

# **Australian Medical Council and Medical Board of Australia**

## **2018 Preparedness for Internship Survey**

### **National Survey Results**

## **Demographics**

**Overall perceived preparedness**

**Capabilities, satisfactions and challenges**

**Pre-internship programs**

**Preparedness for prescribing**

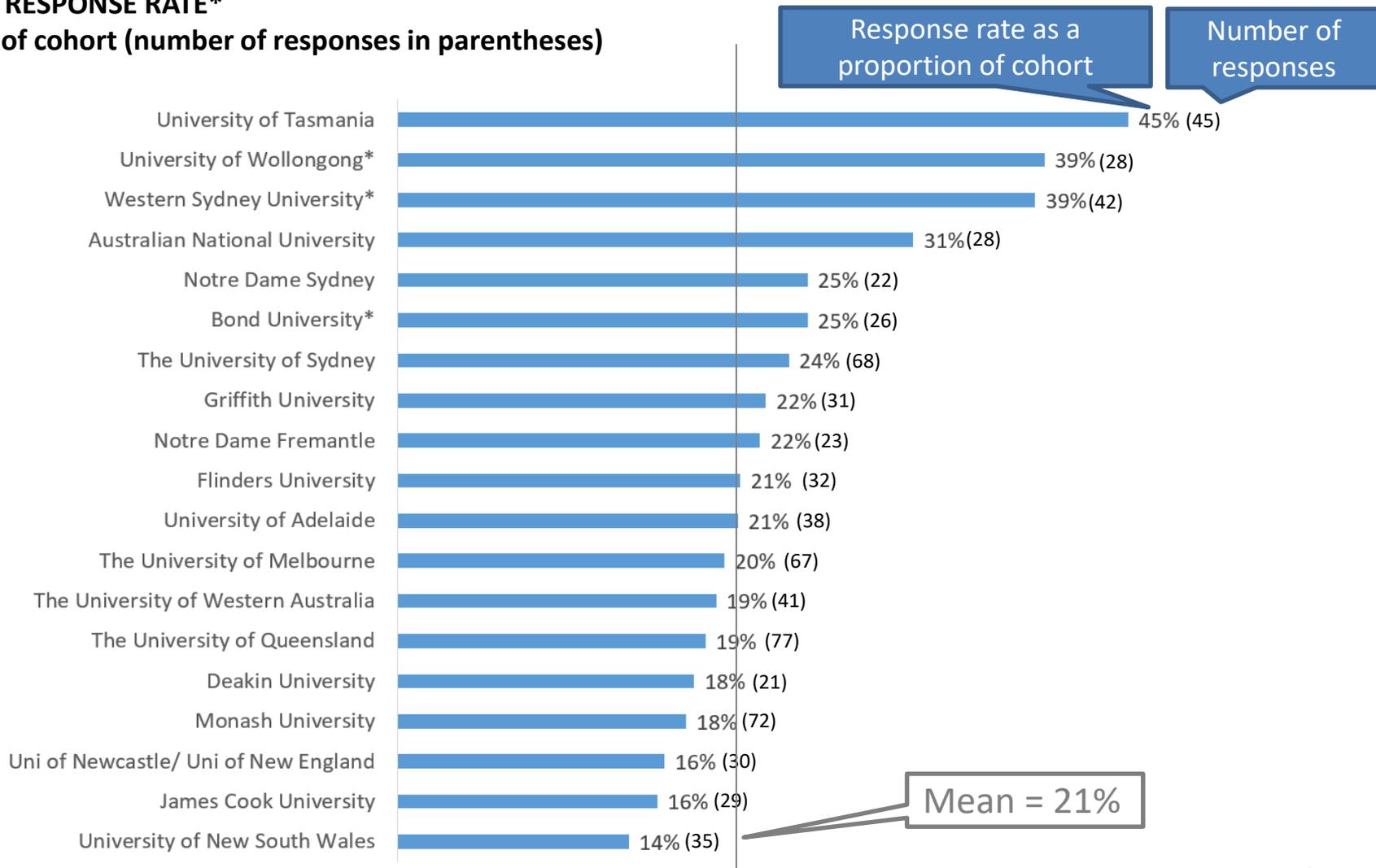
**Preparedness to treat Indigenous patients**

**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

## SURVEY RESPONSE RATE\*

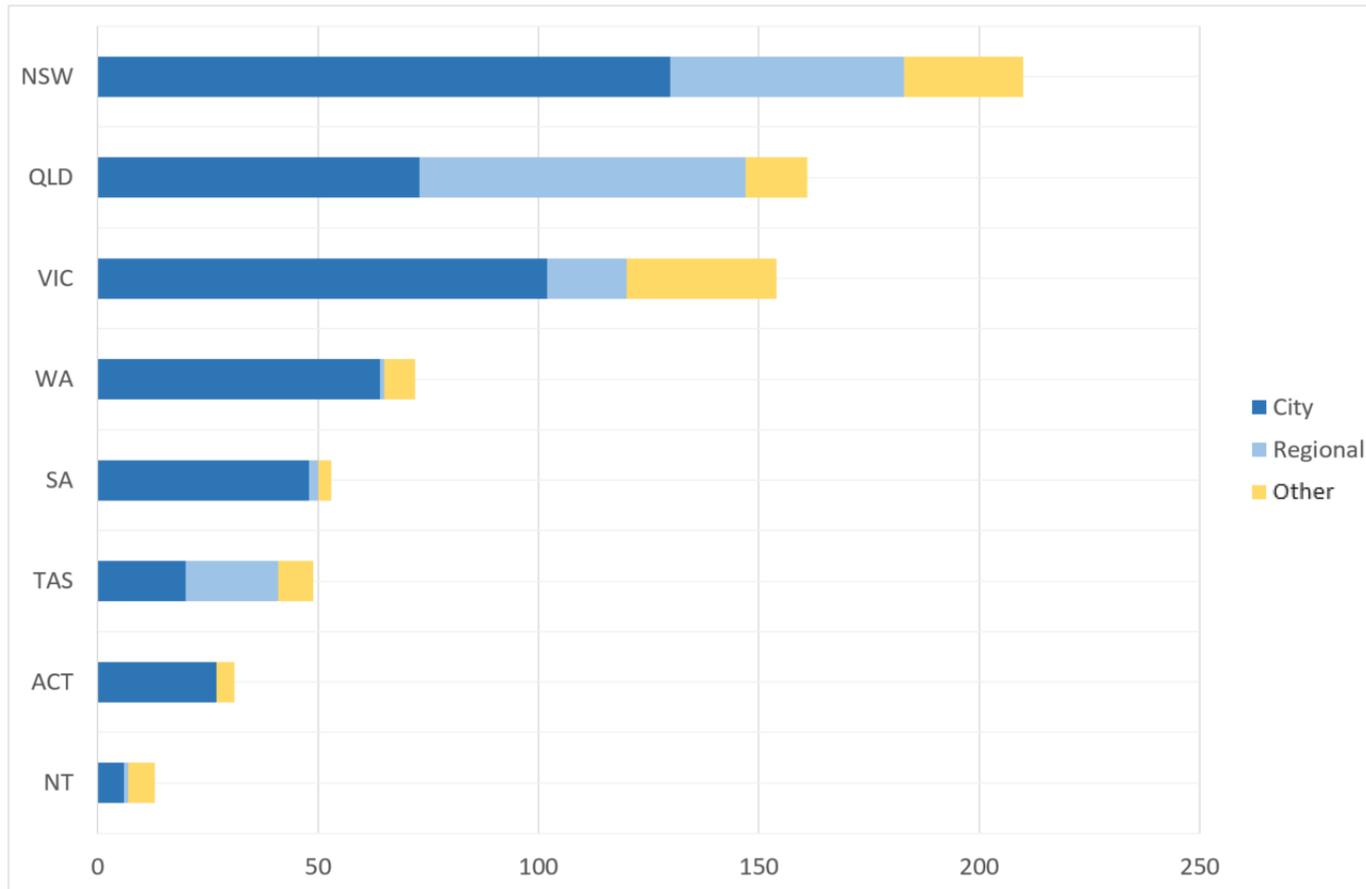
Percent of cohort (number of responses in parentheses)



\*University of Wollongong, Western Sydney University and Bond University had responses from 2017 and 2018 combined to improve statistical reliability

About 75% of respondents were located in NSW, VIC or QLD. 85% were in cities or regional centres

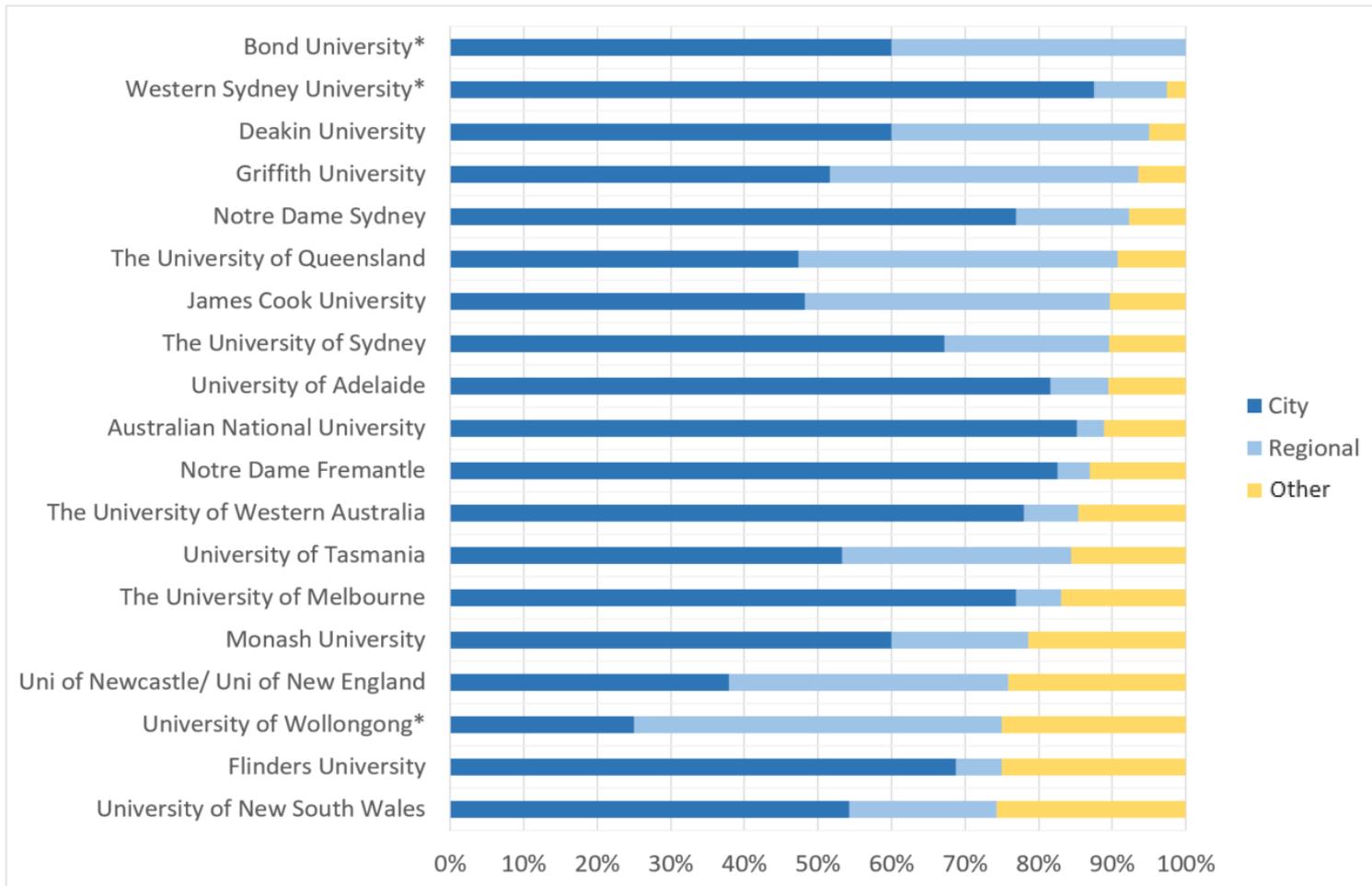
### LOCATION OF INTERNS UNDERTAKING SURVEY BY STATE/ TERRITORY AND REGION TYPE\*



\* City = state and territory capitals; Regional = Gold Coast-Tweed Heads, Newcastle-Maitland, Central Coast, Sunshine Coast, Wollongong, Geelong, Townsville, Cairns, Toowoomba, Launceston; Other = neither City nor Regional

