Australian Medical Council and Medical Board of Australia

2018 Preparedness for Internship Survey

National Survey Results

Agenda

Demographics

Overall perceived preparedness

Capabilities, satisfactions and challenges

Pre-internship programs

Preparedness for prescribing

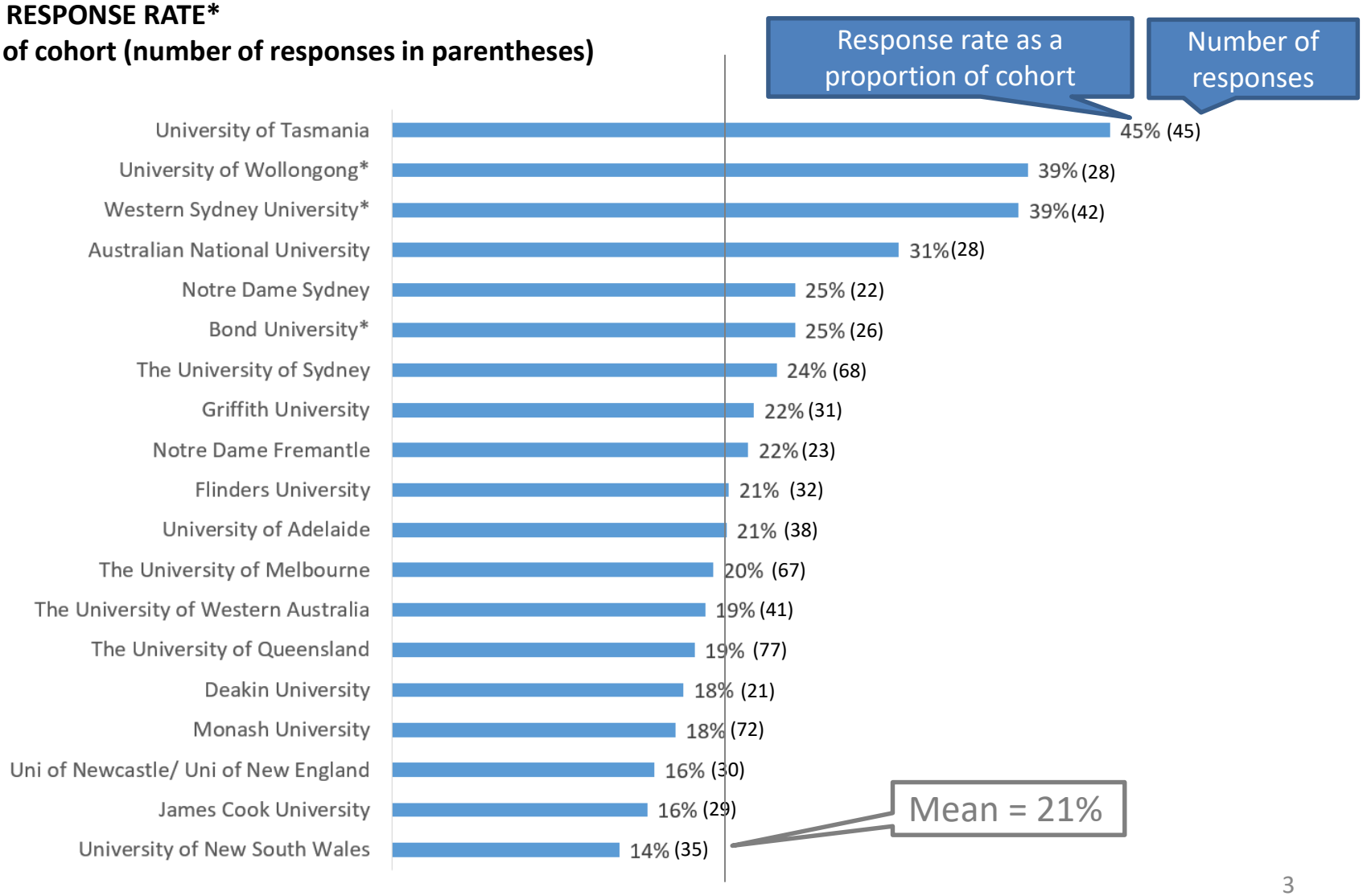
Preparedness to treat Indigenous patients

