

INTERN CURRICULUM SUMMARY

Overview of learning and assessment for 2020

The year at a glance

The intern year marks the major transition from medical student to working as a junior doctor. This new role requires inter-professional team work, time management and flexibility, in addition to applying those clinical skills developed in medical school, in a busy hospital setting.

The purpose of the intern year is to provide a supervised environment in which a newly qualified doctor can start their journey towards becoming an independent, competent and safe medical practitioner.

All doctors are expected to become life-long learners, to enhance their skills across their career. Therefore Interns are required to actively participate in training and professional development throughout this important first year.

Broad Outcomes

The Intern Outcome Statements¹, from the Australian Medical Council describe the capabilities that interns must satisfactorily demonstrate by the end of their intern year to achieve general registration. These outcomes are grouped into four domains, aligned to the Australian Curriculum Framework for Junior Doctors ([CPMEC link](#))

- Scientist and Scholar: focuses on extending and applying medical knowledge
- Practitioner: focuses on clinical practice including clinical assessment, investigations, management and documentation, prescribing, procedural skills, communication and safety.
- Health Advocate: focuses on population health, Aboriginal and Torres Strait Islander peoples' health and quality assurance.
- Professional and leader: focuses on the requirements of professional practice including self-regulation: expected values and behavior, taking responsibility for personal wellbeing, life-long learning and taking increasing responsibility for patient care while recognizing their limits.

Intern year rotations

- There are 5 rotations (Rotation 1-4 = 10 weeks duration, Rotation 5 =12 weeks duration), which includes 3 core rotations in Surgery, Medicine and Emergency.
- Rotations can be allocated across any of the Monash Health metropolitan sites (Clayton, Dandenong, Casey or Kingston,) and the 4 rural sites affiliated hospitals (Mildura, Wonthaggi, Warragul, Traralgon). Most interns (75%) will complete a rural rotation.

Specific requirements for General Registration

Registration standard – Australian and New Zealand graduates² outlines The Medical Board of Australia's requirements for certification, which are summarised below:

- Evidence the intern has satisfactorily completed at least 47 weeks equivalent fulltime experience in supervised clinical practice.
- Evidence the intern has performed satisfactorily under supervision in terms that provide 8 weeks' experience in emergency medical care, 10 weeks in medicine and 10 weeks in surgery
- Written confirmation that the intern has met the above requirements, including satisfactory Term Supervisor reports, and an overall satisfactory rating awarded by the Monash Health Director of Medical Services, Dr Jason Goh.

The Medical Board of Australia has further clarified the above requirements as: *Term supervisors are expected to indicate whether interns have satisfactorily 'passed' each term, but the Medical Board will consider the totality of advice in deciding whether to grant general registration. An intern who has performed marginally or unsatisfactorily in a specified term but who has demonstrated 'significant' progress with evidence of remediation may be deemed to have met the standard expected for general registration by the end of the year*

The assessment forms and details of each of the assessments can be accessed via <http://monashdoctors.org/assessment/>

¹ http://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern-training-National-standards-for-programs.pdf

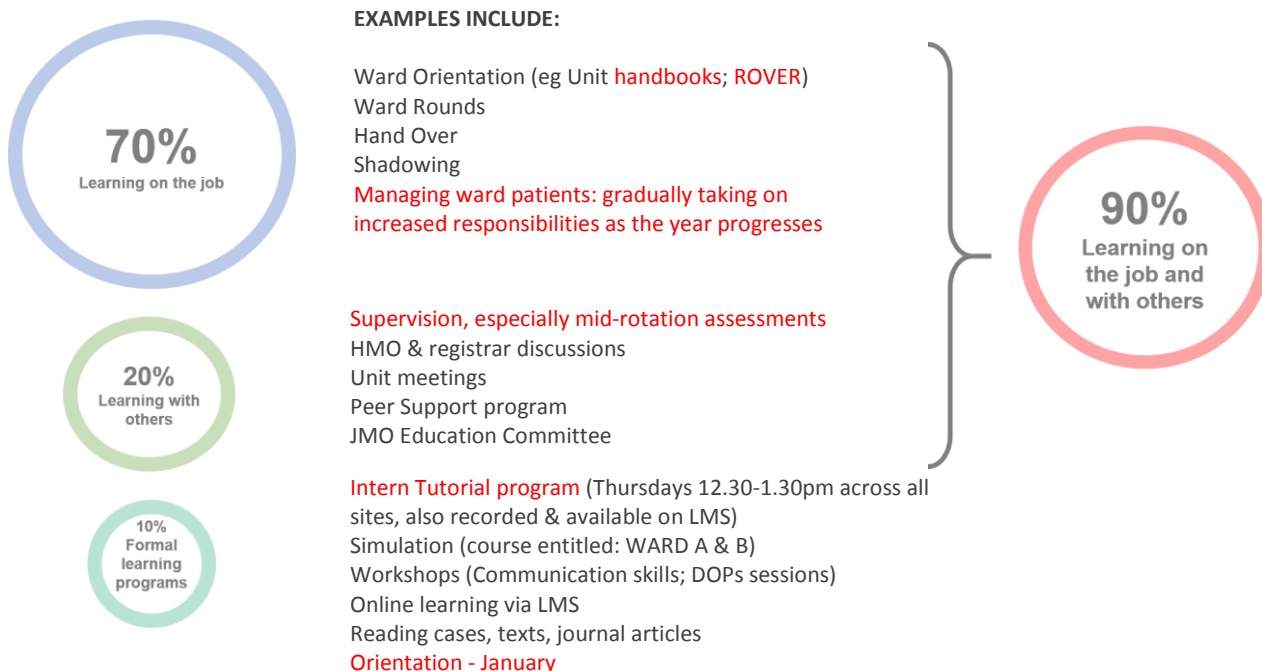
² <https://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx>