# The proportion of graduates working in smaller towns or rural areas varied considerably by medical school

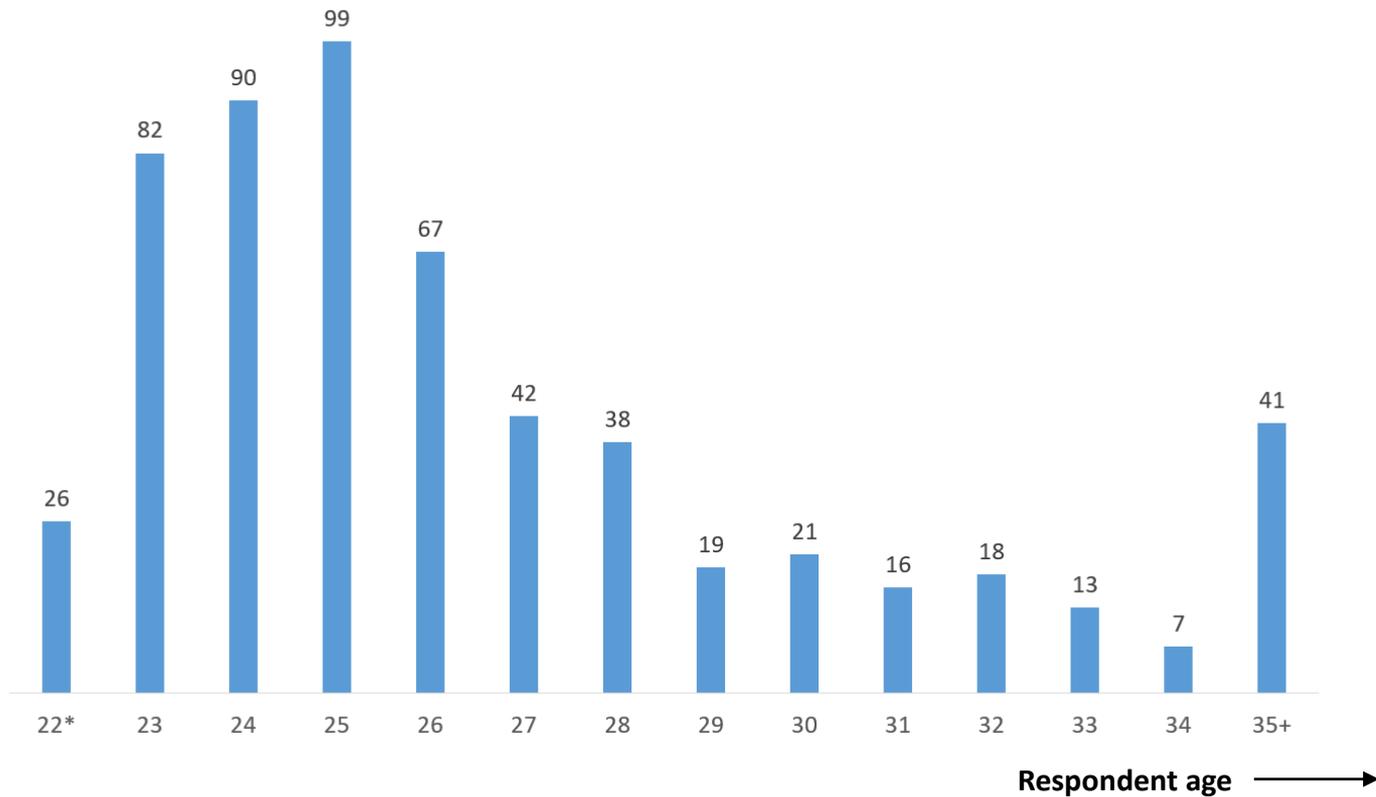
## LOCATION OF INTERNS UNDERTAKING SURVEY BY MEDICAL SCHOOL AND REGION TYPE\*



\* City = state and territory capitals; Regional = Gold Coast-Tweed Heads, Newcastle-Maitland, Central Coast, Sunshine Coast, Wollongong, Geelong, Townsville, Cairns, Toowoomba, Launceston; Other = neither City nor Regional

# What was your age (in years) on January 1, 2018?

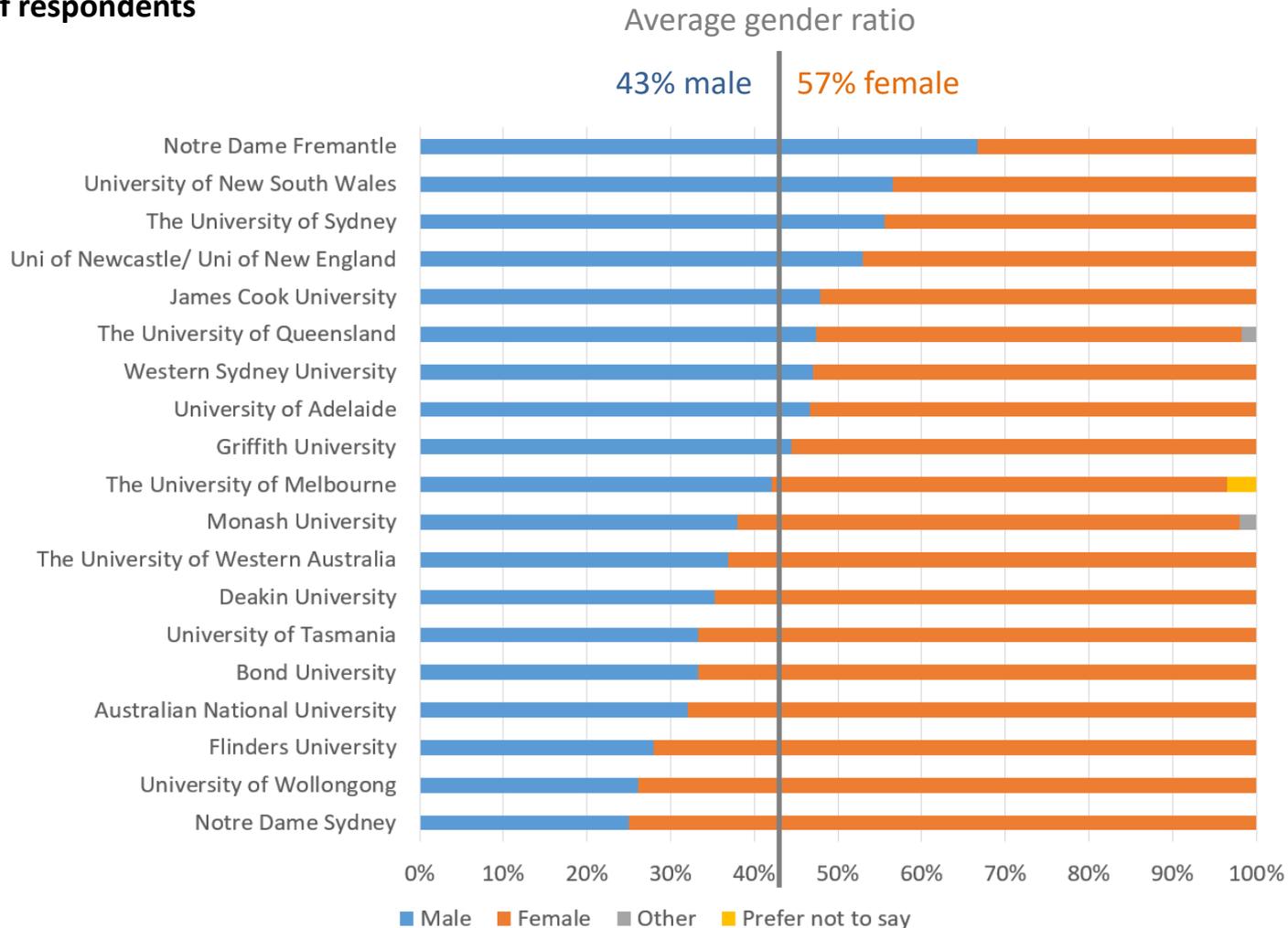
## NUMBER OF RESPONDENTS OF EACH AGE\*



• Respondents 22 years old and younger  
Note: a substantial number of respondents did not answer this question

## DISTRIBUTION OF RESPONDENT GENDER BY MEDICAL SCHOOL

Percent of respondents



## Demographics

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Pre-internship programs

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Preparedness to treat Indigenous patients

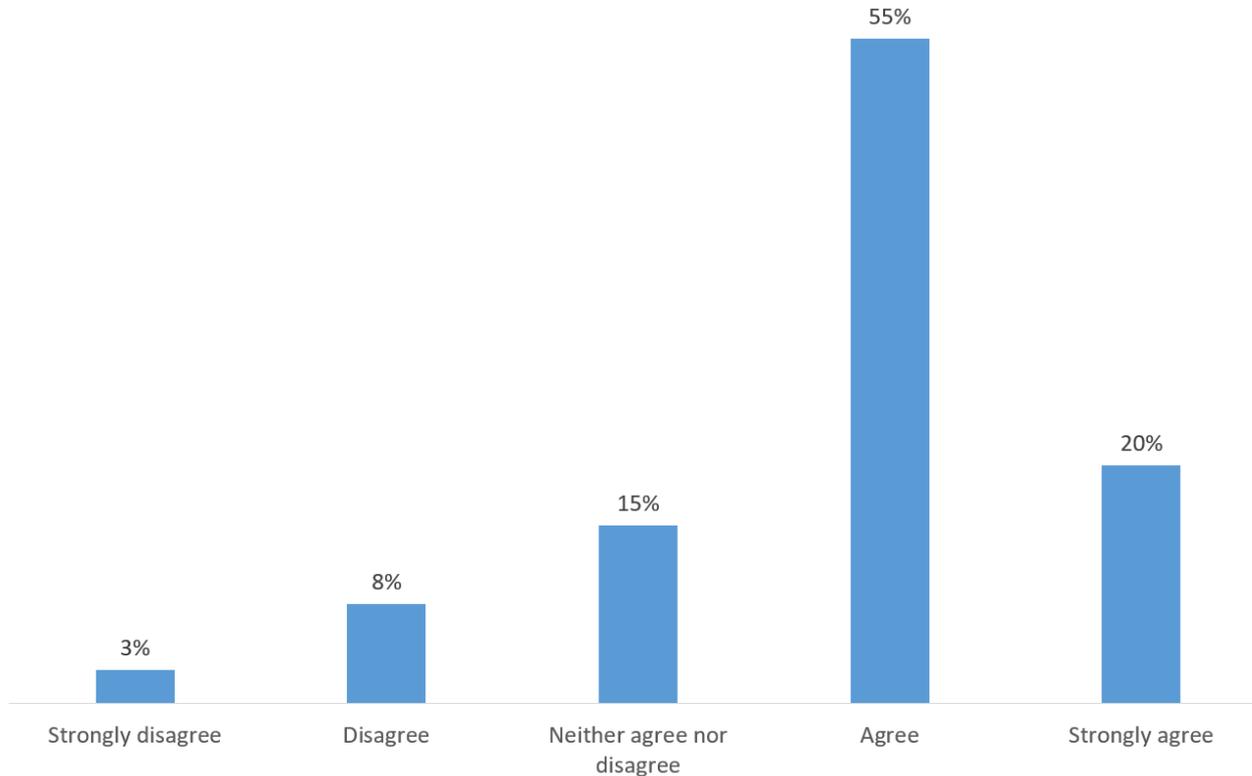
Perceived preparedness by skills group

Intern and supervisor perceptions of intern skills

Overall preparedness - please indicate your level of agreement with the statement: "Overall I felt my medical education was sufficient to undertake the role and responsibilities of an intern"

### PERCEPTIONS OF LEVEL OF PREPAREDNESS BY RESPONDENTS

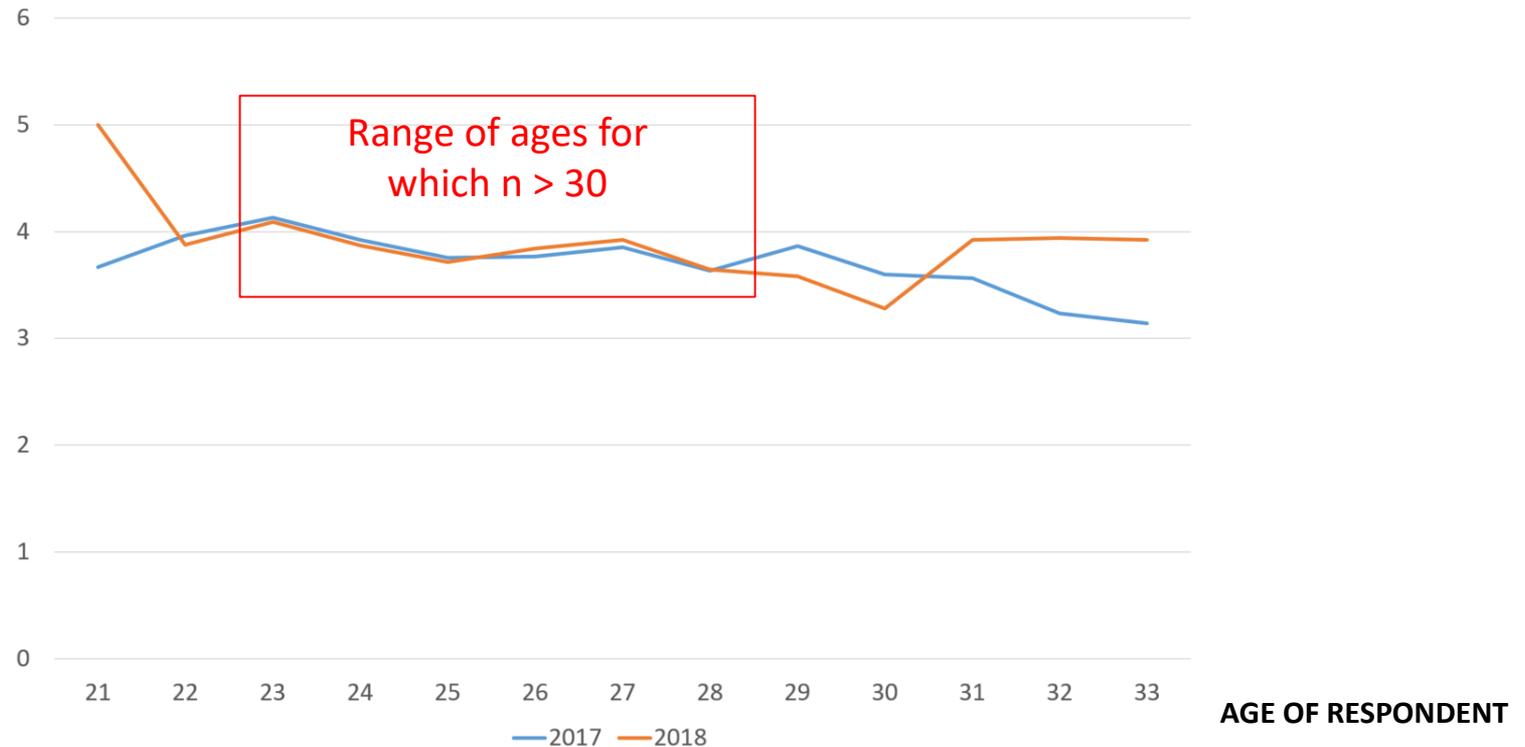
(Percentage of Respondents Expressing Level of Agreement on Five Point Likert scale)