Perceived preparedness by skills group

Intern and supervisor perceptions of intern skills

The average survey response rate was 21%

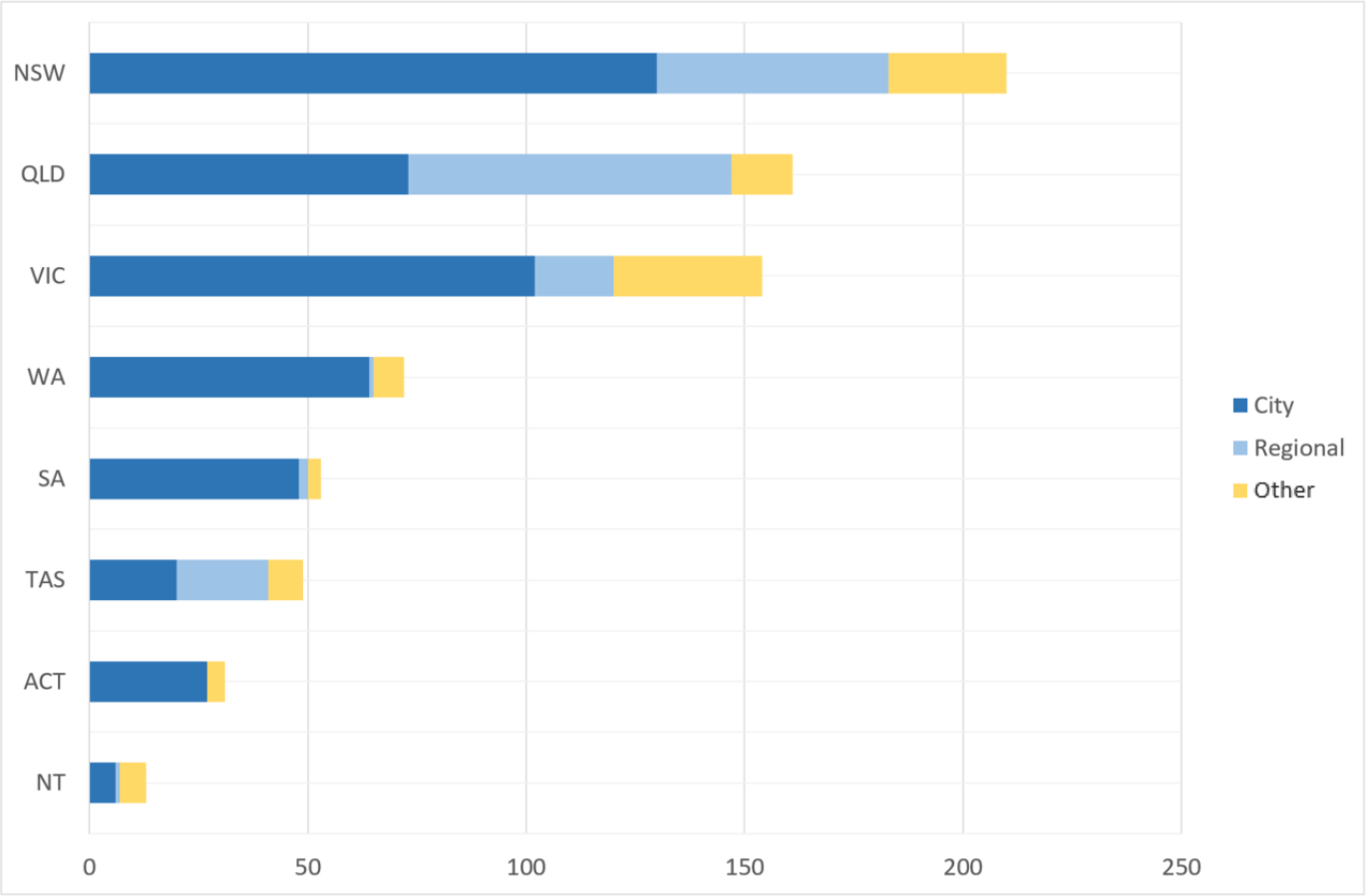
SURVEY RESPONSE RATE*
Percent of cohort (number of responses in parentheses)



