Australian Medical Council and Medical Board of Australia's Preparedness for Internship Survey

2019 National Report

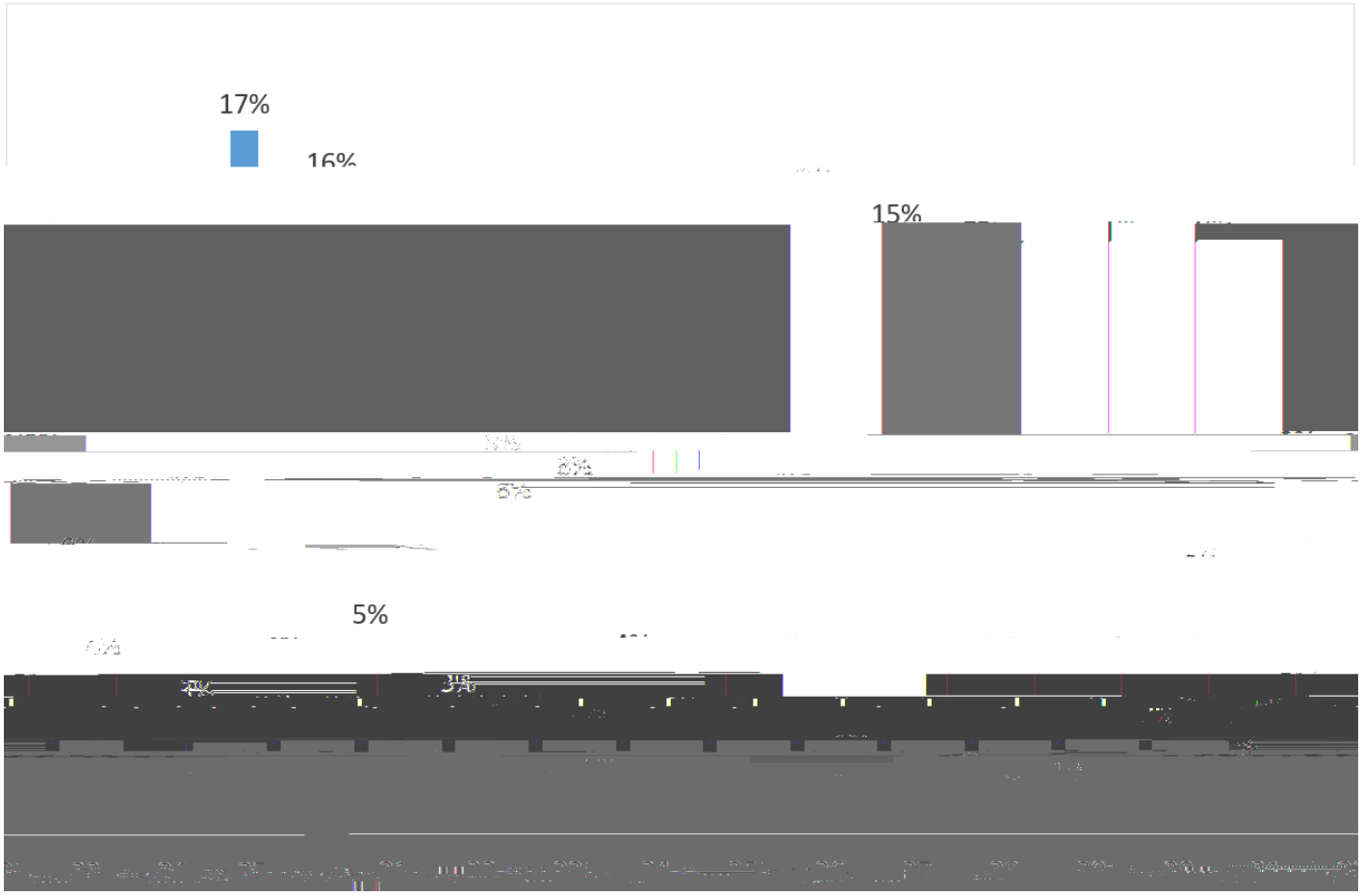
Medical

Medical school is not only about preparedness for internship – it is also about providing graduates with the skills they need for a lifetime of practice