At a national level, within the range of ages for which the number of respondents is large, increase in age is accompanied by a minor but statistically significant decline in perceived preparedness

### RELATIONSHIP OF PERCEIVED PREPAREDNESS TO RESPONDENT AGE: 2017 AND 2018

#### OVERALL PREPAREDNESS\*



\* Likert scale average rating in response to the question: Please indicate your level of agreement with the statement: "Overall I felt my medical education was sufficient to undertake the role and responsibilities of an intern: 1 = Strongly disagree, 2 = Agree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree"

**Demographics**

**Overall perceived preparedness**

**Capabilities, satisfactions and challenges**

**Pre-internship programs**

**Preparedness for prescribing**

**Preparedness to treat Indigenous patients**

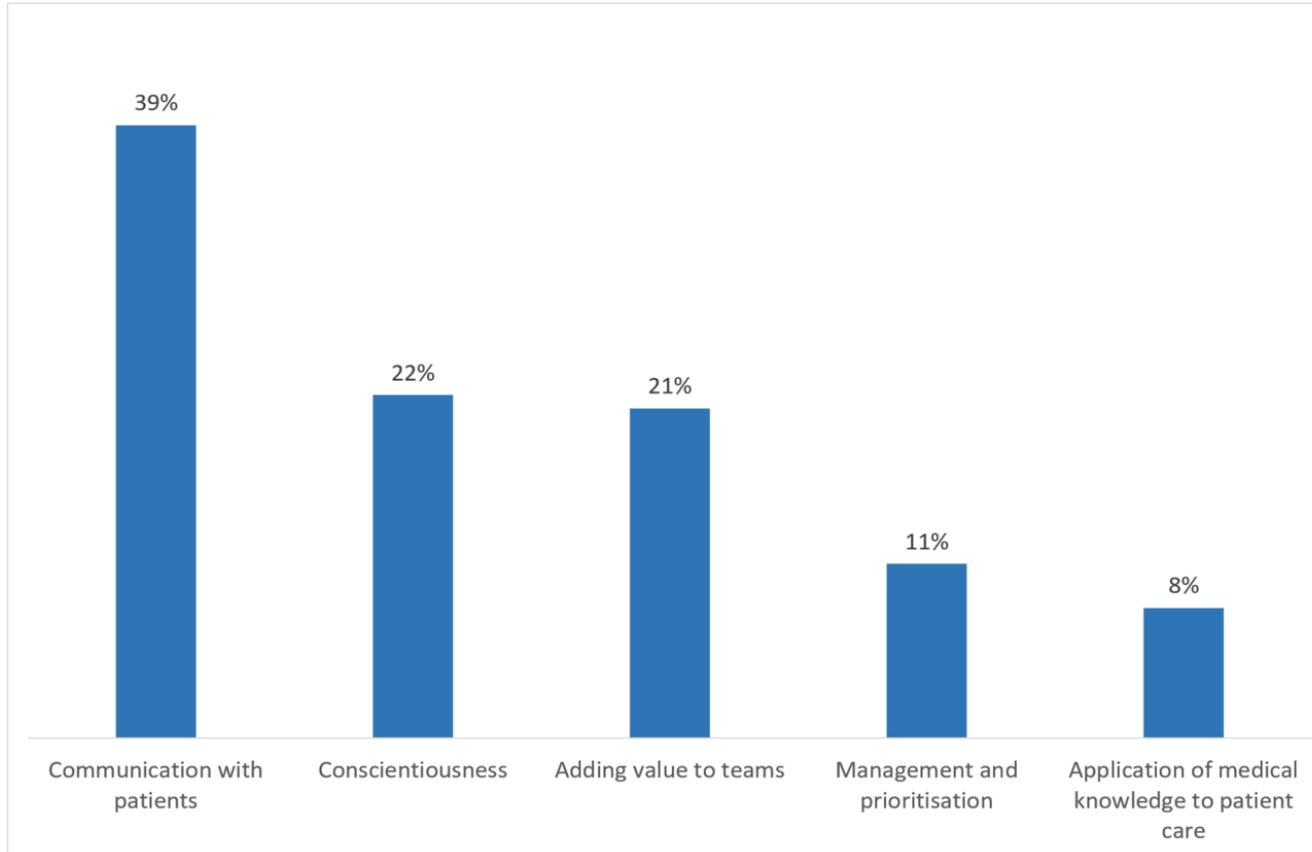
**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

# In your view, which of the following capabilities did you bring to the job at the beginning of your internship?\*

## SURVEY GENERAL POPULATION SELF-PERCEIVED CAPABILITIES

(Percentage of Respondents Nominating as Highest Ranked Option on a Five Point Forced Ranking Scale)



\* Text of the question as follows: In your view, which of the following capabilities did you bring to the job at the beginning of your internship? Please rank the following options from 1 most developed capability to 5 least developed capability: a) Ability to apply medical knowledge to patient care (2017 result: 4%), b) Communication skills with patients (2017 result: 38%), c) Interpersonal skills that could add value to teams (2017 result: 22%), d) Conscientiousness enabling others to entrust me with tasks (2017 result: 26%), e) Ability to prioritise and manage workload (2017 result: 9%)

Note: percentages may not sum to 100% due to rounding

# Do you have other relevant capabilities not listed above?\*

## SURVEY GENERAL POPULATION THEMES FROM TEXT ANSWERS REGARDING RELEVANT CAPABILITIES

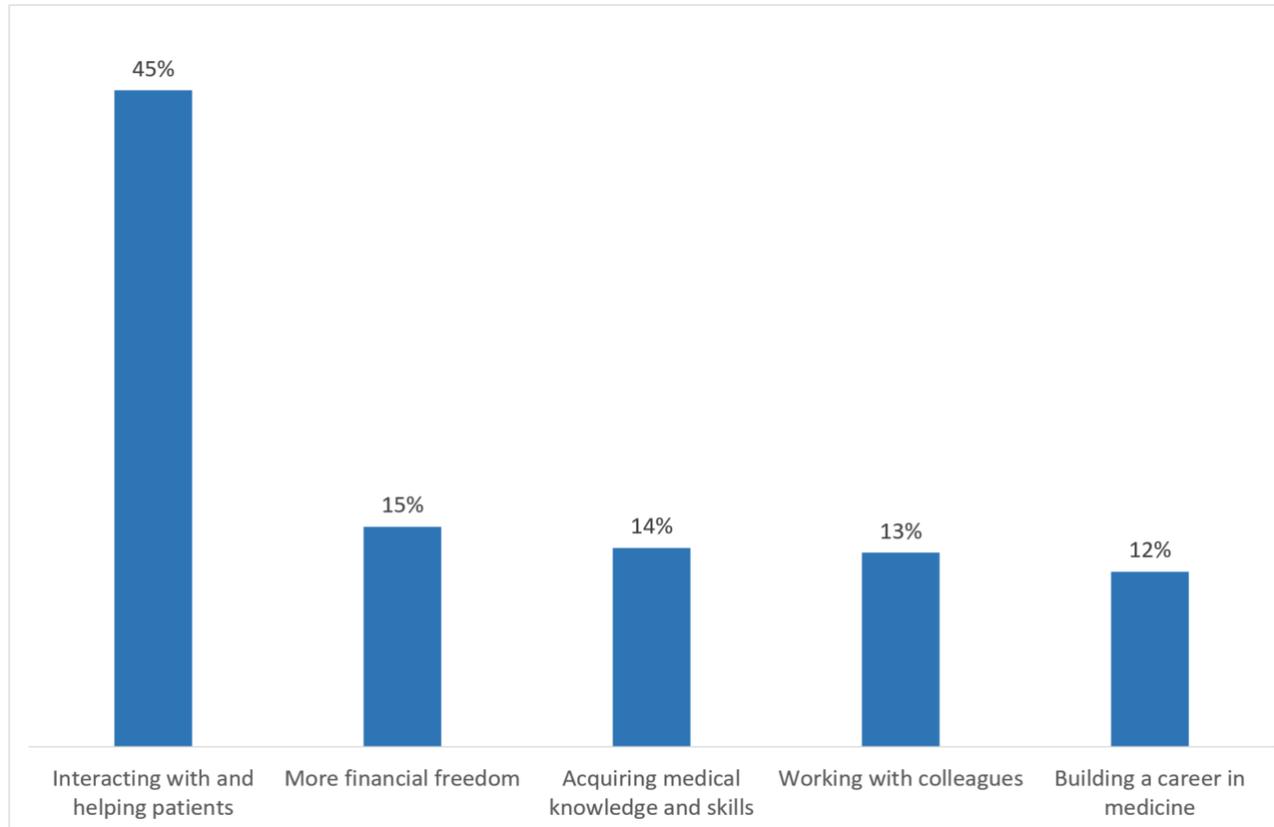
Themes	Examples
General	<ul style="list-style-type: none"> <li>• Experience from previous careers, including within the health care system</li> </ul>
Patient centred	<ul style="list-style-type: none"> <li>• Cross-cultural skills and second languages</li> <li>• Ability to empathise and identify the concerns of patients</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>• Ability to support colleagues</li> <li>• Ability to work in multi-disciplinary teams</li> </ul>
Hospital systems	<ul style="list-style-type: none"> <li>• Knowledge of how hospital systems work</li> <li>• Knowledge of hospital applications and software</li> </ul>
Managerial	<ul style="list-style-type: none"> <li>• Leadership skills</li> <li>• Organisational and communication skills</li> <li>• Willingness to innovate</li> </ul>

\* i.e. capabilities not listed in the previous question, which listed the following capabilities: a) Ability to apply medical knowledge to patient care, b) Communication skills with patients, c) Interpersonal skills that could add value to teams, d) Conscientiousness enabling others to entrust me with tasks, e) Ability to prioritise and manage workload

# Which of the following factors most contributed to your satisfaction when you transitioned from medical school to internship?\*

## SURVEY GENERAL POPULATION SOURCES OF SATISFACTION

(Percentage of Respondents Nominating as First Option on a Five Point Forced Ranking Scale)



\*Text of the question as follows: Which of the following factors most contributed to your satisfaction when you transitioned from medical school to internship? Please rank the following options from 1 most satisfying to 5 least satisfying: a) Interacting with and helping patients (2017 result: 42%), b) Working with colleagues (2017 result: 15%), c) Acquiring additional medical knowledge and skills (2017 result: 14%), d) Starting to build a career in medicine (2017 result: 13%), e) Having more financial freedom (2017 result: 16%)