*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

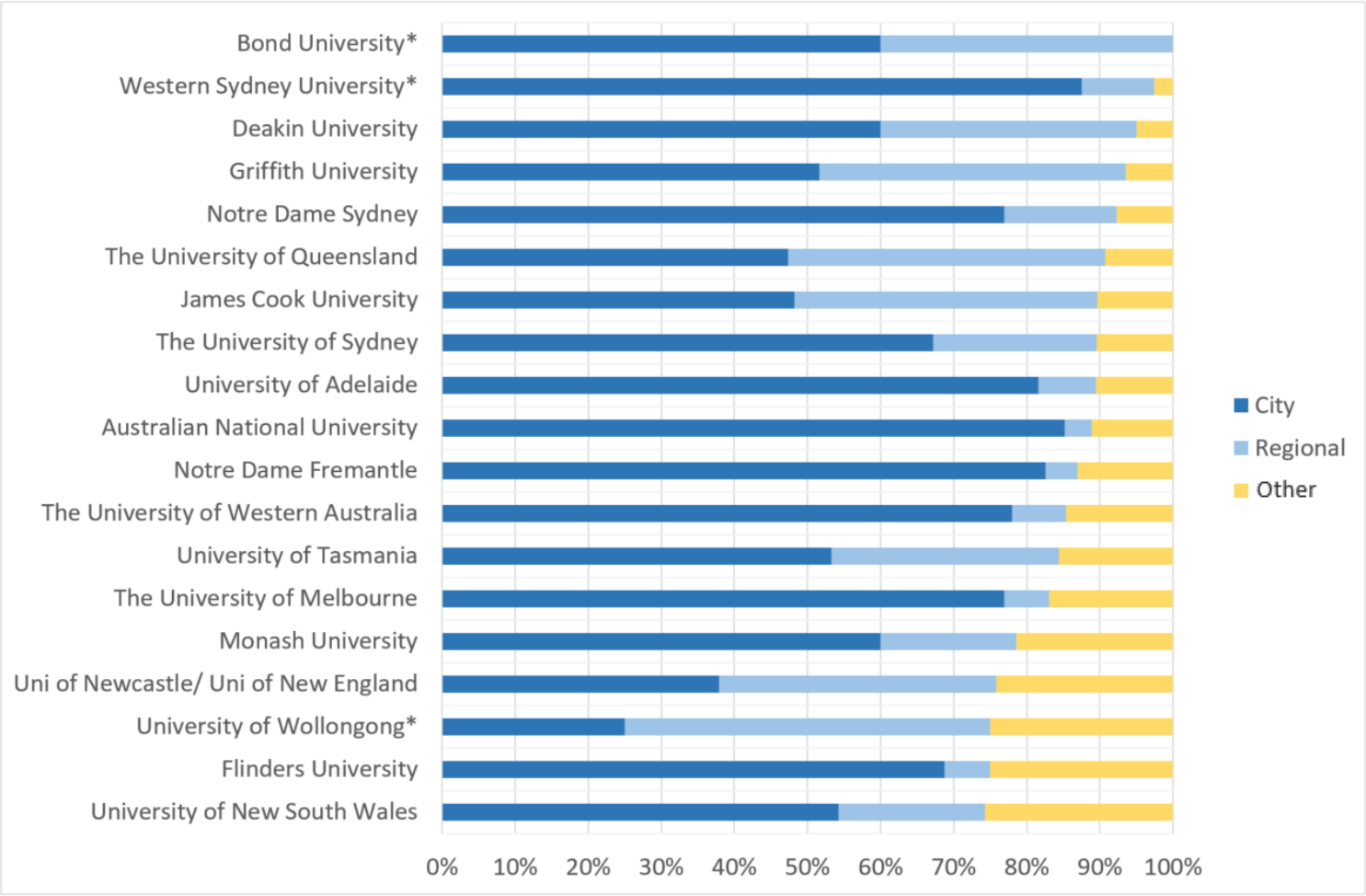
LOCATION OF INTERNS UNDERTAKING SURVEY BY STATE/ TERRITORY AND REGION TYPE*



* 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

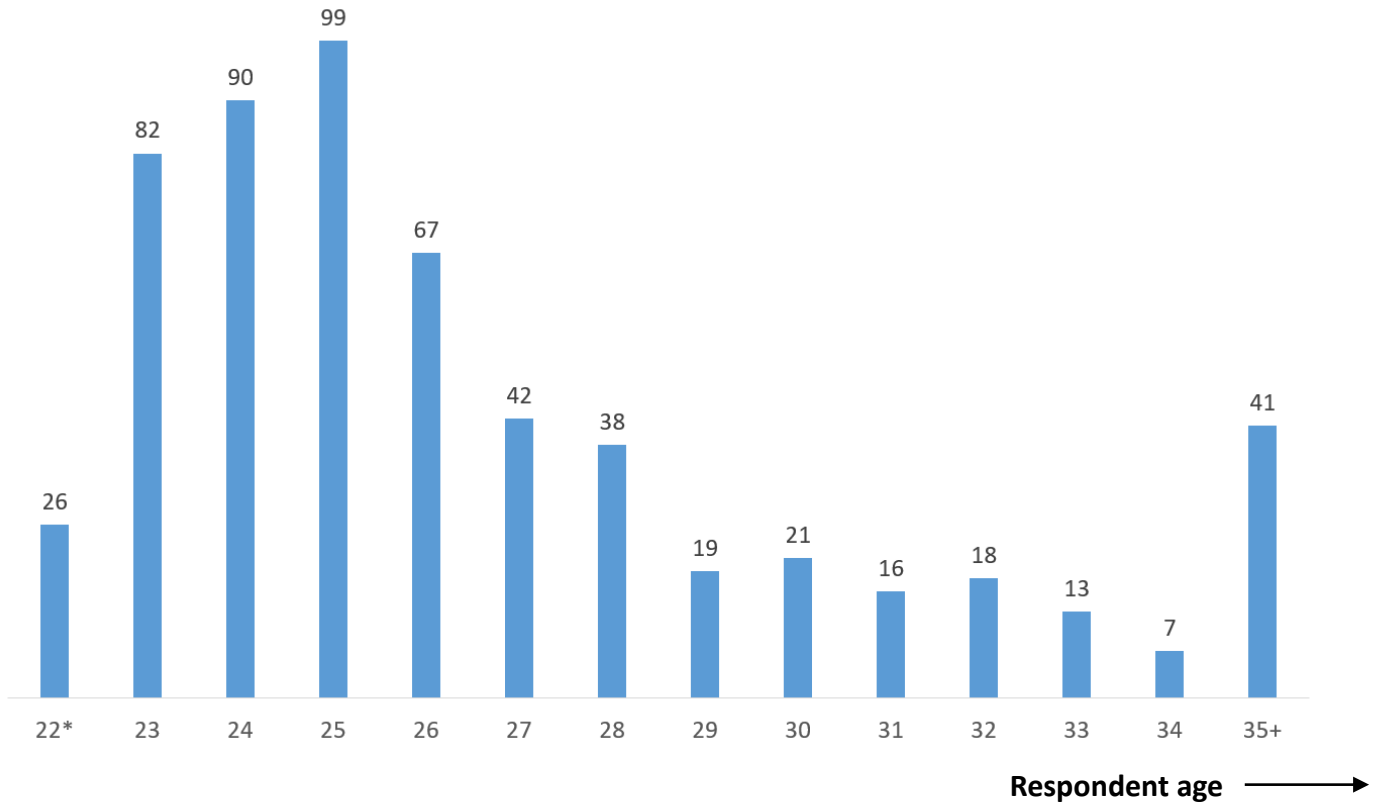
LOCATION OF INTERNS UNDERTAKING SURVEY BY MEDICAL SCHOOL AND REGION TYPE*



* 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*

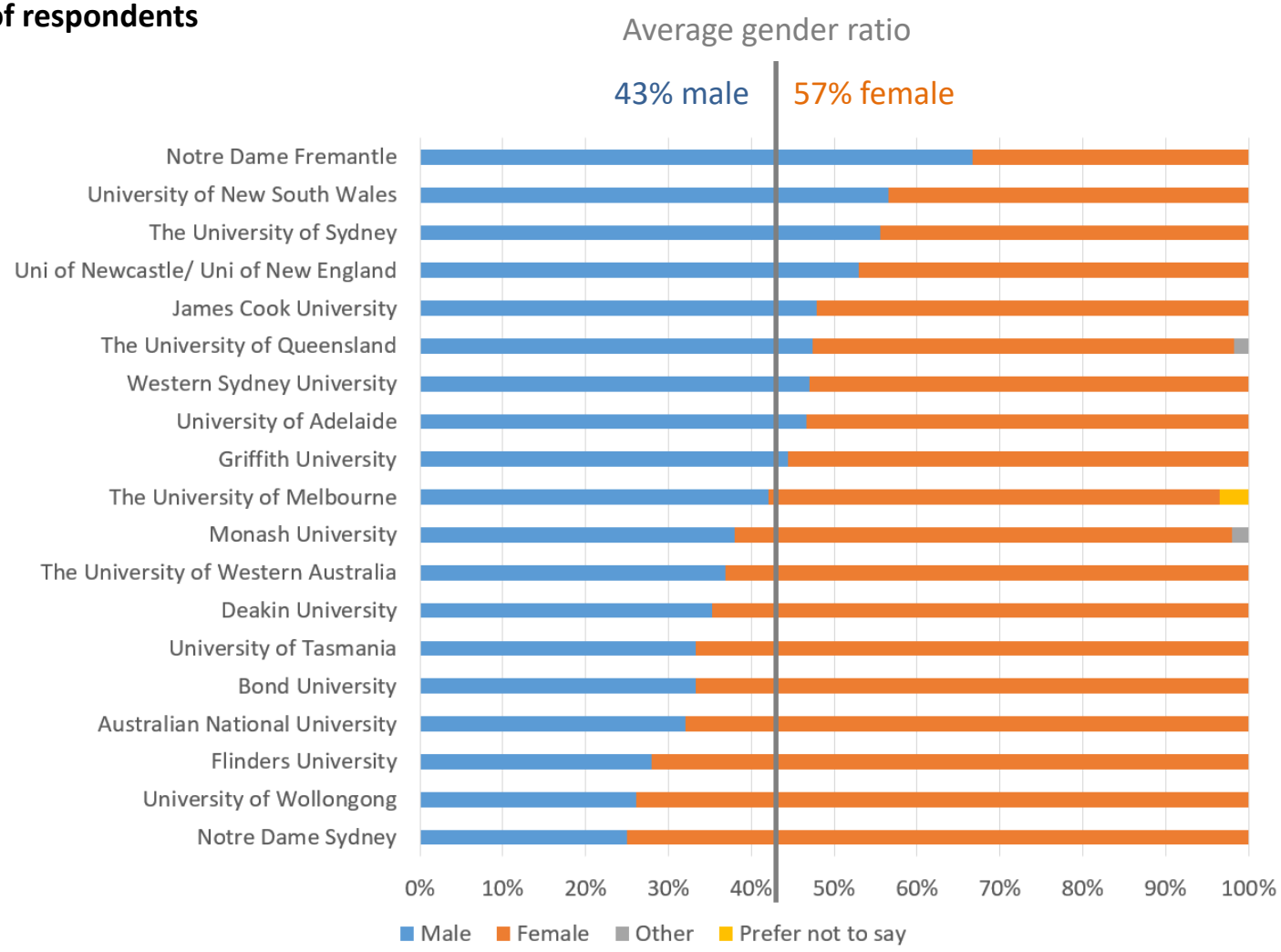


