and that defining skills and capabilities required of all medical graduates on day 1 of internship would assist in reducing variability.

There was considerable discussion about the benefits of hospitals knowing the skills levels of graduates. Such an understanding would allow a more focused approach to hospital orientation and allow employers to support interns having a more effective role in the clinical team. A number of participants commented that increased demand and changing models of care in hospitals had impacted on the intern learning experience.

It was noted that the majority of employers do not communicate the performance of their interns back to universities.

2. Australian Medical Council (AMC) Graduate Outcome Statements

Forum participants agreed that the AMC graduate outcome statements reflect what is expected of medical graduates at the completion of medical school. A number of participants considered that the AMC Graduate Outcome Statements are high level and lacking in specificity in regards to specific skills and competencies that medical graduates require to be work ready on Day 1 of their internship.

A number of university representatives suggested that the Graduate Outcome Statements need to be at a sufficiently high level that enables providers to demonstrate how their graduates meet the outcomes while respecting the diversity of curriculum and mission in Australian medical schools.

There was discussion about amending the AMC Graduate Outcome Statements to include greater specificity regarding defined minimum or core proficiency requirements at the commencement of internship. It was acknowledged that it was timely that the AMC is reviewing its Graduate Outcome Statements and that work from this Forum could inform this review.

“Interns felt that prior to commencing internship it would have been beneficial to have had greater exposure to some basic clinical skills and procedures (44%) and prescribing (26%), as well as an understanding of the specific work environment (14%).”

Intern Survey 2016
3. Defining a Core Set of Skills and Competencies

Forum participants were asked to form small groups to workshop the skills a graduate requires for Day 1 of internship under the 4 domains specified below. Each group was assigned two domains to consider and then provide feedback.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Skills/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>(cannulation, ABGs etc.)</td>
</tr>
<tr>
<td>Application of Clinical Knowledge</td>
<td>(physical examinations, prescribing etc.)</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td>(communication, teamwork etc.)</td>
</tr>
<tr>
<td>Professional Behaviour</td>
<td>(accountability, commitment etc.)</td>
</tr>
</tbody>
</table>

The skills and competencies suggested by the small groups were supplemented by plenary discussion – refer to Appendix 3.

There was a general agreement amongst Forum participants that it is easier to define core basic procedural skills and clinical knowledge than skills identified under the domains of Interpersonal Skills and Professional Behaviour. It was also noted that there is an overlap between skills, attributes and behaviours within the domains.

The groups considering procedural skills noted the list of common procedures developed as part of the MDANZ, Defining Competencies for Medical Graduate Outcomes project. It was suggested that the MDANZ list was too extensive and that the focus should be on a smaller number of basic procedures which all interns should be able to perform wherever they work.

The groups considering application of clinical knowledge noted that students undertake greater responsibility in some settings than others e.g. a medical student at a small rural hospital will generally be more involved in clinical care delivery than a student at a large metropolitan hospital. It was also suggested that cognitive load should be considered. Students may be proficient in performing specific tasks in isolation, for example in a simulation laboratory or during a pre-internship term, but the same task may be more difficult when working as an intern and balancing multiple demands.

There was considerable discussion about the complexity of interpersonal skills and professional behaviour, and a recognition that these skills are equally important, if not more important, for an intern than procedural or technical skills and are fundamental to a successful career.

There was consensus that non-technical skills are difficult and complex to assess. Further it was discussed that these skills and competencies do not neatly lend themselves to a single assessment process and that these skills/behaviours need to be observed over a period of time through continuous assessment.

4. Assessment Options

Despite a robust discussion, there was no agreement on an approach to assessment for internship entry level skills. Several participants commented that an Entrustable Professional Activity Framework may be used to assess skills and competencies for work readiness, particularly non-technical skills/attributes.

University representatives noted the current high burden of assessment in medical courses, the variability in curricular design and the high cost of robust and reliable clinical assessments as possible barriers to a uniform assessment process.