Note: percentages may not sum to 100% due to rounding

## SURVEY GENERAL POPULATION THEMES FROM SURVEY TEXT ANSWERS REGARDING SOURCES OF SATISFACTION

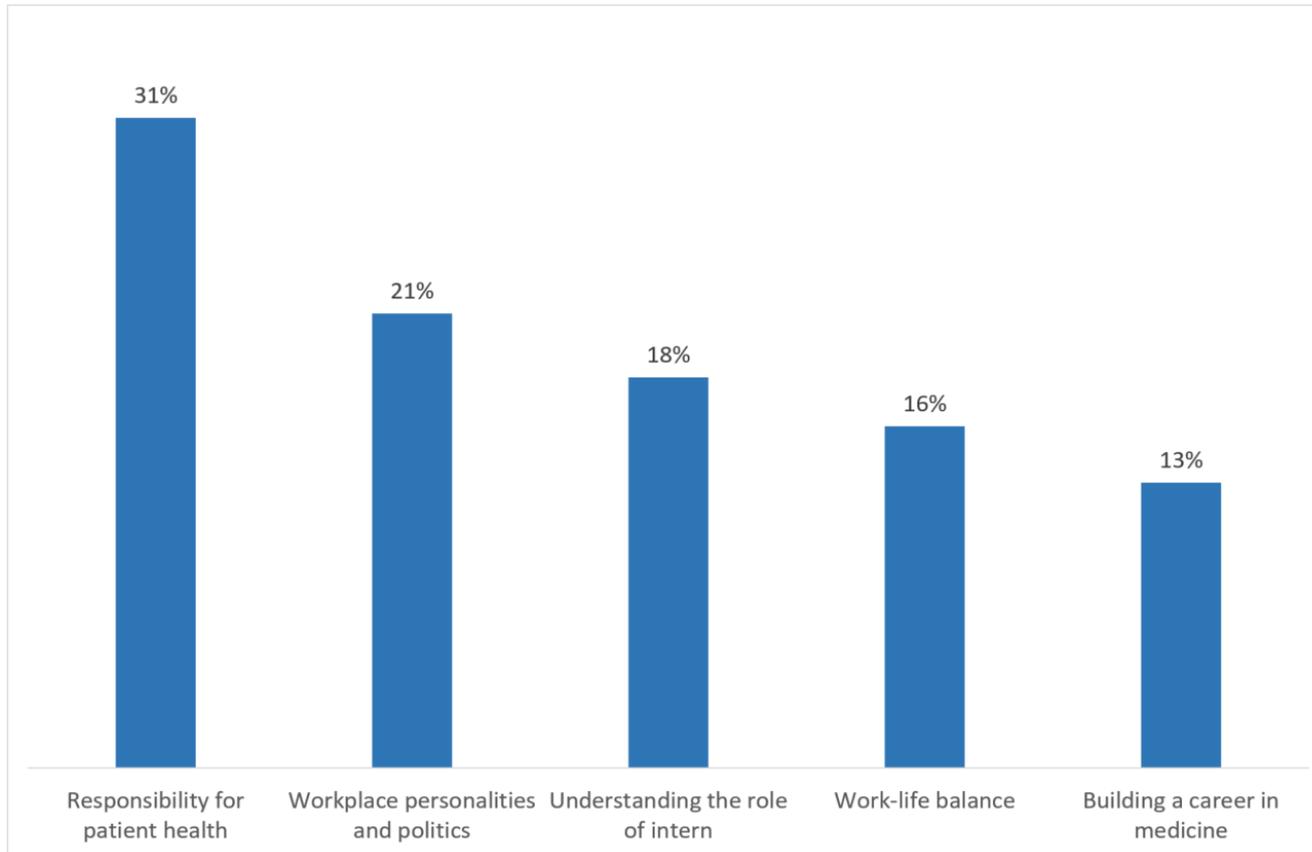
Themes	Examples
Applying knowledge	<ul style="list-style-type: none"> <li>• Putting learned skills into clinical practice</li> <li>• Making a difference to patient outcomes</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>• Feeling useful and valued as part of a team</li> <li>• Teaching students</li> </ul>
Work-life balance	<ul style="list-style-type: none"> <li>• Being able to have a life outside of medicine</li> <li>• Not having to study after work</li> </ul>
Responsibility	<ul style="list-style-type: none"> <li>• Having responsibility and some degree of autonomy</li> <li>• Having a sense of purpose</li> </ul>

\* i.e. other factors than those raised in the previous question, which listed the following sources of satisfaction: a) Interacting with and helping patients, b) Working with colleagues, c) Acquiring additional medical knowledge and skills, d) Starting to build a career in medicine, e) Having more financial freedom

# Which of the following factors proved most challenging when you transitioned from medical school to internship?\*

## SURVEY GENERAL POPULATION ISSUES WHICH RESPONDENTS FOUND CHALLENGING

(Percentage of Respondents Nominating as First Option on a Five Point Forced Ranking Scale)



\* Text of the question as follows: Which of the following factors proved most challenging when you transitioned from medical school to internship? Please rank the following options from 1 most challenging to 5 least challenging: a) Understanding what was required of me as an intern b) Managing training and career development opportunities c) Coming to terms with workplace personalities and politics d) Dealing with responsibility for patient health e) Maintaining work-life balance  
 Note: percentages may not sum to 100% due to rounding. Comparison with 2017 result not possible due to changes in answer options

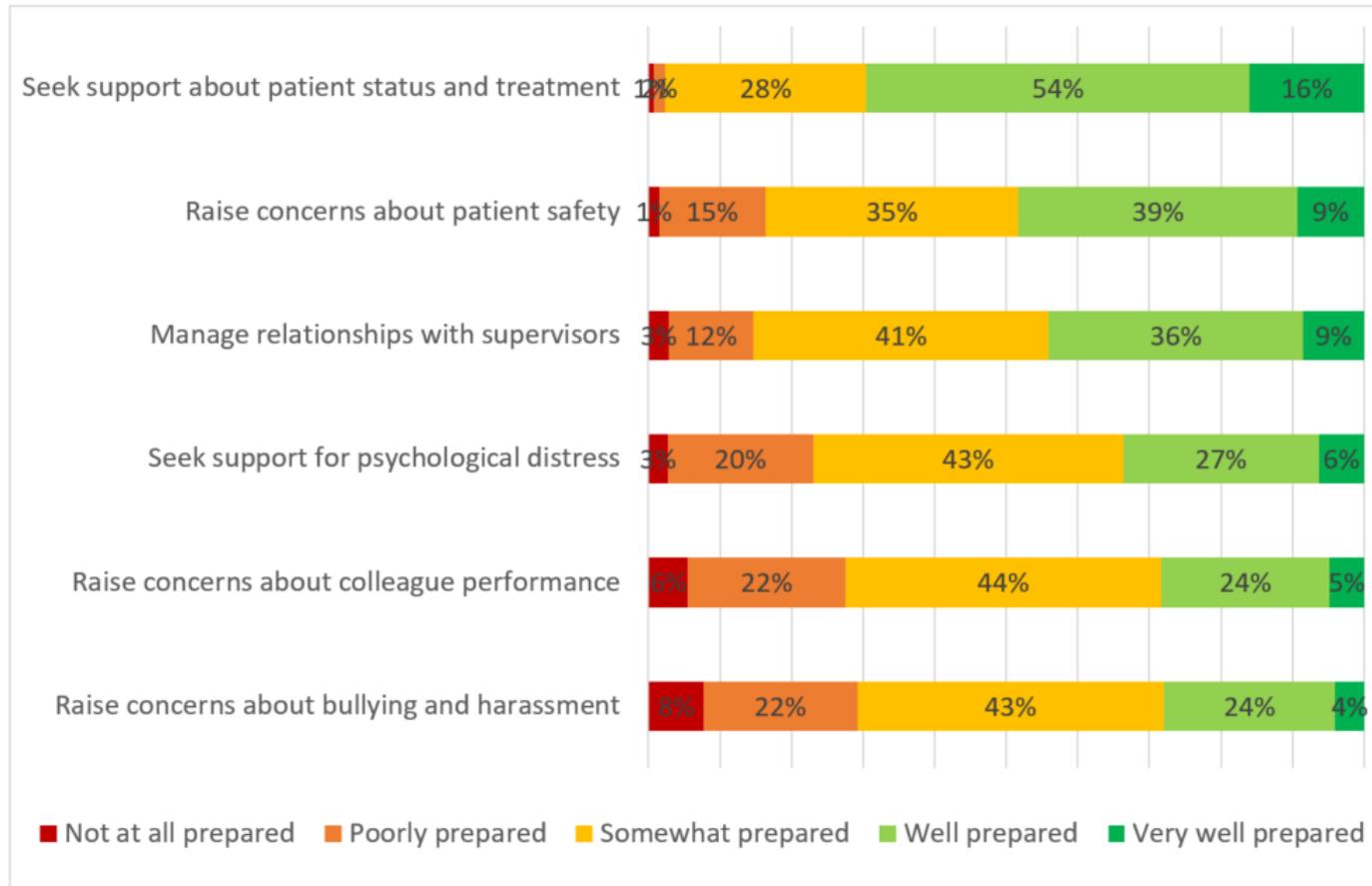
## SURVEY GENERAL POPULATION THEMES FROM SURVEY TEXT ANSWERS REGARDING CHALLENGES

Themes	Examples
Patient responsibility	<ul style="list-style-type: none"> <li>• After hours shifts</li> <li>• Managing the uncertainty inherent in medicine</li> </ul>
Workplace issues	<ul style="list-style-type: none"> <li>• Knowing how and when to be assertive in the workplace</li> <li>• Managing different expectations of various stakeholders</li> <li>• Learning how to make time to improve medical knowledge for evidence based care</li> </ul>
Management	<ul style="list-style-type: none"> <li>• Learning to prioritise jobs</li> </ul>
Lifestyle	<ul style="list-style-type: none"> <li>• Knowing how to turn off work thoughts after leaving work</li> <li>• Inflexible rosters</li> </ul>

\* i.e. other factors than those raised in the previous question, which listed the following challenges: a) Understanding what was required of me as an intern b) Using hospital administrative and IT systems c) Coming to terms with workplace personalities and politics d) Dealing with responsibility for patient health e) Maintaining work-life balance

# Reflecting on the following issues that arise in clinical work as an intern, please indicate how prepared you feel you were to:\*

## SURVEY GENERAL POPULATION PREPAREDNESS FOR SITUATIONS REQUIRING SUPPORT (Percentage of Respondents Indicating Degree of Preparation on a Five Point Likert Scale)



\* Text of the question as follows: Reflecting on the following issues that arise in clinical work as an intern, please indicate how prepared you feel you were to: a) Seek support about patient clinical status and treatment b) Seek support for psychological distress c) Raise concerns about bullying or harassment d) Raise concerns about patient safety or perceived deficiencies in care e) Raise concerns about colleagues who are distressed or not performing f) Manage relationships with supervisors/seniors

If you did not feel prepared for one or more of the situations described above, please describe what would have helped you to be more prepared:\*

**THEMES FROM SURVEY TEXT ANSWERS REGARDING PREPAREDNESS FOR SITUATIONS REQUIRING SUPPORT**

Themes	Examples
Student support	<ul style="list-style-type: none"> <li>Better support for students with psychological distress, many of whom feel that they have to hide their problems</li> </ul>
Teaching about support	<ul style="list-style-type: none"> <li>Specific studies in the form of case-based or problem-based learning to provide instruction on how to deal with situations requiring support</li> </ul>
Hospital environment	<ul style="list-style-type: none"> <li>Information on when and how to escalate</li> <li>Information regarding who to talk to about colleagues who are struggling</li> <li>Involving senior colleagues in orientation</li> </ul>
Obstacles due to medical professional culture	<ul style="list-style-type: none"> <li>General difficulty in addressing problems in a strict hierarchical system</li> <li>Belittling and humiliating by some supervisors/seniors</li> </ul>

\* i.e. more prepared for issues raised in the previous question, which listed the following issues: a) Seek support about patient clinical status and treatment b) Seek support for psychological distress c) Raise concerns about bullying or harassment d) Raise concerns about patient safety or perceived deficiencies in care e) Raise concerns about colleagues who are distressed or not performing f) Manage relationships with supervisors/ seniors

**Demographics**

**Overall perceived preparedness**

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**Pre-internship programs**

**Preparedness for prescribing**

**Preparedness to treat Indigenous patients**

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## THEMES FROM RESPONSES AND TEXT COMMENTS ON PRE-INTERNSHIP PROGRAMS

- The survey asked whether respondents participated in pre-internship programs designed to assist students to transition to internship
- Although the broad range of programs provided by medical schools which fit this description did not allow for precise or detailed conclusions to be drawn, the following general points emerged from the survey:
  - Whether or not a student participated in an pre-internship program did not have a statistically significant relationship with overall preparedness
  - If a respondent did participate in such a program, then the respondent rating of the program correlated positively with overall preparedness at a statistically significant level
  - Highly rated programs tended to have the following characteristics: 1. located in the same state (or better still the same hospital) where the internship is being undertaken 2. focus on clinical management 3. respondents generally felt that 4-6 weeks was insufficient 4. a degree of structure in the pre-internship program curriculum

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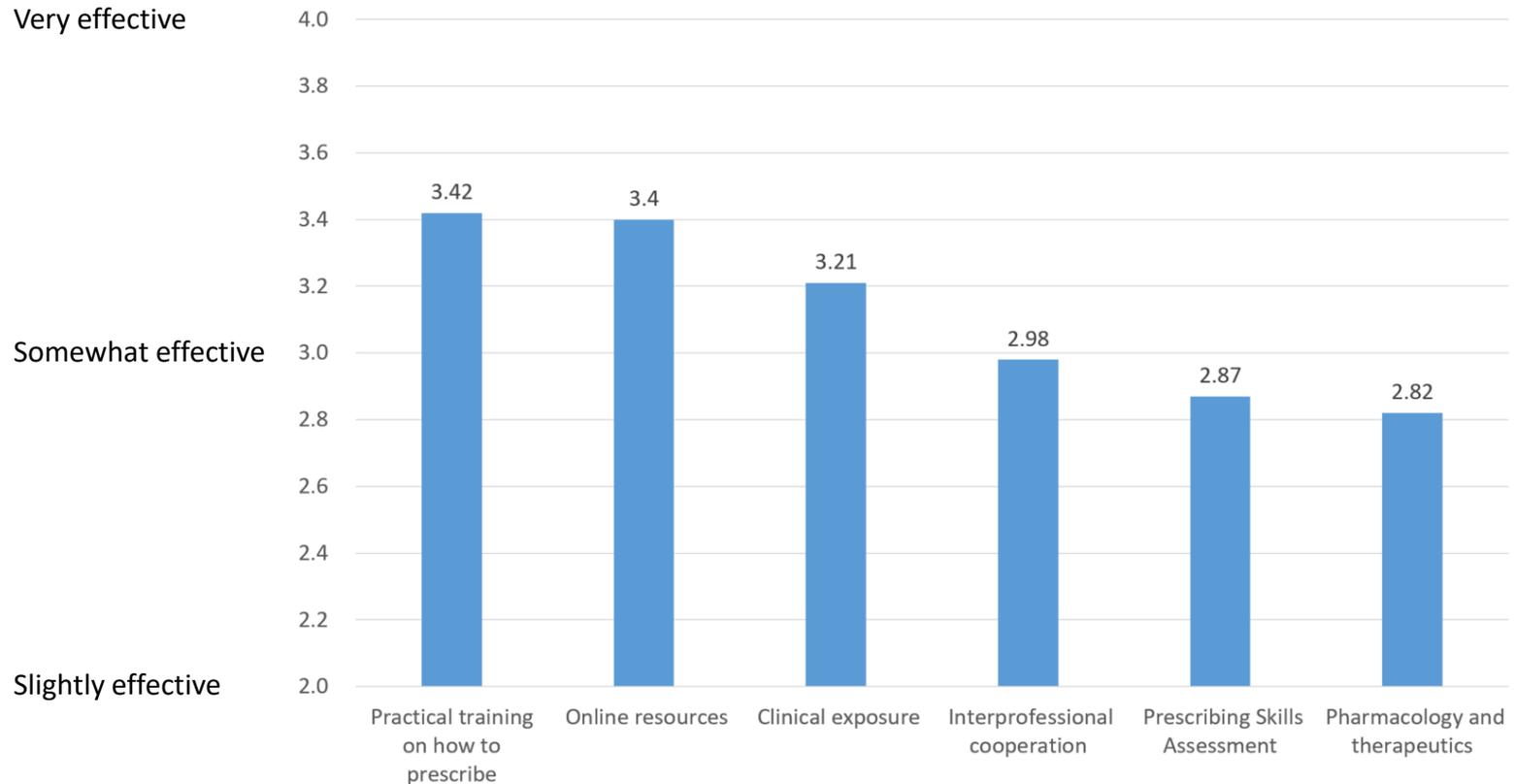
**Preparedness to treat Indigenous patients**