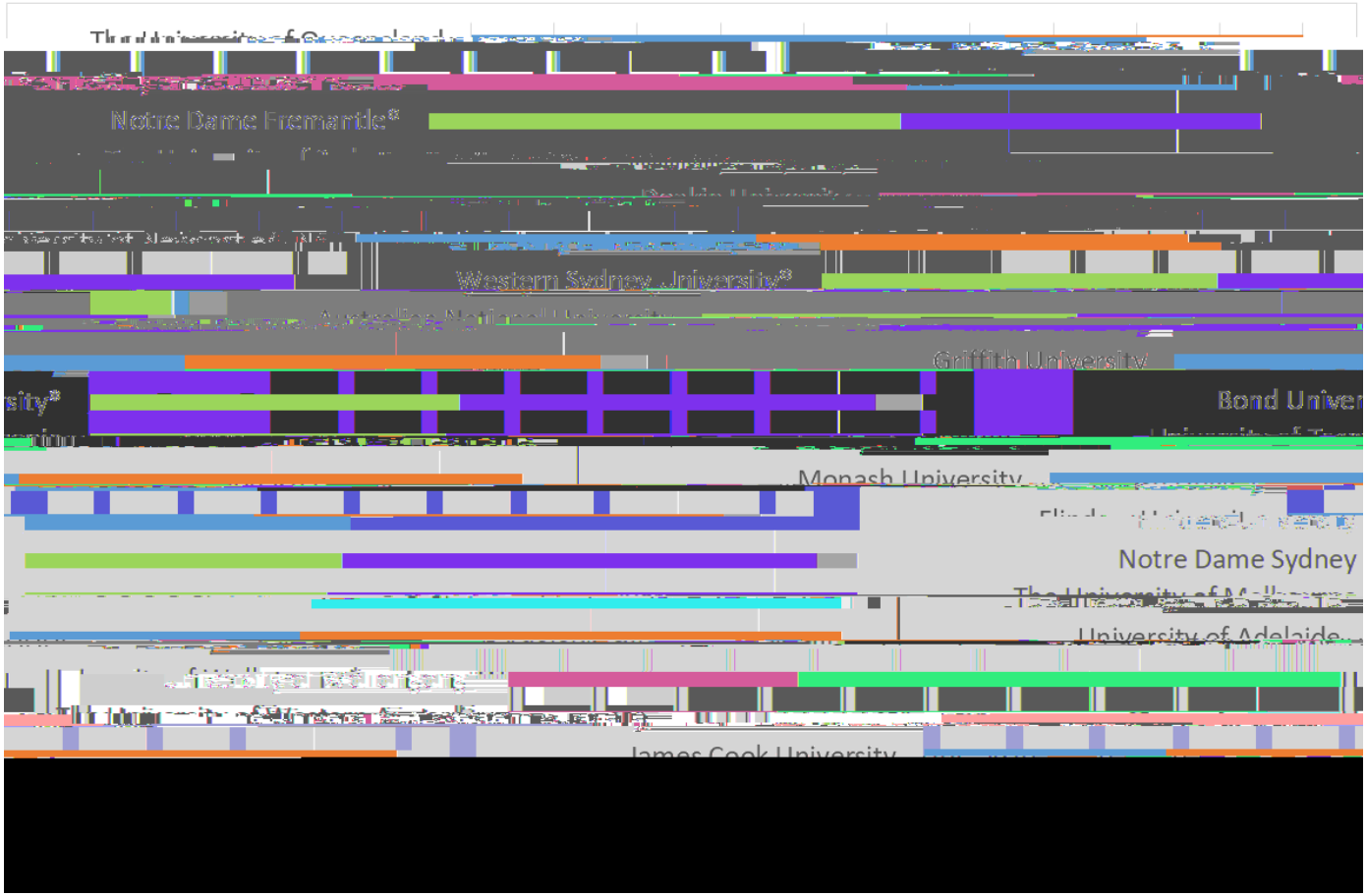
- Nevertheless entry into the medical workplace is a critical transition point

The point of this survey is to better understand how medical schools can assist students to prepare for the transition, and how standards of medical education can support that. The