Forum participants discussed the suitability of pre-internship (PRINT) terms for assessing work readiness and that these terms could be a viable option to undertake assessments. A survey of medical schools prior to the Forum had shown that most Australian medical schools offered some form of PRINT terms but there was considerable variation in the nature and timing of these terms, their learning goals, what was assessed and the assessment methods used.

There was also discussion of the difficulties medical schools face in defending decisions to fail students, particularly for inadequate communication skills or professional behaviours. There have been a number of successful appeals through university legal processes. Any assessment of work readiness would need to be reliable and robust enough to withstand such an appeal.
5. Development of a clear role for medical students

There was considerable discussion about the lack of a clearly defined role for final year medical students in clinical teams and how this might contribute to a lack of preparedness for internship. Medical students are generally observers with limited responsibility in assessment or management of patients.

It was noted that increased demand and changing models of care in hospitals had impacted on students learning experience in the same way that it has diminished the intern learning experience.

It was suggested that universities and health services should work together to provide a stronger role for medical students in the clinical setting with greater responsibility as part of a health care team and opportunities to develop the skills required on Day 1 of internship, including patient management, graded responsibility according to clinical risk, working with registrars and consultants and handover.

It was discussed that students should have greater exposure and responsibility in:

- handover
- management of patients
- working alongside senior clinicians (registrars and above)
- managing responsibility/risk profile

Forum participants suggested that many student placements do not provide enough opportunities for medical students to develop interpersonal skills and professional behaviour.

6. Communication and Information Exchange between Medical Schools and Employers

There was a consensus that exchange of student information between universities and health services could and should be improved. There should be better communication from universities about the skills of their graduates and from health services about their expectations and requirements. Health services should provide feedback to universities on the performance of the graduates as interns and any areas of weakness.

There was a wide ranging discussion of communication about graduates who may require additional support. However, there was no agreement on how this might be achieved, particularly taking into account complex privacy issues. Differing approaches in different jurisdictions were discussed, along with the difficulties encountered.

Providing information about a student’s poor performance is contentious; some participants considered providing this information to be unfairly prejudicial to a student and his or her future employment. Others suggested that the overriding concern for employers is patient safety and therefore they need confidence in the competency of their employees and to know if any graduates require more supervision and support so that appropriate structures can be put in place to support transition to practice.

Forum participants suggested it may be beneficial for employers to be provided with the following information:

- How long it took an intern to complete the degree and any mitigating reasons if the length of time was excessive;
- Any incident of unprofessional behaviour that the student was cautioned or disciplined for; and
- Any units that the student had failed during their degree.

No consensus was reached on whether this would be appropriate.

It was also suggested that employers should be advised of high performing students.

Suggestions about transfer of information included:

- Compulsory disclosure of information to obtain provisional registration;
- An interview after recruitment to a position;
- Formal sign-off by universities that graduates have met agreed work readiness requirements;
- A compulsory referee report from the graduate’s Clinical Dean or equivalent (used by a number of universities in the United States);
- Referee reports from clinical supervisors;
- Medical course assessment outcomes made available to employers through an e-Portfolio; and
- Harmonised assessment reporting by medical schools;

“The groups considering application of clinical knowledge noted that students undertake greater responsibility in some settings than others e.g. a medical student at a small rural hospital will generally be more involved in clinical care delivery than those at a large metropolitan hospital.”
It was noted that each of these suggestions may have curricular, resource or privacy implications.

The Forum discussions identified that the information exchange between universities and health services is complex, that the current situation is not meeting the needs of either party and will require more detailed consideration.

**Next Steps**

The outcomes of this Forum will inform the development of advice to the Australian Health Ministers’ Advisory Council (AHMAC) and Health Ministers on requirements for work readiness and possible approaches to defining these requirements.
APPENDIX 1: Forum Program