**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

# Please indicate how effective the following factors were in preparing you to prescribe medications safely\*

## EFFECTIVENESS OF FACTORS IN PREPARING RESPONDENTS TO PRESCRIBE SAFELY



\*Average of responses from programs where respondents expressed high levels of preparedness to prescribe safely. Likert scale average in response to the following question: Please indicate how effective the following factors were in preparing you to prescribe medications safely: Options: 1 Teaching about pharmacology and therapeutics, 2 Practical training on how to prescribe drugs (e.g. filling out prescriptions or drug charts under supervision), 3 Teaching about online resources that support prescribing (e.g. Australian Medicines Handbook, e-prescribing systems), 4 Teaching about how teamwork and interprofessional cooperation can support safe prescribing, 5 Preparation for and participation in the Prescribing Skills Assessment online test, 6 Exposure to prescribing in clinical situations (i.e. during time on the wards, on rounds etc) Likert scale: 1 = not at all effective, 2 = slightly effective, 3 = somewhat effective, 4 = very effective, 5 = extremely effective

## THEMES FROM TEXT COMMENTS ON PREPAREDNESS TO PRESCRIBE SAFELY

- Demonstrations from clinicians
- Doing practice drug charts
- NIMC online modules
- Practical hands on experience
- Simulations of prescribing for common ward calls
- Pre-internship training from pharmacy department

**Demographics**

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**Preparedness for prescribing**

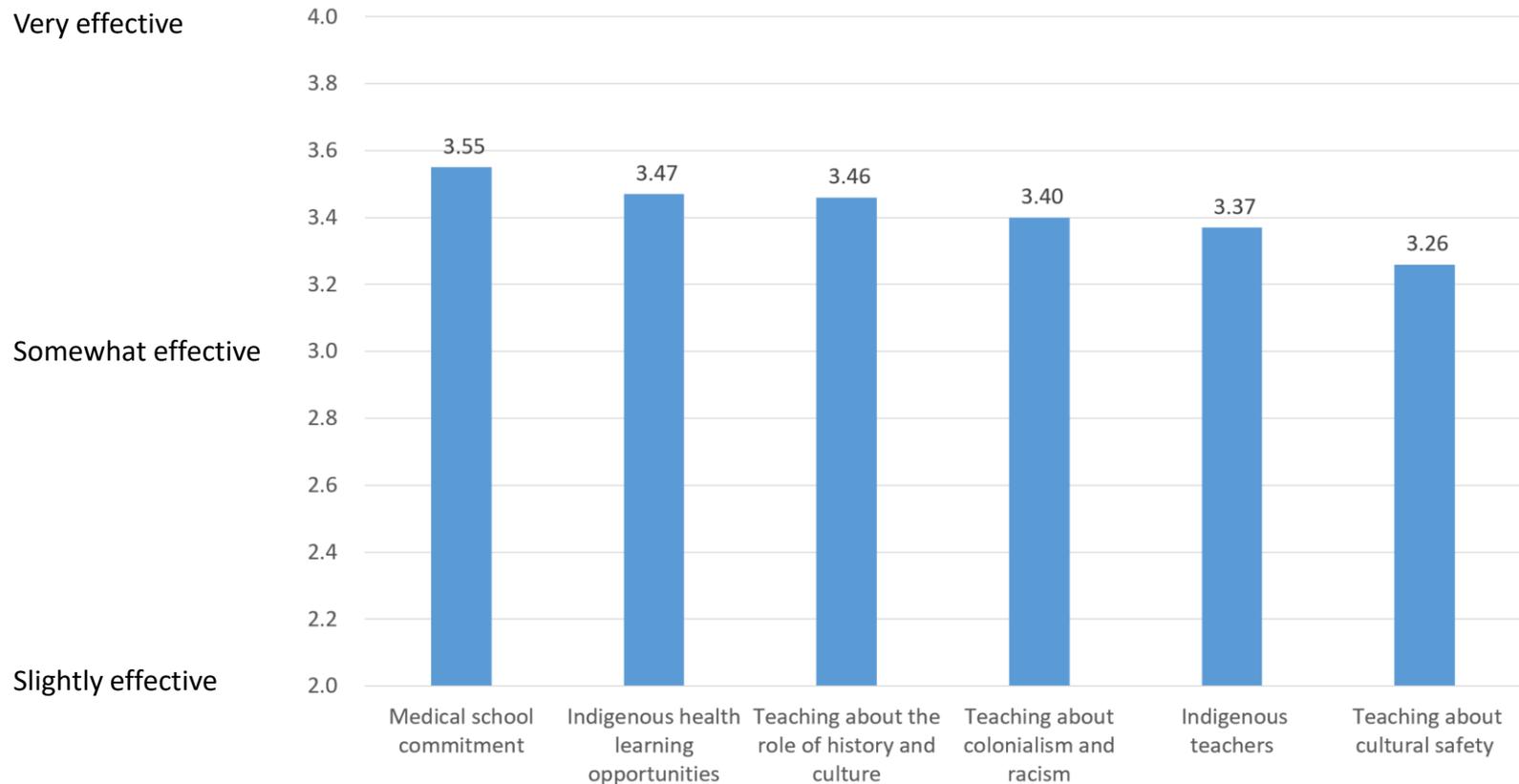
**Preparedness to treat Indigenous patients**

**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

# Please indicate how effective the following factors were in preparing you to provide care to Indigenous patients

## EFFECTIVENESS OF FACTORS IN PREPARING RESPONDENTS TO TREAT ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS\*



\* Average of responses from programs where respondents expressed high levels of preparedness to treat Aboriginal and Torres Strait Islander patients. Likert scale average in response to the following question: Please indicate how effective the following factors were effective in preparing you to provide care to Indigenous patients: - 1. Teaching about cultural safety 2. Teaching about Indigenous people and their history and culture 3. Teaching about the role of Australian history, colonisation and racism in Indigenous health outcomes 4. Teaching by Indigenous teachers including clinicians 5. Clinically relevant Indigenous health learning opportunities (such as cultural immersion days, clinical placements) 6. My medical school's commitment to graduating doctors with the capabilities to provide care for Indigenous patients - 1 = not at all effective, 2 = slightly effective, 3 = somewhat effective, 4 = very effective, 5 = extremely effective

Are there other factors which were helpful to you in learning how to provide care to Indigenous patients?

**THEMES FROM TEXT COMMENTS ON PREPAREDNESS FOR  
TREATING ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS**

- Clinical placements in Aboriginal communities
- Placements in an Aboriginal Medical Service GP clinic
- Learning from Aboriginal doctors and health care workers
- Tutorials led by Aboriginal teachers
- Rural placements in communities such as those where a large part of the population are Indigenous

**Demographics**

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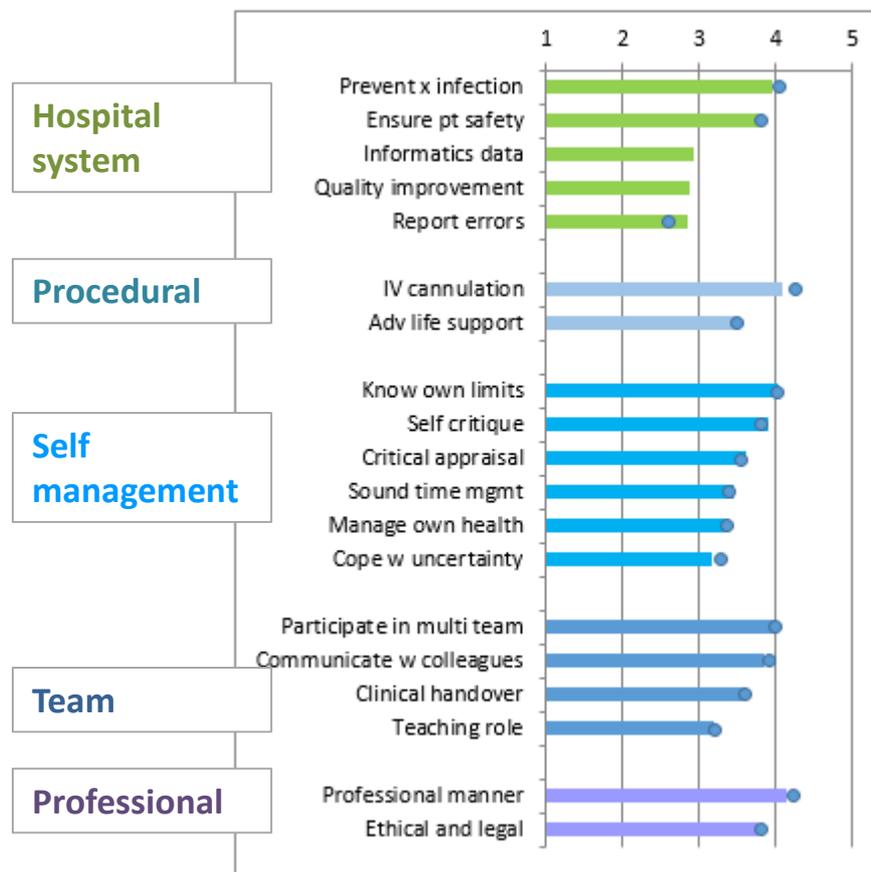
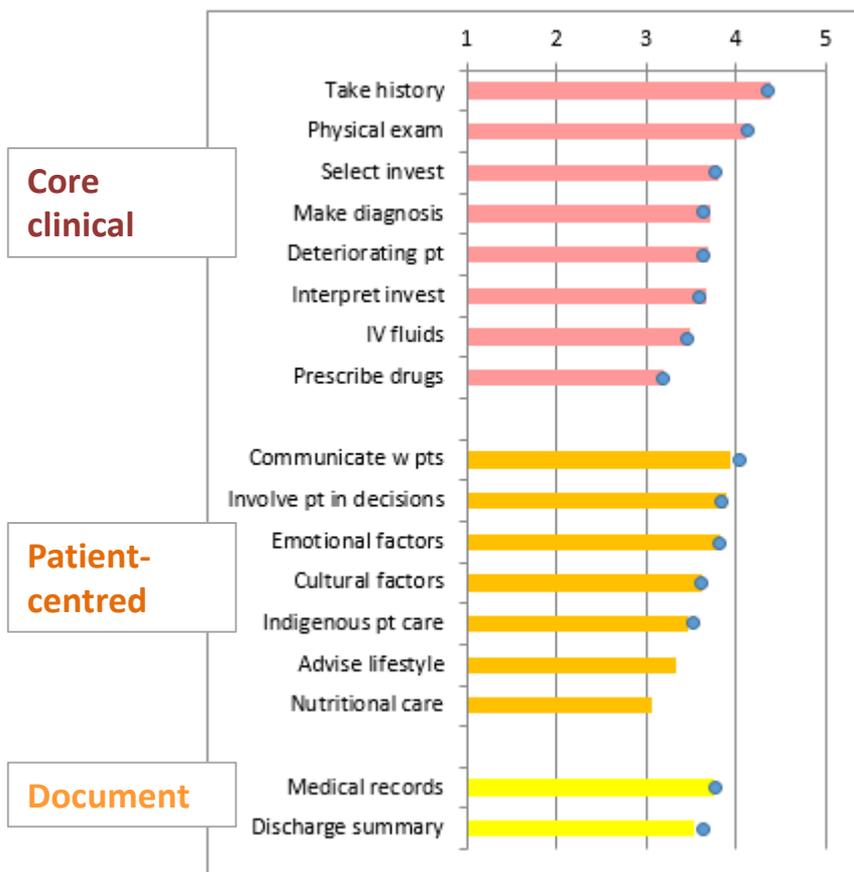
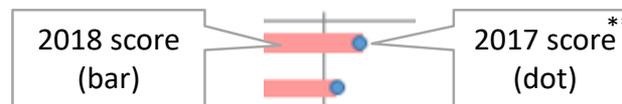
**Preparedness to treat Indigenous patients**

**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

# Reflecting on the following issues that arise in clinical work as an intern, please indicate how prepared you feel you were to:\*

## AVERAGE NATIONAL RATINGS FOR INTERN SKILL PREPAREDNESS 1 = not at all prepared, 5 = very well prepared



\* Average of Likert scale response. See following page for more detailed skill description key