QLD
NT
160
180
200
0
20
40
60
80
100
120


17%
15%
5%

Overall gender ratio 46% male 52% female 2% prefer not to say



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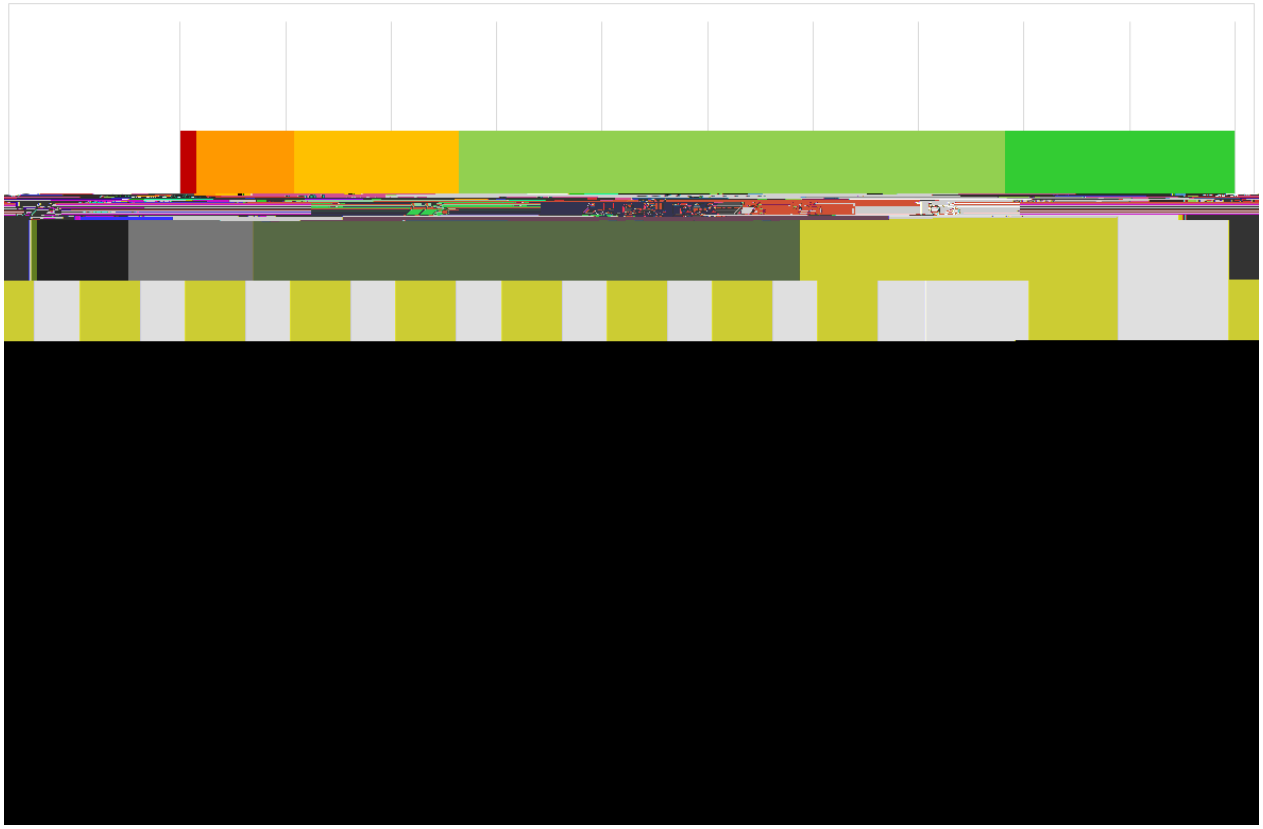
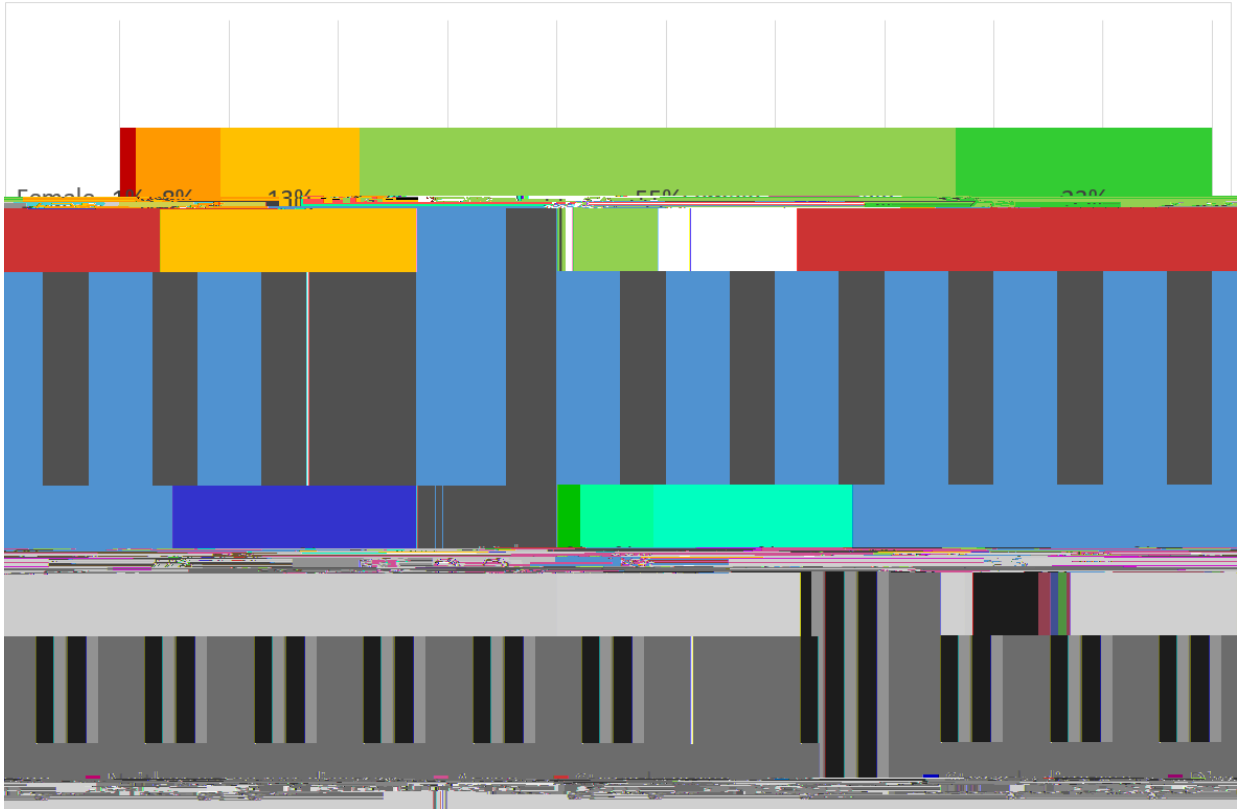
Respondents were asked to indicate their level of agreement with the statement: “Overall I felt my medical education was sufficient to undertake the role and responsibilities of an intern”