MEDICAL DEANS AUSTRALIA AND NEW ZEALAND
HEALTH WORKFORCE PRINCIPAL COMMITTEE

National Intern Work Readiness Forum

AGENDA

Wednesday 28 September 2016 / ParkRoyal Hotel Melbourne

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.30</td>
<td>Registration: Tea/Coffee</td>
<td></td>
</tr>
<tr>
<td>10.00</td>
<td>Welcome</td>
<td>Dr Norman Swan</td>
</tr>
<tr>
<td></td>
<td>Acknowledgement of Country</td>
<td>Ms Robyn Burney</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professor Brendan Crotty</td>
</tr>
<tr>
<td>10.15</td>
<td>The Case for Change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Findings from the Review of Medical Intern Training</td>
<td>Dr Anne Marie Feyer</td>
</tr>
<tr>
<td></td>
<td>• Intern work readiness – Supervisor perspective</td>
<td>Dr Andrew Singer</td>
</tr>
<tr>
<td></td>
<td>• Readiness of Graduates – Medical Deans’ perspective</td>
<td>Professor Brian Kelly</td>
</tr>
<tr>
<td></td>
<td>• Current intern and supervisor feedback – survey results</td>
<td>Dr Linda MacPherson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Panel discussion</td>
</tr>
<tr>
<td>11.30</td>
<td>Transition to Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants examine and define Day 1 expectations for medical graduates transitioning to internship</td>
<td>Table work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plenary session</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>13.00</td>
<td>Assessment Approaches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants to consider options for assessment of defined expectations</td>
<td>Associate Professor Alison Jones</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Table work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plenary session</td>
</tr>
<tr>
<td>14.00</td>
<td>Information Exchange</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opportunity to explore what information is required and how it could be shared</td>
<td>Table work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plenary session</td>
</tr>
<tr>
<td>14.45</td>
<td>Closing</td>
<td>Dr Norman Swan</td>
</tr>
<tr>
<td></td>
<td>Next Steps</td>
<td>Ms Robyn Burney</td>
</tr>
</tbody>
</table>
Participating Organisations

ACT Department of Health
AMA Council of Doctors in Training
Australian Commission on Safety and Quality in Health Care
Australian Medical Council
Australian Private Hospitals Association
Bond University
Canberra Region Medical Education Council (CRMEC)
Commonwealth Department of Health
Deakin University
Eastern Health Victoria
Flinders University
James Cook University
Medical Board of Australia
Medical Deans Australia and New Zealand
Monash University
Murray to the Mountains Intern Program
New England Local Health District
Northern Territory Medical Education and Training Centre
NSW Health Education and Training Institute (HETI)
NSW Ministry of Health
Postgraduate Medical Council of Victoria (PMCV)
Postgraduate Medical Council, Western Australia
Postgraduate Medical Education Council of Tasmania (PMCT)
Queensland Department of Health
Queensland Prevocational Medical Accreditation
Ramsay Health Care
South Australian Department for Health and Ageing
South Australian Institute of Medical Education & Training (SAIMET)
South Eastern Sydney Local Health District
The Australian National University
The University of Adelaide
The University of Melbourne
The University of Notre Dame, Fremantle
The University of Queensland
The University of Sydney
The University of Western Australia
Townsville Hospital and Health Service
University of Newcastle/UNE
University of Tasmania
University of Wollongong
Victorian Department of Health and Human Services
Western Sydney University
Intern and Supervisor Survey

• Online intern & supervisor surveys undertaken 3 to 15 September 2016.
• The survey questions were aligned with the AMC Graduate Outcome Statements and the AAMC 13 Entrustable Professional Activities.
• Survey seeking information on how prepared interns felt and supervisor observations on how prepared interns were at the commencement of their internship.
Intern Survey

Method

- 687 of 3,424 interns completed the survey - overall response rate of **20.7%**
- The majority of responses were from interns working in the public sector (97.4%), the private sector accounted for **2.6%**.
- Geographical distribution of responses was:
  - Metropolitan: 66.2%
  - Regional: 28.3%
  - Rural: 5.5%

Distribution by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Response Rate ¹ (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD</td>
<td>27.7</td>
</tr>
<tr>
<td>NT</td>
<td>25.0</td>
</tr>
<tr>
<td>TAS</td>
<td>24.4</td>
</tr>
<tr>
<td>VIC</td>
<td>21.8</td>
</tr>
<tr>
<td>SA</td>
<td>21.2</td>
</tr>
<tr>
<td>ACT</td>
<td>18.3</td>
</tr>
<tr>
<td>WA</td>
<td>16.5</td>
</tr>
<tr>
<td>NSW</td>
<td>15.6</td>
</tr>
</tbody>
</table>

¹ Response rate calculated against the number of available intern places in each jurisdiction
Supervisor Survey

• A total of 334 supervisors completed the survey. Responses were received from all states and territories, from the public (90.7%) and private sectors (6.4%).