\*\* Skills without a dot represent new questions in the 2018 survey

## KEY TO ABBREVIATIONS (FOR 36 SKILLS LISTED ON PREVIOUS PAGE)

### CORE CLINICAL

- 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

### PATIENT-CENTRED

- Communicate w 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

### DOCUMENT

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

### HOSPITAL SYSTEM

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

### PROCEDURAL

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

### SELF MANAGEMENT

- 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. Undertaking sound time management
- Manage own health Managing your own health, including stress
- Cope w/ uncertainty Coping with uncertainty

### TEAM

- Participate in multi team Working effectively as a member of a multi-disciplinary team
- Communicate w colleagues Communicating effectively with colleagues
- Clinical handover Providing a clinical handover
- Teaching role Undertaking a teaching role

### PROFESSIONAL

- Professional manner Acting in a professional manner (with honesty and probity)
- Ethical and legal Incorporating ethical and legal issues into clinical situations (such as confidentiality and consent)

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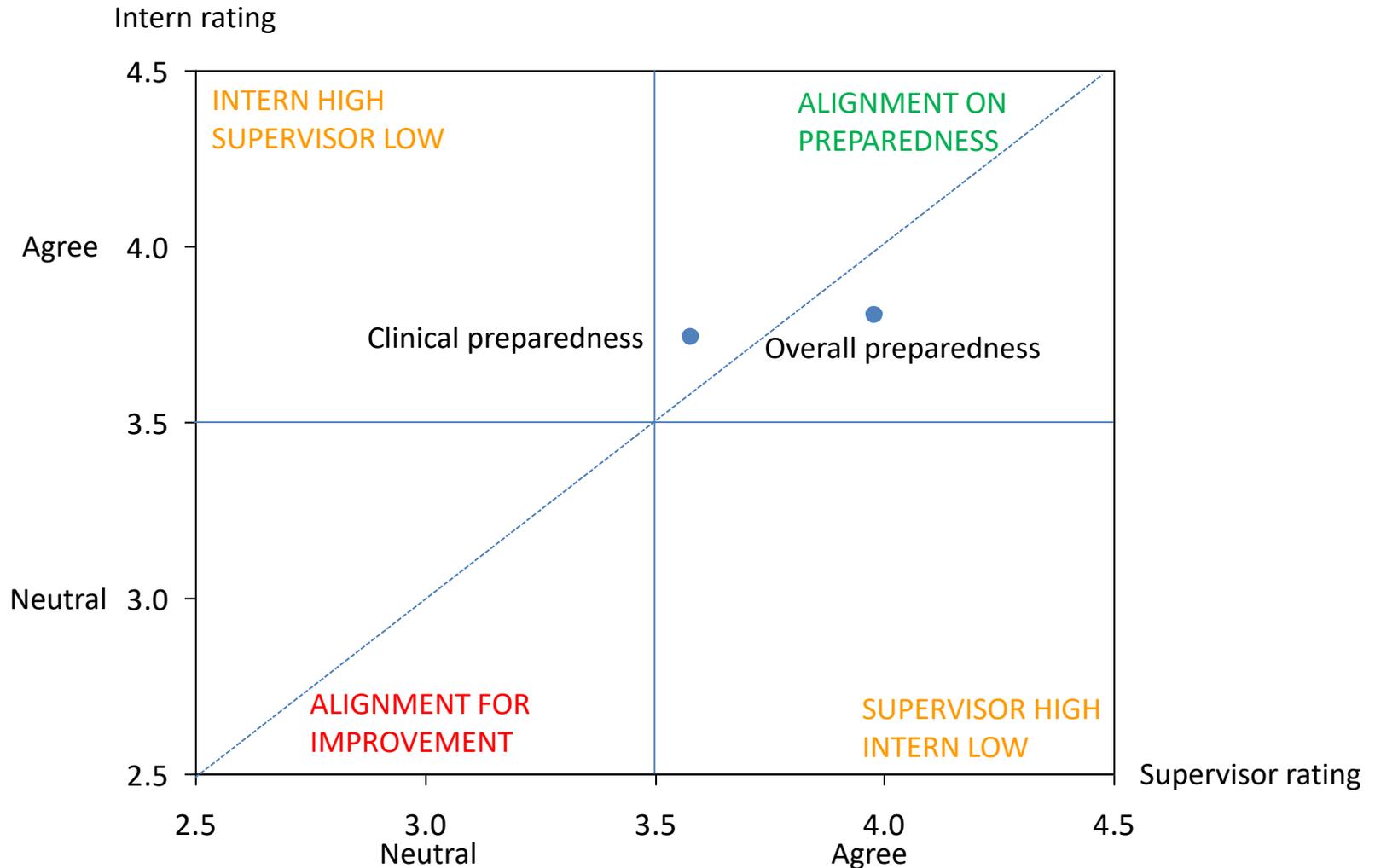
**Preparedness to treat Indigenous patients**

**Perceived preparedness by skills group**

**Intern and supervisor perceptions of intern skills**

Respondents and supervisors agreed that medical school provided adequate preparation for internship, both in terms of overall preparedness and clinical preparedness

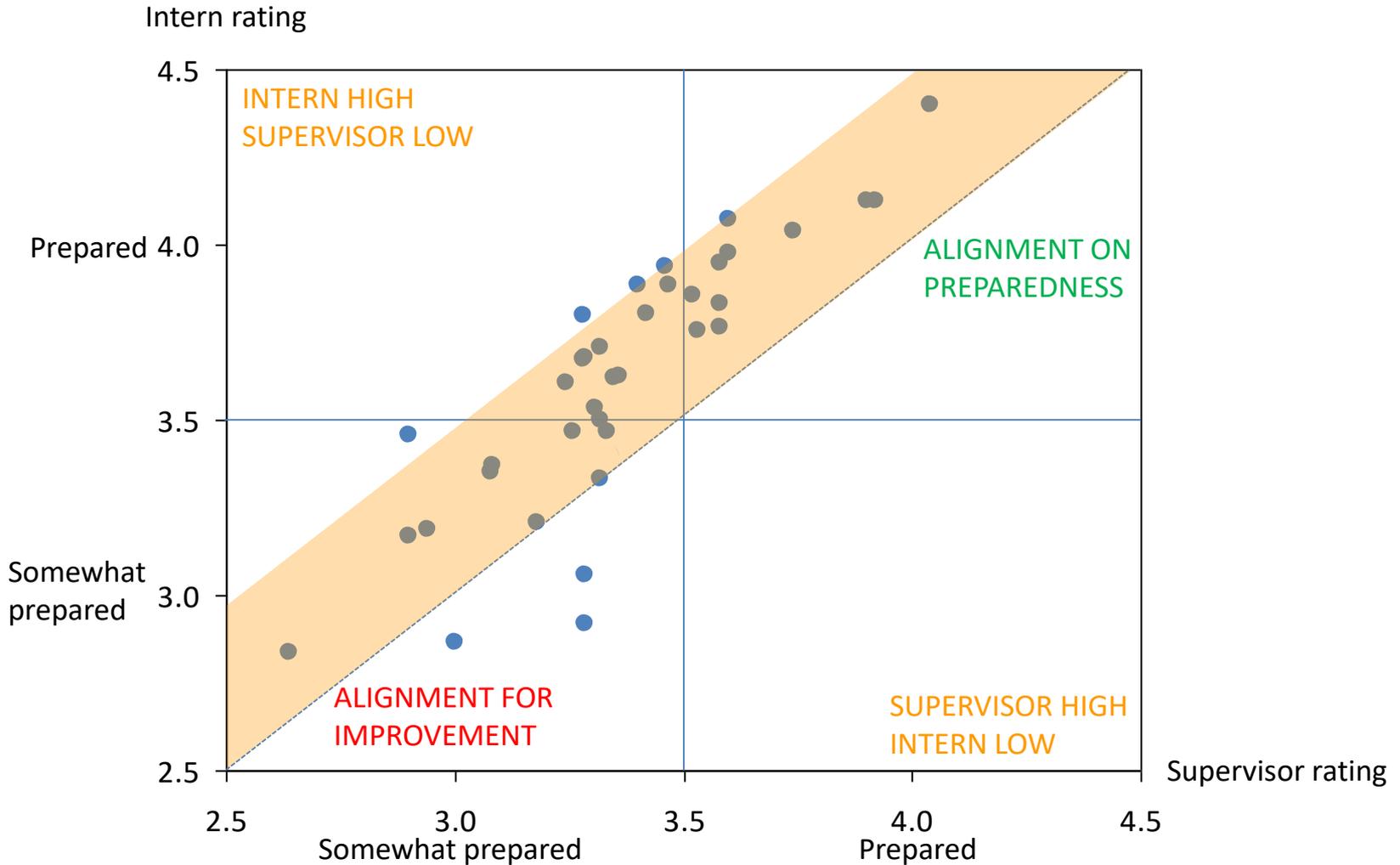
**INTERN AND SUPERVISOR SKILL RATINGS: OVERALL AND CLINICAL PREPAREDNESS\***



\* Likert scale average based on questions about whether medical school prepared respondents in terms of overall and general clinical preparedness: 1 = Strongly disagree, 2 = Agree, 3 = Neither agree nor disagree, 4 = Agree, 5 = Strongly agree. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors

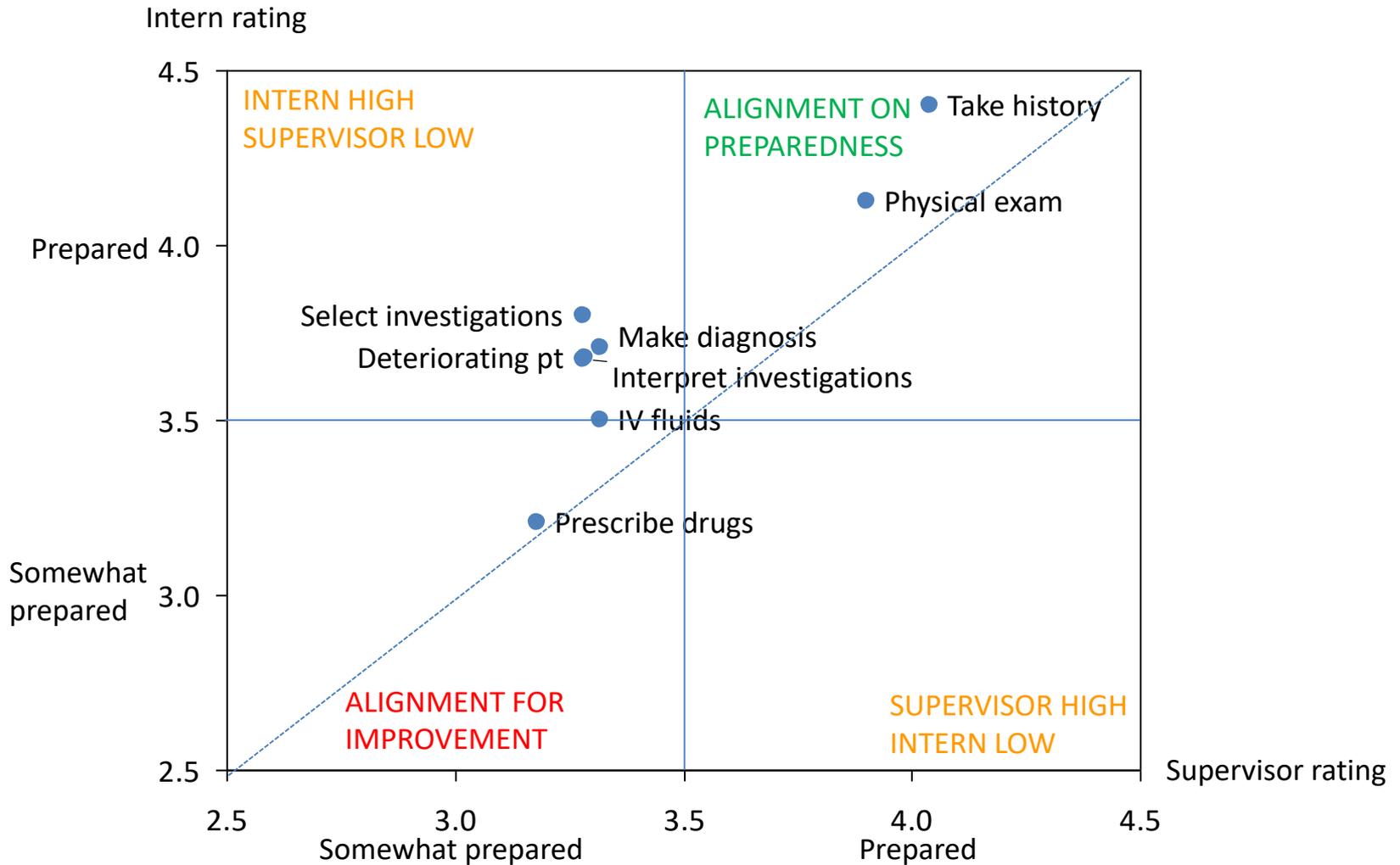
A strong correlation exists between interns and supervisor ratings across all skills, although interns systematically rate themselves slightly more highly than supervisors