- Respondents in the 2019 survey respondents replied in the following proportions: Strongly agree 22%; Agree 52%; Neither agree nor disagree 16%; Disagree 9%;



The average rating for overall preparedness increased slightly from 3.8 in 2018 to 3.83 in 2019**

Medical



At a national level, female respondents rated their preparedness slightly higher than male respondents

The gender difference was not statistically significant

Medical

Which medical school a survey respondent graduated from is related to perceived preparedness

- In statistical terms, range of responses regarding perceived preparedness of respondents from different schools is not likely to be explained by random factors alone
- Text comments in response to various questions in the survey also indicate that differing experiences depending on medical school are an important factor in of preparedness

Survey results show that different schools exhibit strengths in different areas

- Overall outcomes, as measured by this survey, show improvement since last year (see page 44)

Medical

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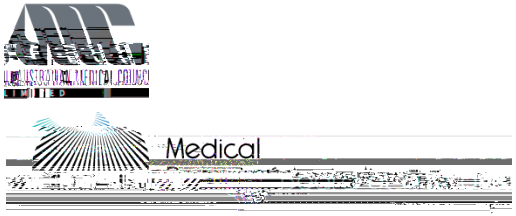

The survey asked whether respondents participated in pre-internship programs designed to assist students to transition to internship

The level of perceived preparedness for those who had not undertaken pre-internship programs was similar to that for those who undertook shorter programs

The length of program was positively correlated with perceived preparedness i.e. the longer the program the more likely a respondent was to rate preparedness highly

- The correlation was statistically significant

The positive correlation in this area could also be related to the correlation between length of medical degree program and perceived preparedness (see page 22)