• Geographical distribution of responses was as follows:

  - Metropolitan 63.0%
  - Regional 31.3%
  - Rural 9.1%

Supervisor Survey

Distribution Based on Responses received by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Response Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>QLD</td>
<td>35.3</td>
</tr>
<tr>
<td>NSW</td>
<td>21.6</td>
</tr>
<tr>
<td>WA</td>
<td>19.5</td>
</tr>
<tr>
<td>SA</td>
<td>12.0</td>
</tr>
<tr>
<td>TAS</td>
<td>6.9</td>
</tr>
<tr>
<td>VIC</td>
<td>4.2</td>
</tr>
<tr>
<td>NT</td>
<td>1.2</td>
</tr>
<tr>
<td>ACT</td>
<td>0.3</td>
</tr>
</tbody>
</table>
Results

- Interns were asked to respond to: “Overall I felt prepared to undertake the role and responsibilities of an intern at the commencement of my term.”
  - 71% agreed or strongly agreed
  - 18% neither agreed or disagreed
  - 10.5% disagreed or strongly disagreed

Intern Survey Results

<table>
<thead>
<tr>
<th>Skills/Competencies</th>
<th>Able to perform-Agreed or Strongly Agree (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work effectively in a team</td>
<td>96.0</td>
</tr>
<tr>
<td>Understand patient-centered care</td>
<td>94.8</td>
</tr>
<tr>
<td>Patient history and examination</td>
<td>92.9</td>
</tr>
<tr>
<td>Apply the principals of infection prevention &amp; control</td>
<td>92.9</td>
</tr>
<tr>
<td>Keep accurate medical records</td>
<td>91.5</td>
</tr>
<tr>
<td>Interpret common diagnostic results</td>
<td>88.1</td>
</tr>
<tr>
<td>Formulate a differential diagnosis</td>
<td>87.4</td>
</tr>
<tr>
<td>Understand requirements for an informed consent</td>
<td>84.9</td>
</tr>
<tr>
<td>Select common diagnostic investigations</td>
<td>84.0</td>
</tr>
<tr>
<td>Prepare a patient discharge summary</td>
<td>80.4</td>
</tr>
</tbody>
</table>
### Supervisor Survey

% of Supervisors that observed that all or majority of interns had concept or skill

<table>
<thead>
<tr>
<th>Skills/Competencies</th>
<th>All or majority of interns had the skill/Competencies (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work effectively in a team</td>
<td>19.5</td>
</tr>
<tr>
<td>Understand patient-centered practice</td>
<td>86.0</td>
</tr>
<tr>
<td>Patient history and examination</td>
<td>65.7</td>
</tr>
<tr>
<td>Apply the principles of infection prevention &amp; control</td>
<td>25.4</td>
</tr>
<tr>
<td>Keep accurate medical records</td>
<td>67.5</td>
</tr>
<tr>
<td>Interpret common diagnostic results</td>
<td>69.3</td>
</tr>
<tr>
<td>Formulate a differential diagnosis</td>
<td>37.9</td>
</tr>
<tr>
<td>Understand the requirements for obtaining an informed consent</td>
<td>31.7</td>
</tr>
<tr>
<td>Select common diagnostic investigations</td>
<td>62.3</td>
</tr>
<tr>
<td>Prepare a patient discharge summary</td>
<td>62.8</td>
</tr>
</tbody>
</table>

### Supervisor Survey Results

% of Supervisors that observed that all or majority of interns did not have concept or skill

