Surviving Internship: A pilot teaching program for pre-internship medical students

Background

- Pre-internship (PRINT) is about adapting the theoretical knowledge to working next year – teaching sessions are no longer about passing exams, but about surviving REAL WORK!
- JMOs are at the coal face of this ‘grunt work’ and able to readily adapt their clinical knowledge

Development of sessions

- RMOA discussion about “What would you want to have learnt before being an intern?” drafted the common learning points
- Review of the Australian Curriculum Framework for Junior Doctors → development of a curriculum based around practical and clinical topics (by Ben Nham)
- Approaching the South West Sydney Clinical School with the offer to teach sessions based on the above.

Summary of Session 1 – Surviving Overtime

- Session 1 lectures:
  - Practical tips on charting IV fluids
  - Reviewing patients after falls
  - Common medications
- Workshop topics:
  - The Clinical Excellence Commission “Between the Flags” clinical review topics
  - Focus on initial assessment, management and handover

Respiratory distress – RR 25-30, sats 90-95%
Arrhythmias – HR >120 or <50
Fever – Temp >38.5
Abnormal blood pressure – SBP > 180 or <100
Summary of Session 2

- Surviving (and thriving) Internship
  - Time management
  - Professionalism
  - Tips for jobs – use of powerchart, consults
  - Tips for survival – night shifts, eating & drinking
  - Career planning – PGY3 and beyond
  - Self-care

- Practical topics:
  - Documentation
  - Clinical Handover

FEEDBACK GRAPHS SESSION 1

Confidence and Knowledge in these areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Confidence</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common prescribing</td>
<td>1.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Falls assessment</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td>IV fluids</td>
<td>1.5</td>
<td>2.0</td>
</tr>
<tr>
<td>Abnormal BP</td>
<td>2.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>3.0</td>
<td>3.5</td>
</tr>
<tr>
<td>Fever</td>
<td>2.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Tachypnoea</td>
<td>1.5</td>
<td>2.0</td>
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</tbody>
</table>

FEEDBACK GRAPHS SESSION 2

Confidence and Knowledge in these areas:

<table>
<thead>
<tr>
<th>Area</th>
<th>Confidence</th>
<th>Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Management as an Intern</td>
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<td>4.0</td>
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<tr>
<td>Documentation</td>
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<td>2.5</td>
</tr>
<tr>
<td>Clinical Handover</td>
<td>3.0</td>
<td>3.5</td>
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</tbody>
</table>
Feedback on teachers

- Knowledgeable
- Taught content consistent with objectives
- Clarified content in response to questions
- Used appropriate teaching methods

Feedback on content

- Appropriate
- Improved confidence as an intern
- Addressed key concerns

Comments

- “Prefer less textbook facts, more cases/scenarios”
- “Loved the powerchart tips”
- “Would like to know how to use resources eg CIAP”
- “Yellow zones session was fantastic!”
- Informal feedback was overwhelmingly positive

Limitations

- Did not evaluate the first session on the day and missed a lot of students ‘to follow up’ – only 7 completed the forms and 0 completed the online survey (sent out during the final week of PRINT)
- Retrospective evaluation
- Assessment of personal confidence but no objective markers as to whether this will have a concrete impact on performance

Discussion Points

- Medical school often focuses on theory – the practical application can be difficult in a university context.
- This program is based on the concept of peer and near-peer education:
  - Previous UNSW graduates who are familiar with the curriculum
  - Close in age. JMOs are:
    - Credible teachers
    - Facing practical issues on a daily basis
    - Able to answer “stupid” questions
- UNSW clinical teaching school with connections
- A cohesive and enthusiastic group of residents was a key factor in its success
- The importance of forums and conferences in sharing educational ideas
Acknowledgements

- Thanks to Cathy Dillon & Carla Lecordier of South West Sydney Clinical School for organising the session times and bookings.
- Thanks to the RMOA of Hunter New England for presenting a similar project at Taree Base Hospital and giving us the inspiration.
- MANY thanks to: Dr Deniz Durmush, Dr Rihan Shahab, Dr Tahlia Scheinberg, Dr Eunji Hwang and Dr Nhung Nguyen Nguyen, the RMOs at Bankstown Hospital for giving their time to teach these sessions.