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Medical

Themes	Examples
Setting of pre-internship program	

Medical

Thelevel of preparedness for situations requiring support continues to be a source of concern, although there have been significant year-on-year improvements in most categories

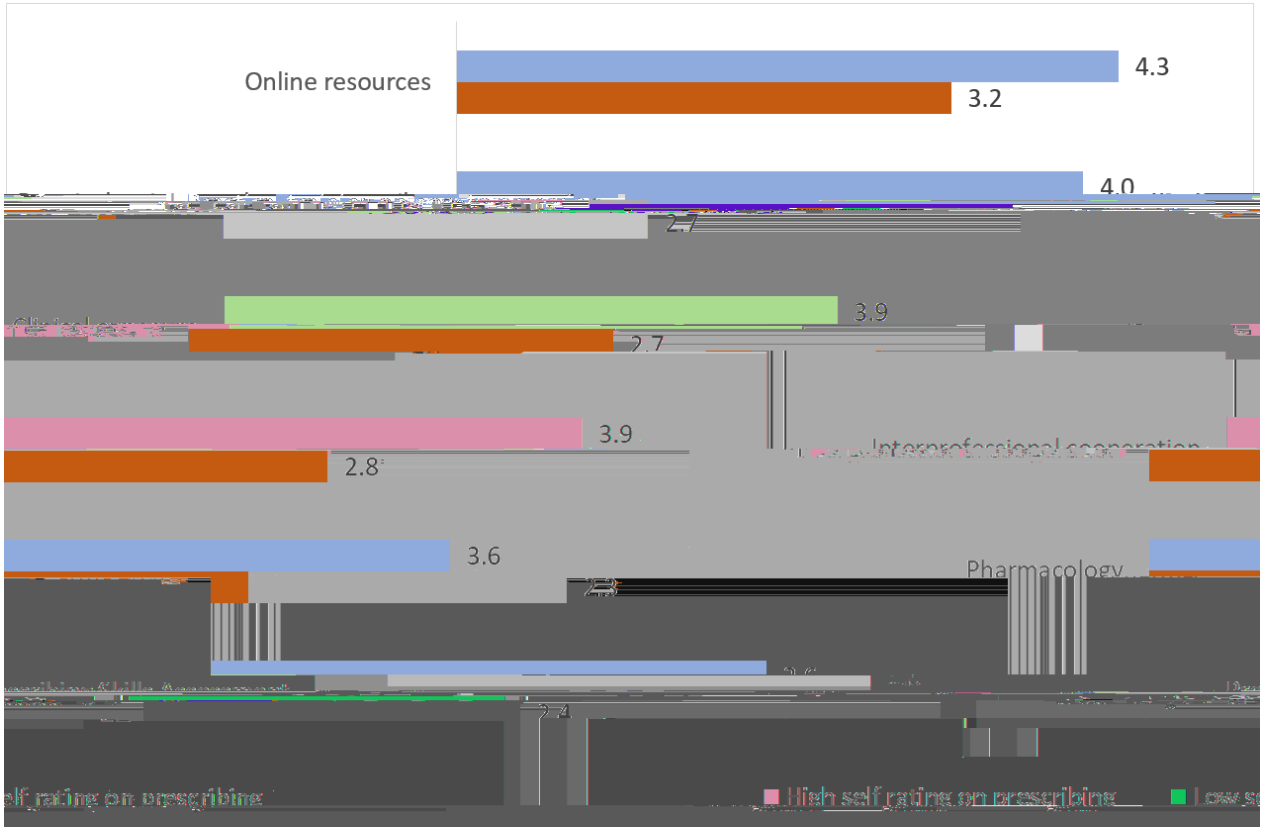
- For example the proportion of respondents feeling either ‘Not at all prepared’ or ‘Poorly prepared’ to raise concerns about bullying or harassment decreased from 33% in 2017 to 30% in 2018 to 24% in 2019

The perception still exists that there are inadequate pathways for seeking assistance or escalating concerns

- Asking for assistance is seen as posing career risks
- Pathways for escalation are perceived to be unclear or ineffective
- Medical culture in general is considered to be hierarchical, and antithetical to seeking assistance for self or colleagues