Monash Health requires all interns to submit the following mandatory assessments to complete their internship program.

Assessment	Details	Due Date	Comments
National Standards training	online units accessed via the Learning Management System	10 th January 2020	These units are to be completed on your designated orientation day and MDE will audit completion by Friday morning of orientation week.
Direct Observation of Practice (DOPs)	Intravenous Cannula Urinary Catheter (male) Urinary Catheter (female) Nasogastric Tube Insertion Suturing Plastering	28 th February 2020 30 th September 2020	Aim to complete these assessments asap, as Not all rotations will provide you with opportunity to practice and be assessed. For the cannula DOP, interns who have their first rotation in units such as mental health will be notified of an extension date, typically the third week in rotation two.
Mid Rotation Assessment (MID)		Due dates for week commencing: Rotation 1 – 10 th February Rotation 2 – 20 th April Rotation 3 – 29 th June Rotation 4 – 7 th September Rotation 5 – 16 th November	These are formative assessments
End of Rotation Assessment (EOT)		Due dates for week commencing: Rotation 1 – 16 th March Rotation 2 – 25 th May Rotation 3 – 3 rd August Rotation 4 – 12 th October Rotation 5 – 4 th of January	These are summative assessments
All mandatory assessment required for general registrations is due by the 23rd of November 2020 . (Excluding the EOT assessment for rotation 5)			

Learning across different settings

An intern will learn in many different ways, not dissimilar to medical school. The 70:20:10 learning and development framework proposes a rough guide of where learning typically occurs in the workplace. Interns should actively seek to maximise these opportunities; starting with those highlighted in red



Learning expectations

'On the Job' Learning

Your daily work will provide you with numerous opportunities to learn new things. Prior to commencing a new rotation, interns will find lots of useful information about the unit and their role from:

- The unit handbook
- Unit ROVER.

For each of the core rotations (surgery, medicine and emergency) there is a *Core Learning Summary* which outlines key learning topics for that rotation. This information can be accessed via <http://monashdoctors.org/orientation/> (password protected).

Supervision

Interns should meet with their supervisors at the beginning, middle and end of each rotation.

The first meeting is important as it:

- Facilitates an opportunity to get to know each other and establish open dialogue
- Clarify the unit's expectations of you (especially anything you haven't done before)
- Plan collaboratively how you can learn what you need to for that rotation.

For core rotations, use the *Core Learning Summary* on the website to plan your learning for the term. If this is your second rotation in that specialty, make sure you fill in any gaps and think about how you can extend your learning.

For other rotations, use the Unit Handbook and the Australian Curriculum Framework to help you plan specific things you want to learn this term.

Mid-term and End of term meetings

These meetings allow you to review your progress and plan how to learn the remaining topics.

For the core rotations, MDE has developed a core skills checklist to aid your discussions and exposure to presenting conditions and skills. It would be helpful to utilize this document during your catch ups with supervisors.

Term meetings involve either a formative (mid-term) or summative (End of term) assessment, so to get the most out of your time with your supervisor, you should complete your self-assessment prior to the meeting. Bring it along with you and have it ready for the supervisor to complete and sign during your session.

Your supervisor will discuss your work performance with you: aspects that you are performing competently and those you are not yet performing competently. The intern year involves a steep learning curve so do not expect to be competent from the start!

Most supervisors talk to your HMO/registrar and senior nursing staff to gather multiple perspectives on your work. If you are having difficulties, Monash Doctors Education (MDE) are keen to assist and work with you and your supervisor to develop a plan that will give you the best chance to succeed, so don't hesitate to contact us. The Medical Education Officer is often your first point of contact. Most interns improve quickly with a bit of extra help; this is better than continuing to struggle on your own. If you feel your supervisor's assessment is unfair, please contact MDE as there are both informal and formal ways to address this.