- **Respondents 22 years old and younger**

Note: a substantial number of respondents did not answer this question

DISTRIBUTION OF RESPONDENT GENDER BY MEDICAL SCHOOL

Percent of respondents



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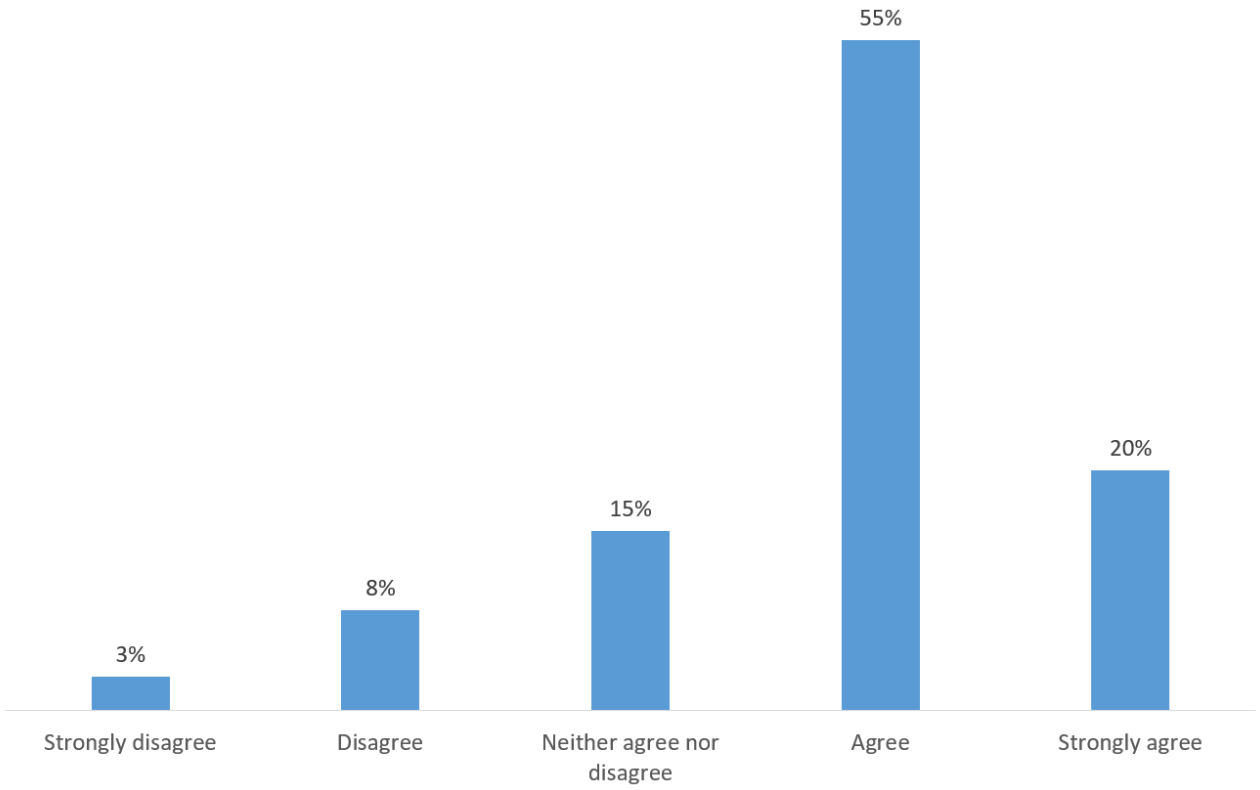
Overall preparedness - please indicate your level of agreement with the statement: “Overall I felt my medical education was sufficient to undertake the role and responsibilities of an intern”