Medical

Medical


Online resources
4.3
3.2
4.0
2.7
3.9
2.7
3.9
2.8
3.6
Pharmacology
7.4
High self rating on prescribing

Themes	Examples
Practical prescribing exercises	Mock medical charting Other forms of prescribing exercises
Workingwith pharmacists	Having a pharmacist available in the ward Workshops provided by clinical pharmacists
Prescribing Skills Assessment	Some respondents saw scope for better integration of the Prescribing Skills Assessment with other coursework
Alternative learning options	NPSonline prescribing 540 r3E(c)3 /F5 ‡

Medical

Preparedness for treating Indigenous patients has risen year over year

- For example, the proportion of respondents rating themselves 'Not at all prepared' or 'Poorly prepared' to treat Indigenous patients declined from 16% in 2018 to 12% in 2019

Respondents who felt more prepared considered the following factors effective aids to learning about treating Indigenous patients:

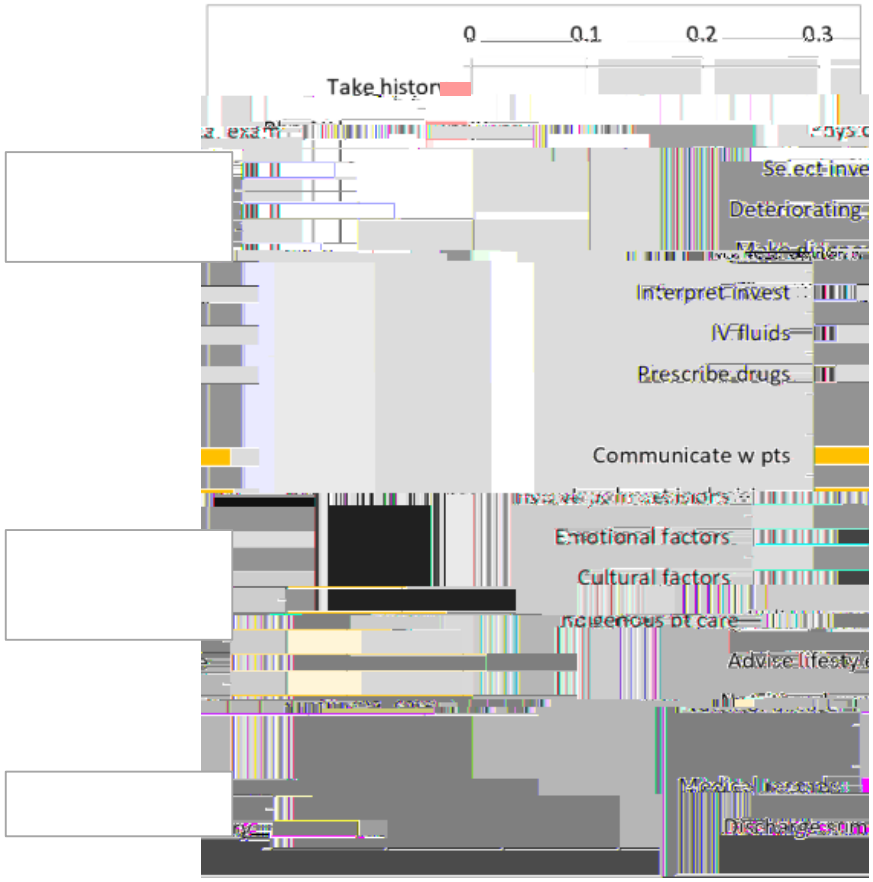
- Clinically relevant Indigenous health learning opportunities
- Medical school commitment
- Teaching by Indigenous teachers
- Teaching about cultural safety, Indigenous people and culture, the role of racism in Indigenous health outcomes

Indigenous health learning opportunities allowing interaction with Indigenous people and patients were mentioned frequently in text comments as having an important impact on preparedness