**INTERN AND SUPERVISOR SKILL RATINGS: ALL SKILLS\***



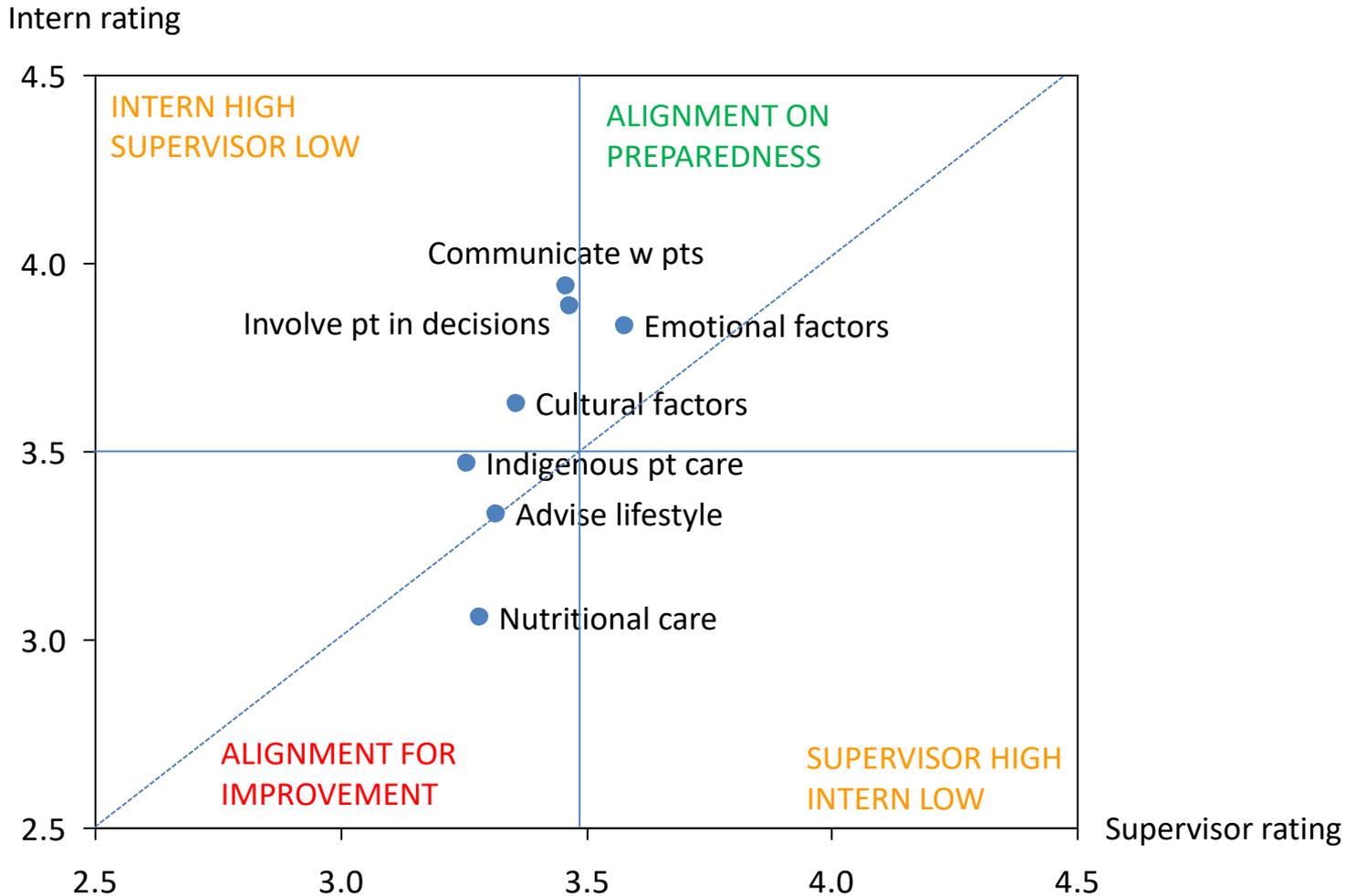
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors

## INTERN AND SUPERVISOR SKILL RATINGS: CORE CLINICAL SKILLS\*



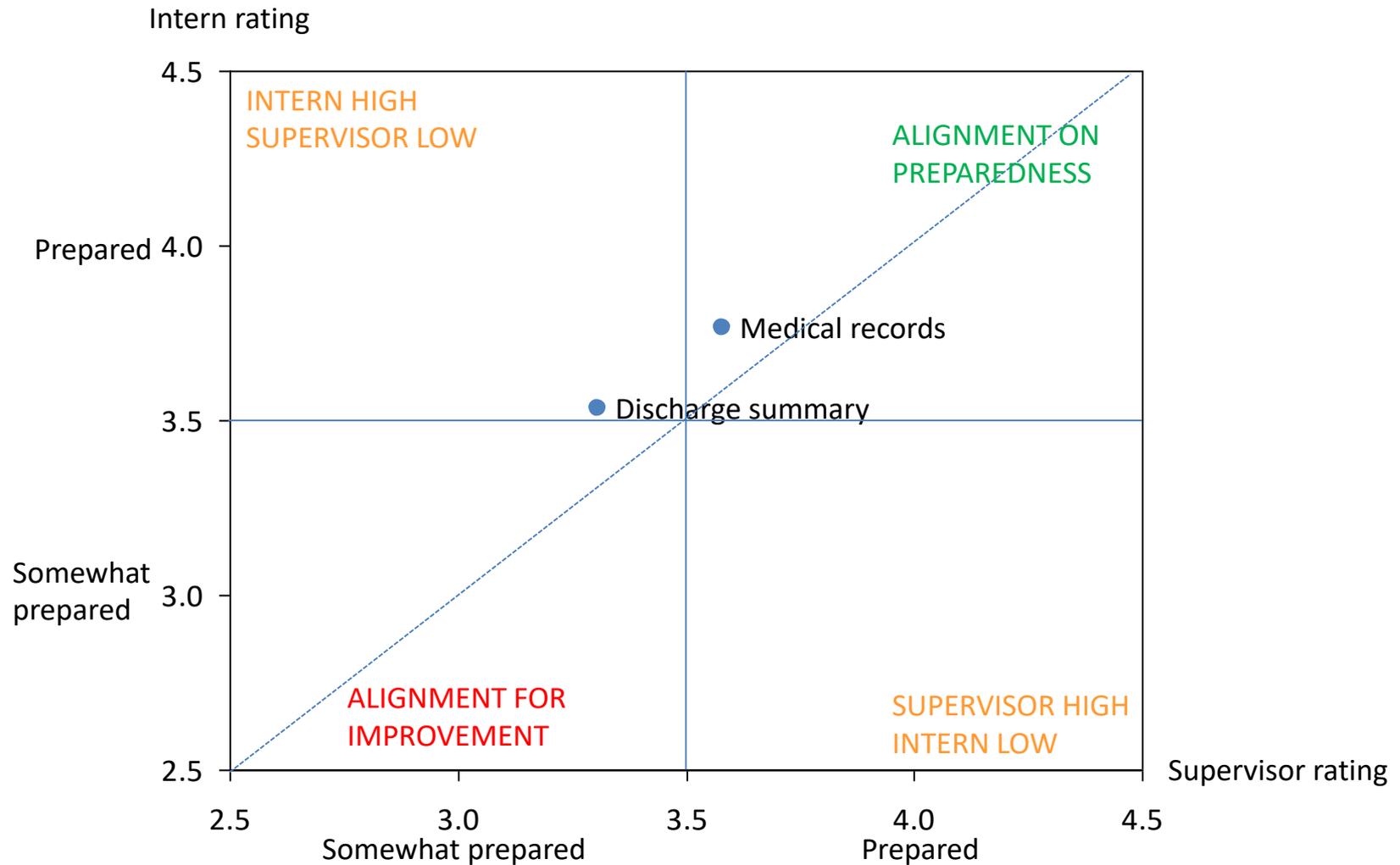
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: PATIENT-CENTRED SKILLS\*



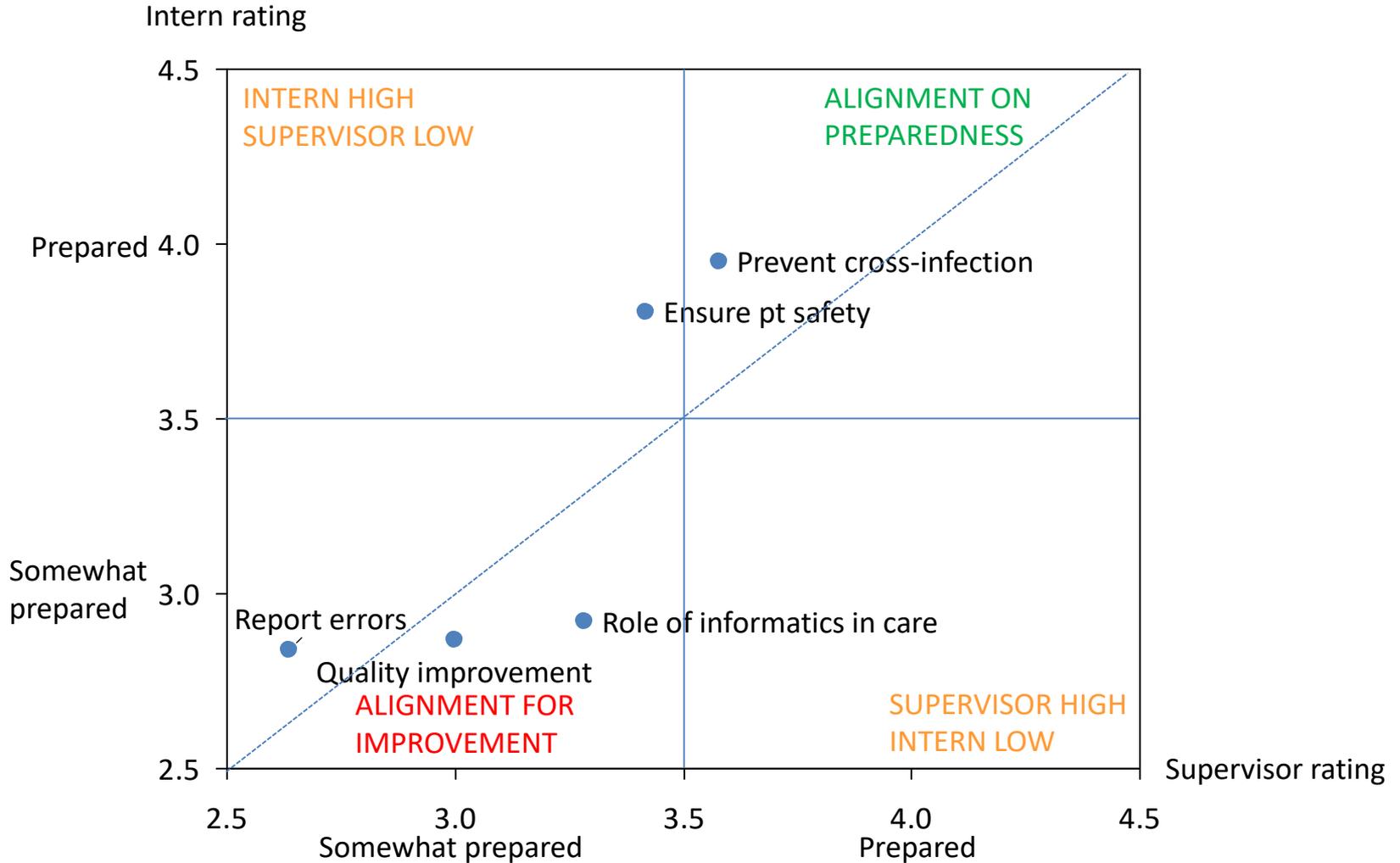
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: DOCUMENT SKILLS\*



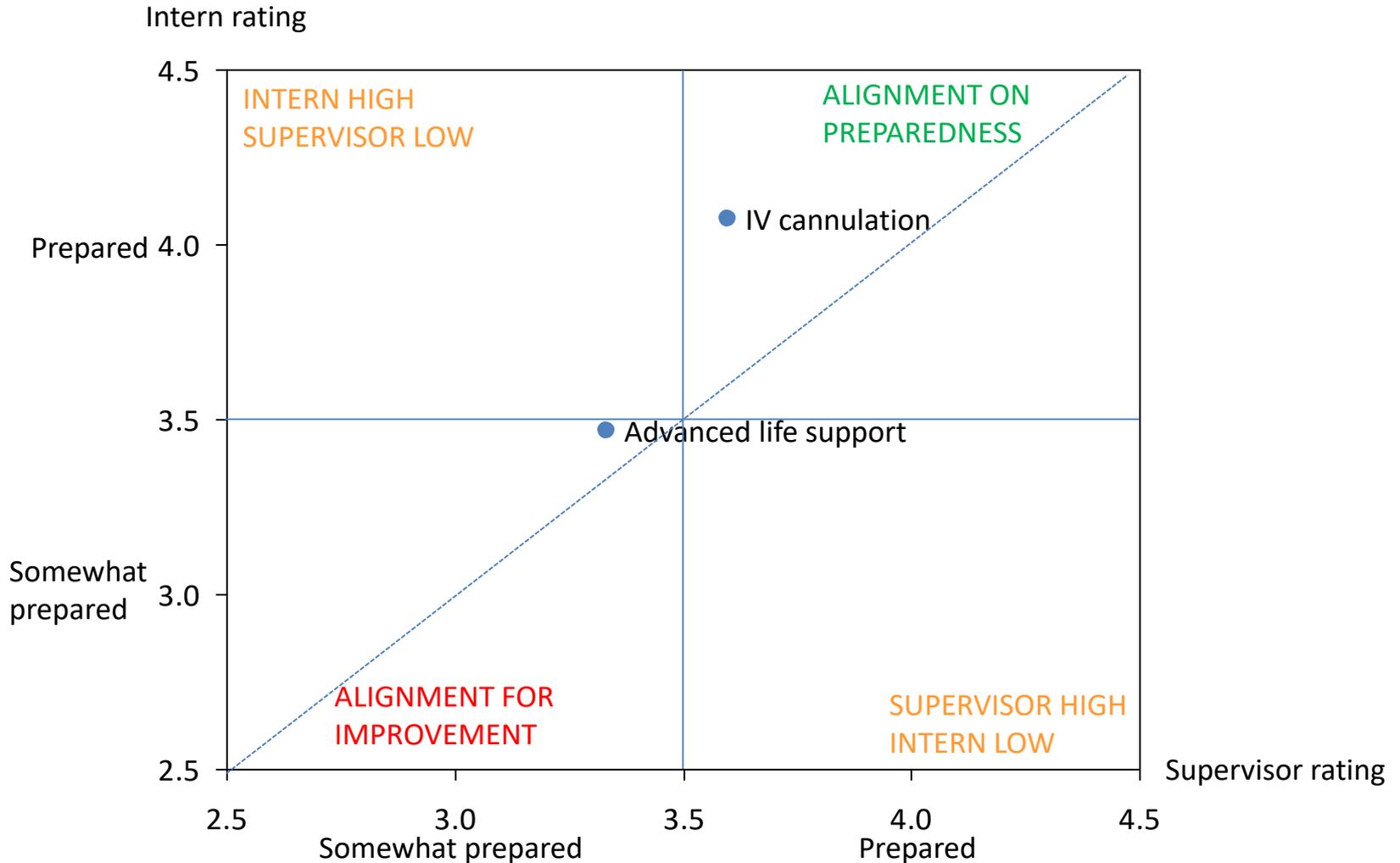
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: HOSPITAL SYSTEM SKILLS\*