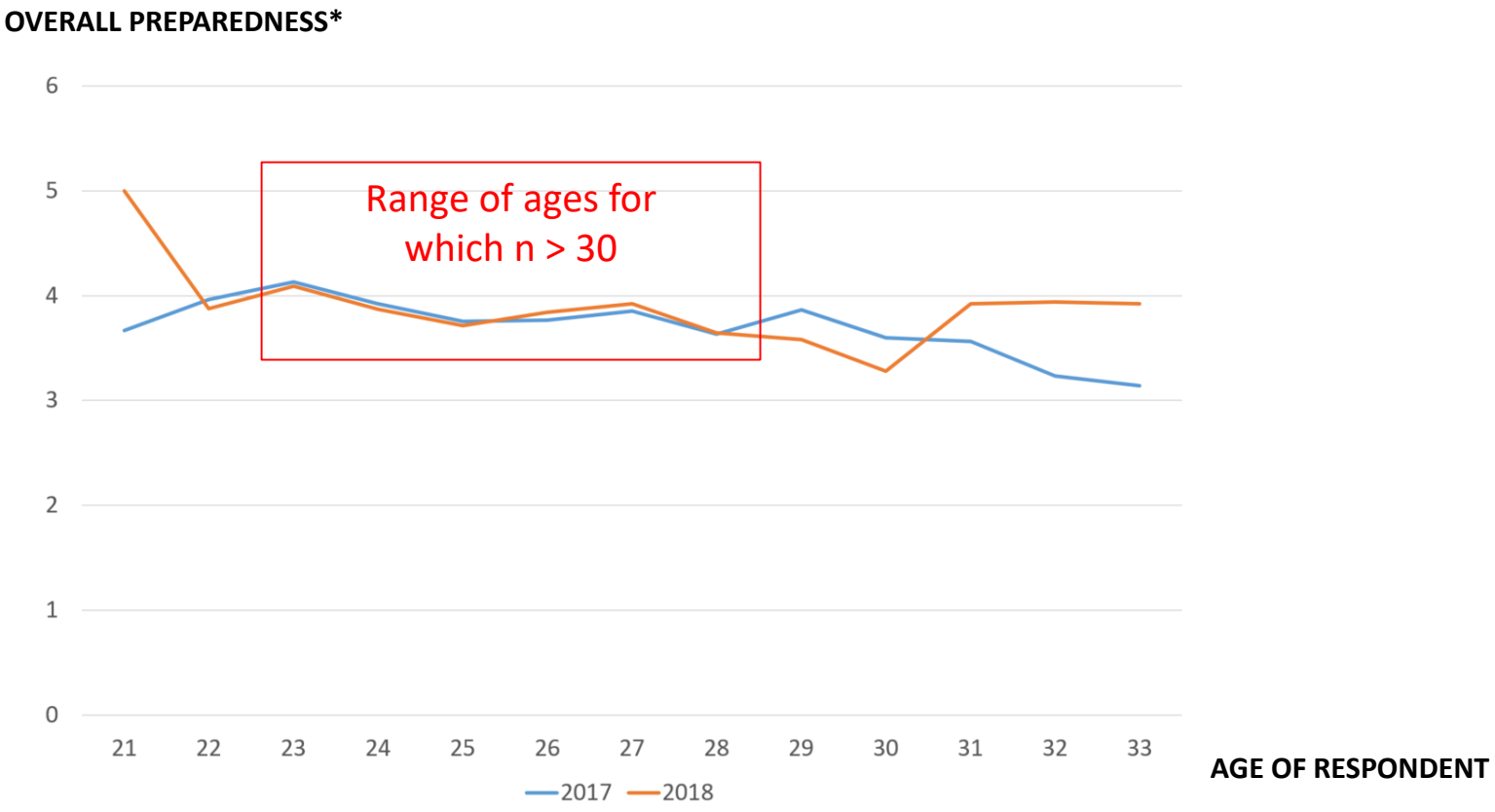
PERCEPTIONS OF LEVEL OF PREPAREDNESS BY RESPONDENTS
(Percentage of Respondents Expressing Level of Agreement on Five Point Likert scale)



Note: The national average results for the same question from the 2017 survey were as follows: Strongly disagree 2%; Disagree 8%; Neutral 15%; Agree 59%; Strongly agree 16%.

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



*** 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"**

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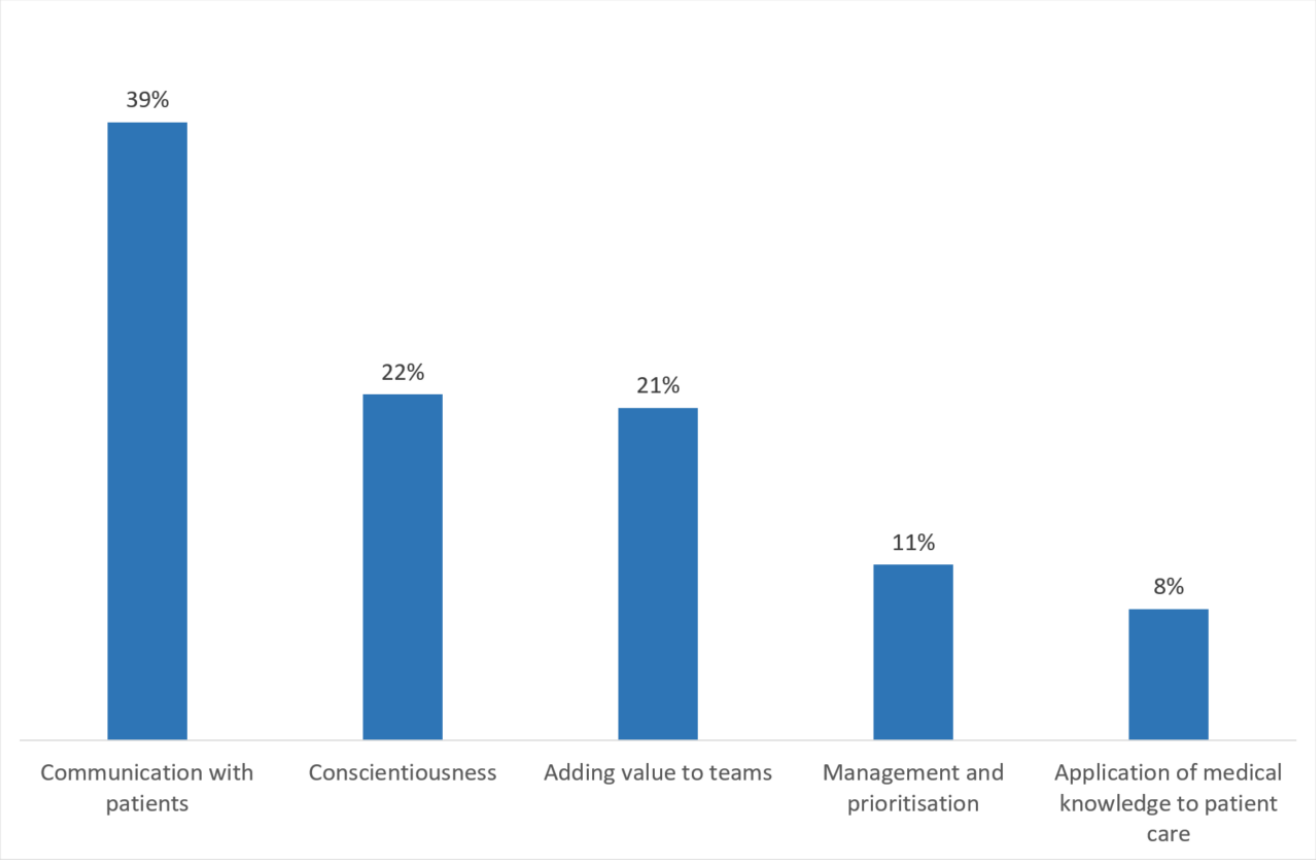
In your view, which of the following capabilities did you bring to the job at the beginning of your internship?*