<table>
<thead>
<tr>
<th>Skills/Competencies</th>
<th>All /Majority did not have skill (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make decisions about patient care</td>
<td>18.1</td>
</tr>
<tr>
<td>Confident to prescribe medication safely</td>
<td>13.9</td>
</tr>
<tr>
<td>Prepare a discharge prescription</td>
<td>4.0</td>
</tr>
<tr>
<td>Select, order and chart fluids</td>
<td>11.5</td>
</tr>
<tr>
<td>Provide information to pts. re choices among various diagnostic, therapeutic &amp; management options</td>
<td>37.2</td>
</tr>
<tr>
<td>Effectively communicate in the clinical handover of a patient</td>
<td>13.6</td>
</tr>
<tr>
<td>Present a summary of a clinical encounter to the health care team</td>
<td>11.5</td>
</tr>
<tr>
<td>Understand the roles and responsibilities of the health care team</td>
<td>33.1</td>
</tr>
</tbody>
</table>
Intern Survey Results

Skills/competencies that greater than 10% of interns surveyed felt they were unable to perform on Day 1

<table>
<thead>
<tr>
<th>Skills/Competencies</th>
<th>Unable to Perform (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make decisions about patient care</td>
<td>26.6</td>
</tr>
<tr>
<td>Confident to prescribe medication safely</td>
<td>19.7</td>
</tr>
<tr>
<td>Prepare a discharge prescription</td>
<td>19.3</td>
</tr>
<tr>
<td>Select, order and chart fluids</td>
<td>18.2</td>
</tr>
<tr>
<td>Provide information to pts. re choices among various diagnostic, therapeutic &amp; management options</td>
<td>13.6</td>
</tr>
<tr>
<td>Effectively communicate in the clinical handover of a patient</td>
<td>11.6</td>
</tr>
<tr>
<td>Present a summary of a clinical encounter to the health care team</td>
<td>10.7</td>
</tr>
<tr>
<td>Understand the roles and responsibilities of the health care team</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Results

- Thematic analysis-1,595 responses to question: “Given what you know now, what are the 5 areas/skills that would have been beneficial to have had on day 1 of your internship”.
  - 44% (700) of responses-basic skills and procedures such as ABGs, cannulation, referrals, recognising deteriorating patient, clinical handover;
  - 26% (410) responses listed prescribing;
  - 14% (231) greater understanding of specific work environment; and
  - 6% (96) responses listed effective communication skills.
APPENDIX 3: Skills and Competencies

Entry level Skills and Competencies

Procedural skills

On Day 1 interns need to be proficient at:
- Basic infection control
- Basic life support/CPR
- Able to write a safe prescription
- ENT swab/wound swab
- Dressing care basics
- Select and write a fluid order
- Oxygen administration
- Blood cultures
- Take blood
- Insert an IV cannula
- Simple suture
- Taking ABG/VBG
- Urinary catheter male and female
- Interpret urinalysis test

Clinical Knowledge

On Day 1 interns need to be proficient at:
- Take an accurate history
- Perform an accurate examination
- Formulate a differential diagnosis
- Recognise boundaries and when to ask/refer for help
- Understand legal not just procedural consent
- Accurately document notes/discharge summary
- Understand legal not just procedural consent
- Clinical handover
- Selecting and ordering fluids
- Identify a deteriorating patient
- Knowledge of IT systems/info requirements efficiency
- Ordering and interpreting tests
- Prescribing common medication, particularly analgesia
- Appreciate differences in escalation processes night vs. day
- Responding to a common ward call

Professional Behaviour:

On Day 1 interns need to demonstrate:
- Time management and prioritisation skills
- Accountability
- Awareness of limitations of role and skills
- Personal and professional responsibility
- Understand and respect confidentiality
- Appreciation of organisation culture and values
- Respect others staff, colleagues and patients
- Working as a member of a team
- Commitment to continuous professional development
- Receptive to feedback
- Professional dress and punctuality

Interpersonal Skills

On Day 1 interns need to demonstrate:
- Communication and listening skills
- Understanding their role
- Self-awareness and humility
- Honesty
- Empathy
- Cultural awareness
- Respect for all members of the team and their respective roles
- Awareness of limitations/ Being able to ask for help