Additional Learning Support

In the instance where an intern requires additional learning supports (this may be identified by the intern or supervisor), either the MEO and/or the Director of Clinical Training (DCT) will meet with the intern to discuss ways to respond. If an intern receives a '2' for any component of their mid or end of rotation assessment, this will automatically trigger a discussion, with the potential for a plan to be developed. The focus of these plans is to specify exactly where improvements need to be made, and constructive ways we can work with the intern and unit so the intern is supported to meet the required standard wherever possible.

Formal Learning Programs

Further details about these programs can be located on the website:

Program	Details	Objectives	Requirements
Enhanced Orientation Program	<ul style="list-style-type: none"> Monday-Friday, January 6th – January 10th 2020 Full details are located on www.monashdoctors.org/intern-orientation First 4 tutorials will be targeted on supporting the transition into the internship, with particular focus on practical help and discussion Procedural skills available across all sites throughout the first month by request 	<p>Medicine Orientation (5 days):</p> <ul style="list-style-type: none"> Set work and learning expectations for the internship year Foster strong relationships between interns and between MDE/MDW and interns Support transition from student to doctor with skills/knowledge and attitudes that will enable them to perform well in the first month Embedding Electronic Medical Record familiarization and competence from day 1 	<ul style="list-style-type: none"> Mandatory attendance Mandatory attendance (or video review via LMS if not rostered on or rural) optional
Intern Tutorial Program	<p>Thursdays, 12.30-1.30pm (video-conferenced to all sites, and recorded on the LMS) from Feb-December</p>	<p>Provide tutorials that are interactive and encourage discussion, are practical and delivered timely in the key areas of:</p> <ul style="list-style-type: none"> Clinical Management (including common core rotation presentations; emergency medicine; patient assessment/investigations/referrals) Professionalism (including time management; teaching/supervision/feedback; legal) Communication (including patient communication with different patient cohorts; inter-professional interactions/teamwork) 	<ul style="list-style-type: none"> These tutorials are protected time (no pagers, let the NUM and registrar know when you leave the ward) >75% attendance is expected (this allows for when you are at a rural site, sick, not rostered on or an exceptional ward event)

Program	Details	Objectives	Requirements
WARD A and B	<ul style="list-style-type: none"> Deteriorating Patient sessions at Monash Simulation, (Moorabbin) 	Provide Interns the opportunity to work in a team with nurses to practice the technical and teamwork skills known to enhance patient safety and to assist clinicians with improved confidence and competence when managing acutely unwell patients.	<ul style="list-style-type: none"> Mandatory attendance at both sessions Interns will be allocated times to attend and will need to negotiate workload with supervisors to ensure attendance. (4 hours total time across two semesters), commencing Feb 2019
Skills Workshops	<ul style="list-style-type: none"> DOPs other 	Provide interns the opportunity to practice skills in a safe simulated environment to gain further proficiency in a range of required skills.	<ul style="list-style-type: none"> Optional - developed on a demand basis
Workshops	<ul style="list-style-type: none"> Communication Skills (eg. Breaking Bad News) Skills practice 	Provide JMOs with the opportunity to learn through interactions in a simulated environment.	<ul style="list-style-type: none"> Optional

Supports available

Monash Health recognizes that the intern year can be intellectually, physically and emotionally challenging at times. We strongly believe that *No Monash Doctor will Struggle in Silence*, and have dedicated staff in addition to the support offered on ward, to support intern wellbeing, clinical and professional development. There is also a Peer Support program that interns can elect to join. The key contact people for any queries are the Wellbeing Officer and the Medical Education Officer (MEO). Further information about supports and contacts are at <http://monashdoctors.org/monash-care/> and <http://intranet.monashcare/index.html>. As part of putting into practice Monash Care, each year around May, every intern will meet up with a Monash Doctors Education or Wellbeing Officer for an informal catchup/coffee to listen to how the intern is travelling³.

Curriculum Evaluation and Review

This curriculum has been designed to meet the requirements consistent with PMCV accreditation standards; AMC Registration requirements; ACF planning and reflect the values Monash Health aims to develop in its medical staff. It is reviewed annually.

Junior Medical staff are encouraged to provide feedback on the curriculum. Both informal and anonymous feedback is sought at the end of each rotation through the tutorial program and via online surveying. The JMO Education committee is the forum that provides opportunity for JMOs to contribute more actively with committee membership nominations opening early in February of each year.

³ <http://monashdoctors.org/intern-checkin-initiative/>