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?*

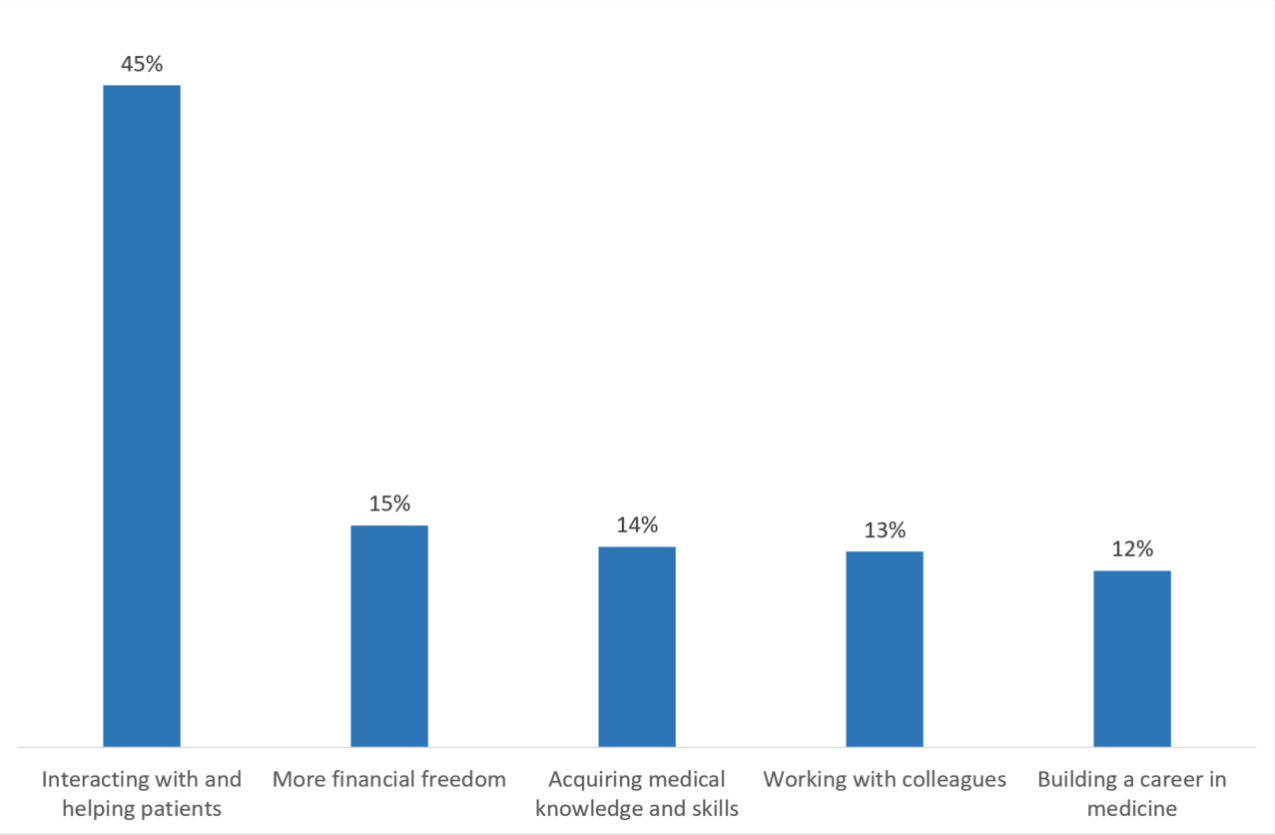
SURVEY GENERAL POPULATION THEMES FROM TEXT ANSWERS REGARDING RELEVANT CAPABILITIES

Themes	Examples
General	• Experience from previous careers, including within the health care system
Patient centred	• Cross-cultural skills and second languages • Ability to empathise and identify the concerns of patients
Teamwork	• Ability to support colleagues • Ability to work in multi-disciplinary teams
Hospital systems	• Knowledge of how hospital systems work • Knowledge of hospital applications and software
Managerial	• Leadership skills • Organisational and communication skills • Willingness to innovate