Medical

Medical

Medical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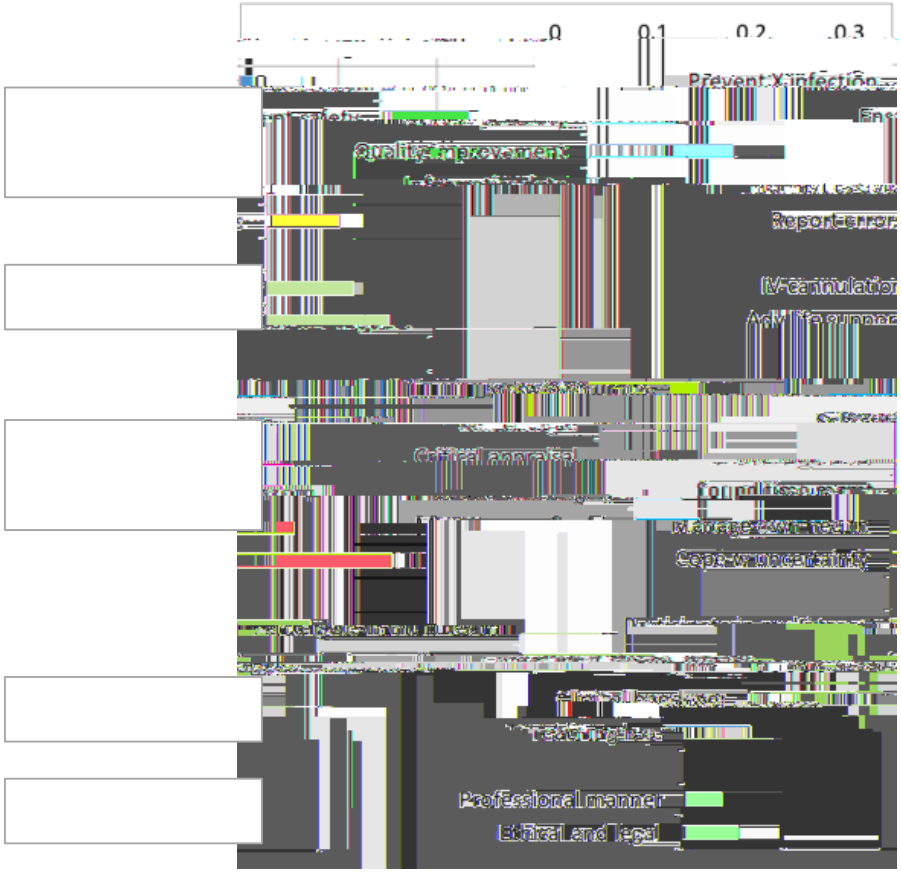
Take histor
Se ect inve
Deteriorating
Interpret invest
IV fluids
Prescribe drugs
Communicate w pts
Emotional factors
Cultural factors
Advice lifesty
Professional manner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Prevent X infection
Quality improvement
Report error
IV cannulation
Critical appraisal
Professional manner
Ethical Lane legal

Take history	Taking a history
Physical exam	Examining patients
Select invest	Selecting appropriate investigations
Deteriorating pt	Recognising a deteriorating patient
Make diagnosis	Using clinical diagnosis and making a diagnosis
Interpret invest	Interpreting the results of investigations
IV fluids	Ordering IV fluids and blood products
Prescribe drugs	Prescribing safely and calculating accurate drug dosages

Communicate with pts	Communicating effectively and sensitively with patients and relatives
Involve pts in decisions	Involving the patient in decision making
Emotional factors	Recognising the impact of social and emotional factors in illness and treatment
Cultural factors	Providing appropriate care for people of different cultures
Care for Indigenous pts	Providing care for Aboriginal and Torres Strait Islanders
Advise lifestyle	Providing advice on diet, lifestyle and wellbeing
Nutritional care	Recognising the need for basic nutritional care

Medical records	Keeping an accurate and relevant medical record (documenting in charts)
Discharge summary	Writing a discharge summary for patients

Prevent X infect	Reducing risk of cross infection
Ensure pt safety	Ensuring and promoting patient safety
Quality improvement	Undertaking initiatives for improved quality of patient care (e.g. clinical audit for patient care)
Informatics data	Understanding the role of clinical informatics and data technology in improving healthcare
Report errors	Reporting and dealing with error and safety incidents

IV cannulation	Performing IV cannulation
Adv. Life support	Taking part in advanced life support

Know own limits	Being aware of your limitations
Self critique	Engaging in self critique of practice and clinical encounters
Critical appraisal	Undertaking critical appraisal of clinical decisions and therapeutic strategies using literature, data and other evidence
Sound time mgmt.	