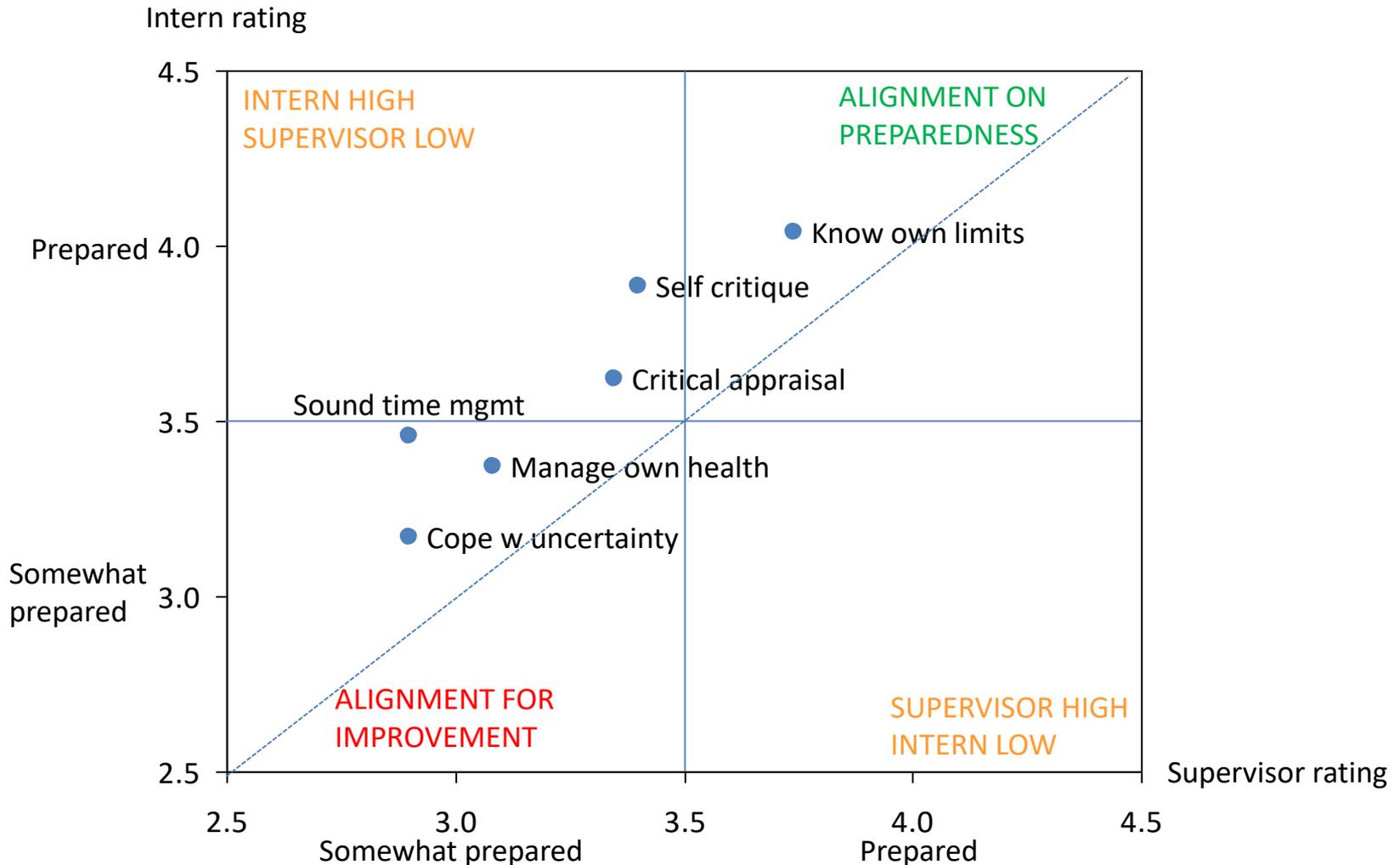
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: PROCEDURAL SKILLS\*



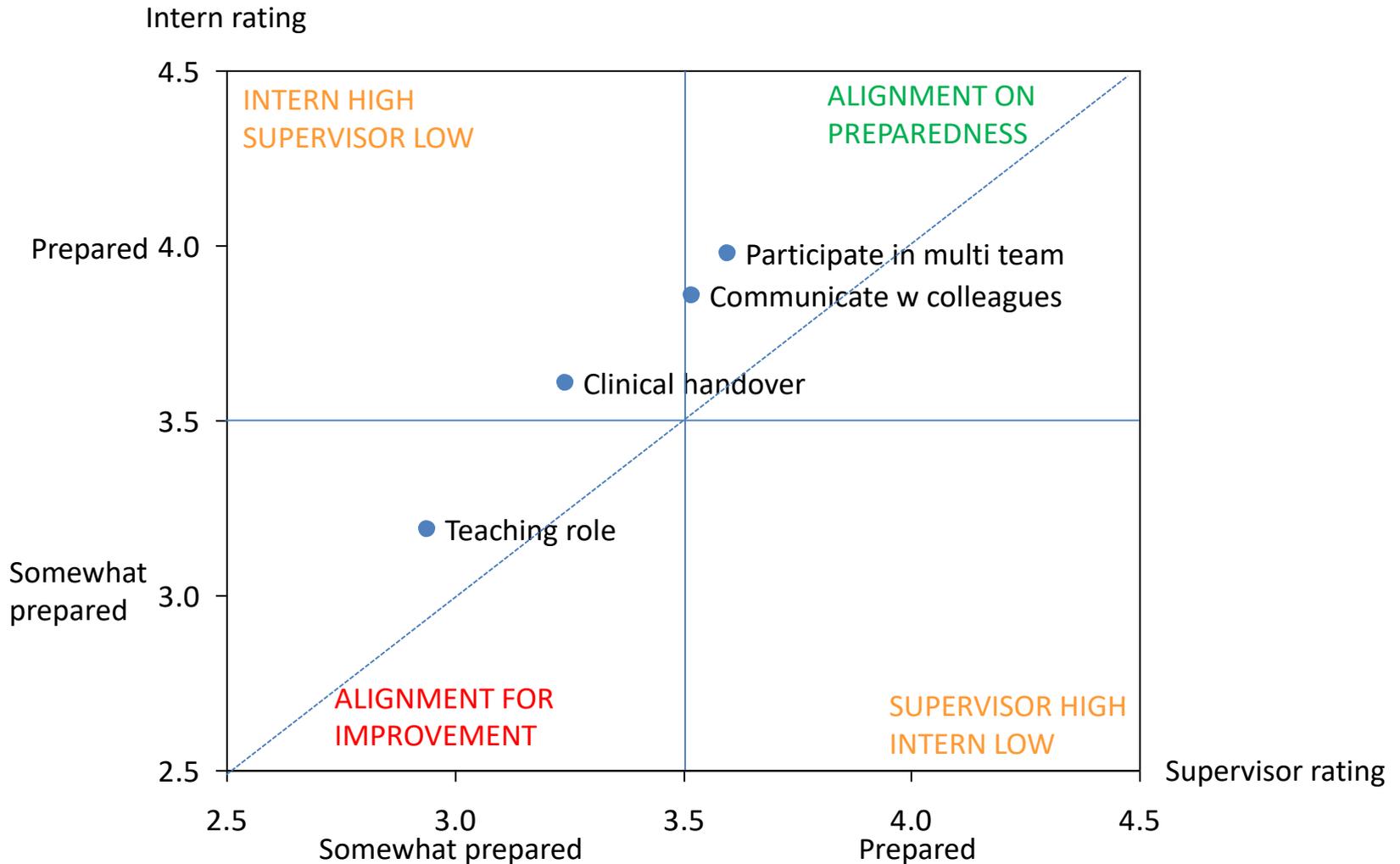
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: SELF MANAGEMENT SKILLS\*



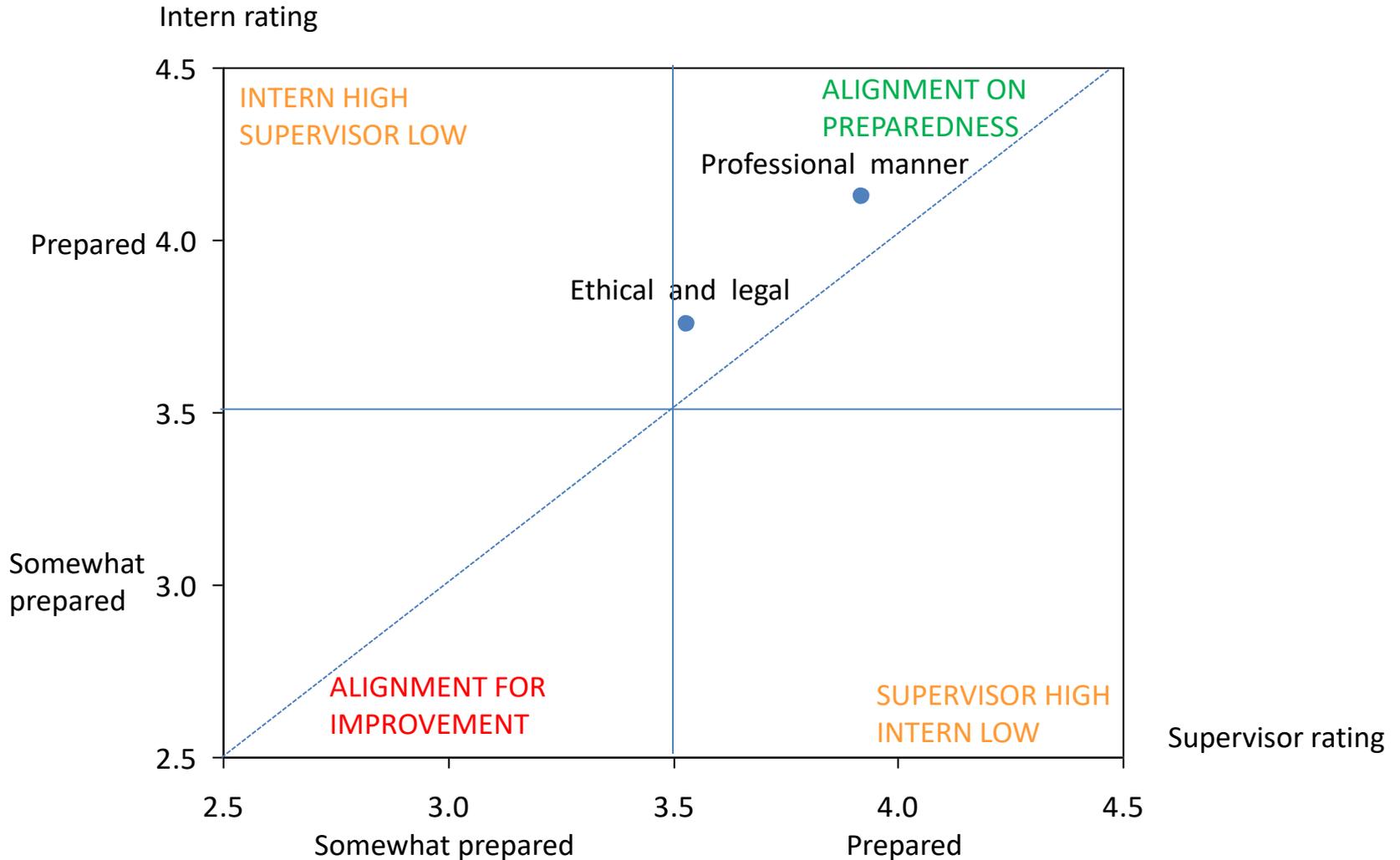
\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: TEAM SKILLS\*



\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)

## INTERN AND SUPERVISOR SKILL RATINGS: PROFESSIONAL SKILLS\*



\* Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very prepared. Includes survey responses by 50 supervisors such as DCTs, MEOs and Term Supervisors (please see page 30 for key to abbreviations)