*** 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

Were there other factors not listed above?*

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

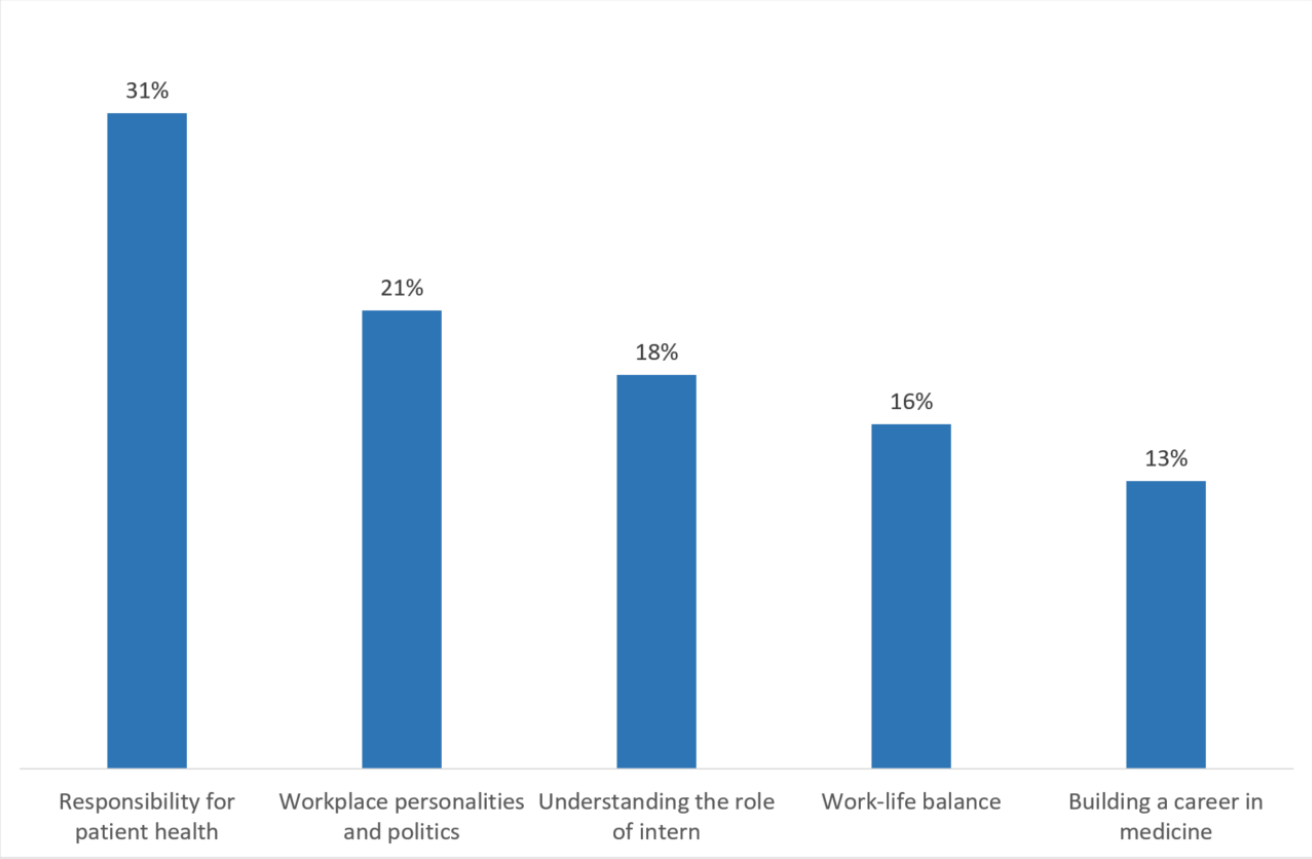
Themes	Examples
Applying knowledge	• Putting learned skills into clinical practice • Making a difference to patient outcomes
Teamwork	• Feeling useful and valued as part of a team • Teaching students
Work-life balance	• Being able to have a life outside of medicine • Not having to study after work
Responsibility	• Having responsibility and some degree of autonomy • Having a sense of purpose

*** 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

Were there other factors not listed above?*

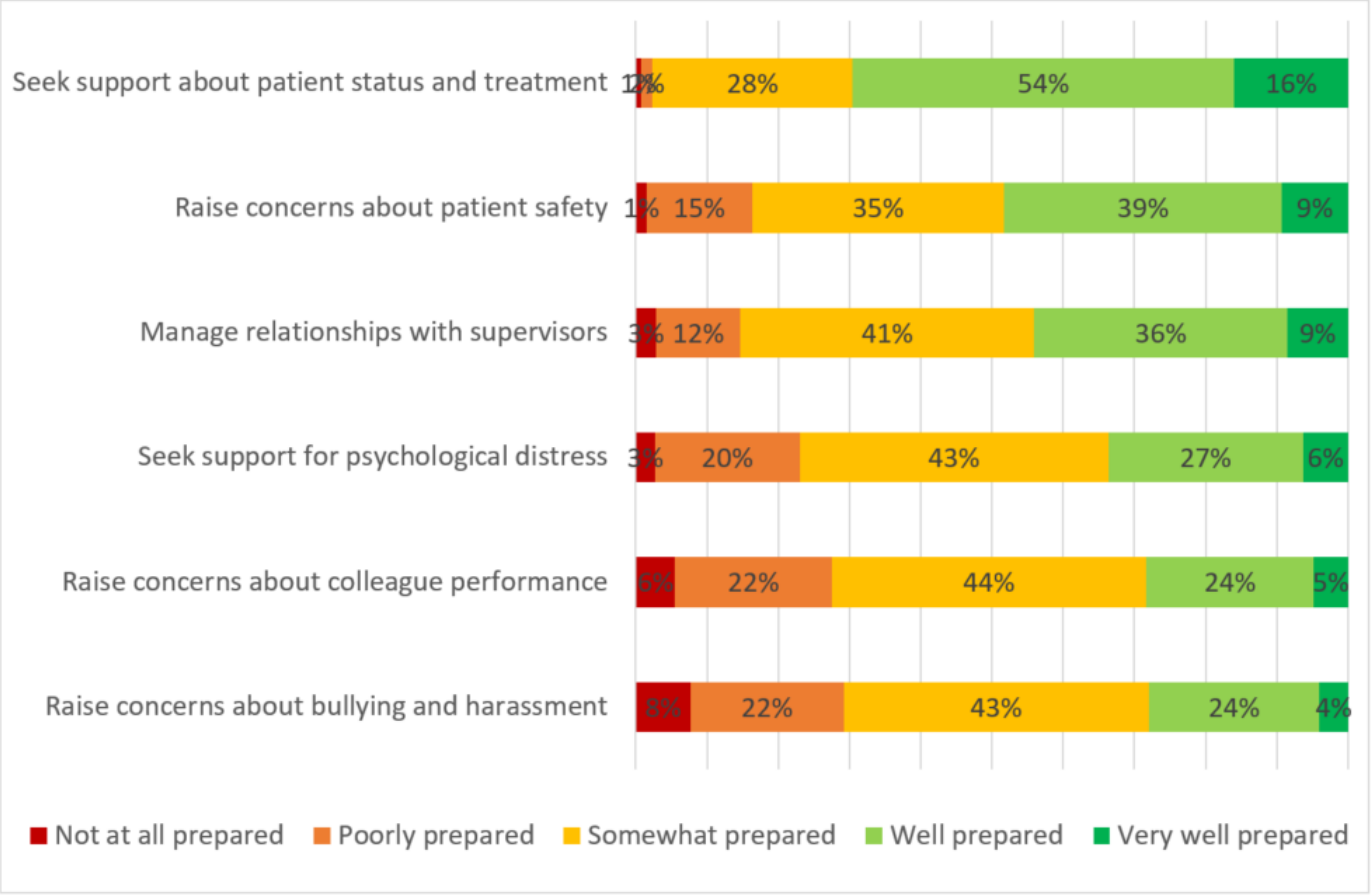
SURVEY GENERAL POPULATION THEMES FROM SURVEY TEXT ANSWERS REGARDING CHALLENGES

Themes	Examples
Patient responsibility	• After hours shifts • Managing the uncertainty inherent in medicine
Workplace issues	• Knowing how and when to be assertive in the workplace • Managing different expectations of various stakeholders • Learning how to make time to improve medical knowledge for evidence based care
Management	• Learning to prioritise jobs
Lifestyle	• Knowing how to turn off work thoughts after leaving work • Inflexible rosters

*** 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	• Better support for students with psychological distress, many of whom feel that they have to hide their problems
Teaching about support	• Specific studies in the form of case-based or problem-based learning to provide instruction on how to deal with situations requiring support
Hospital environment	• Information on when and how to escalate • Information regarding who to talk to about colleagues who are struggling • Involving senior colleagues in orientation
Obstacles due to medical professional culture	• General difficulty in addressing problems in a strict hierarchical system • Belittling and humiliating by some supervisors/seniors

*** 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**

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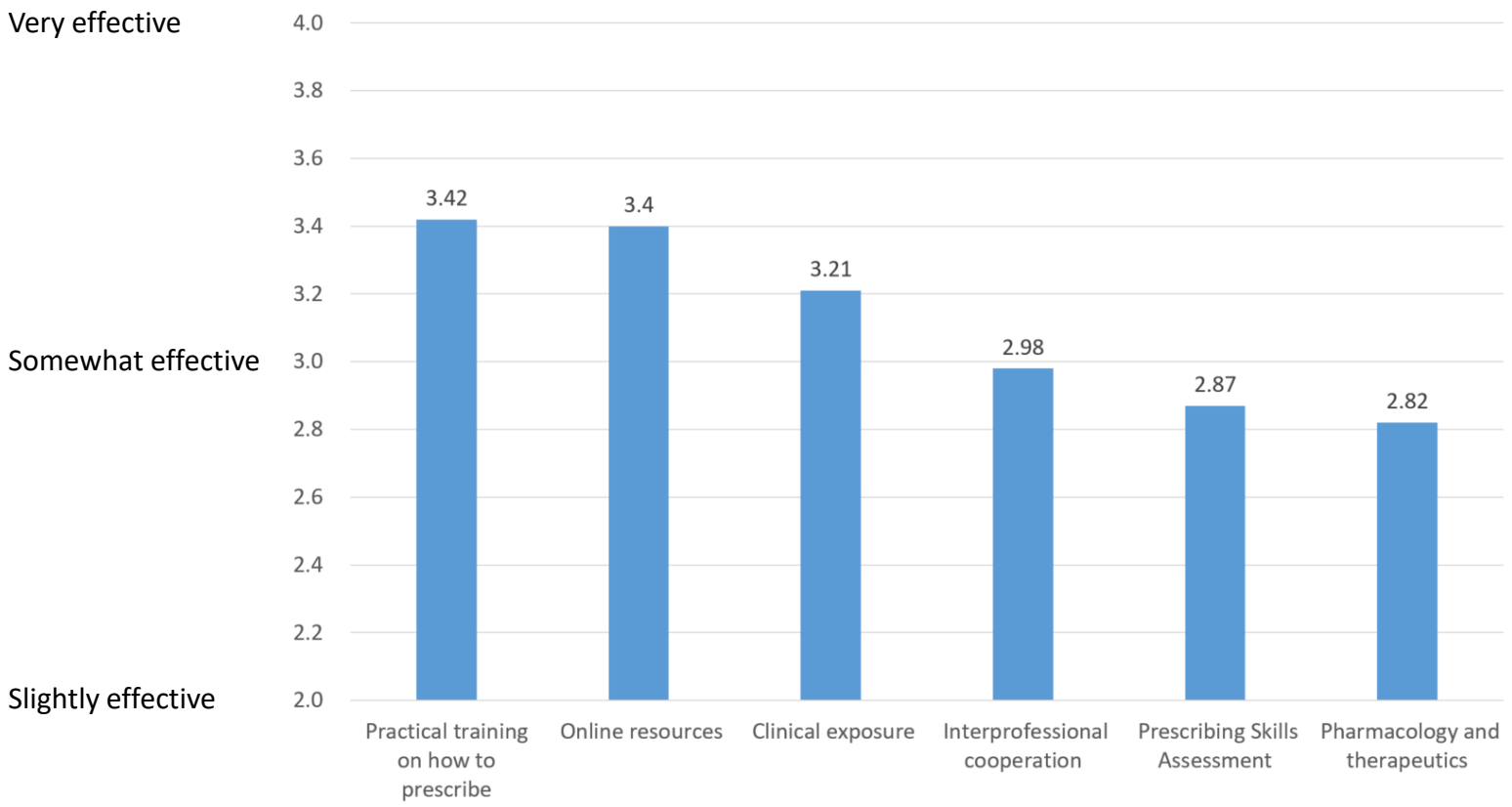
Please indicate how effective the following factors were in preparing you to prescribe medications safely*

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**

Are there other factors which were helpful to you in learning how to prescribe safely?

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

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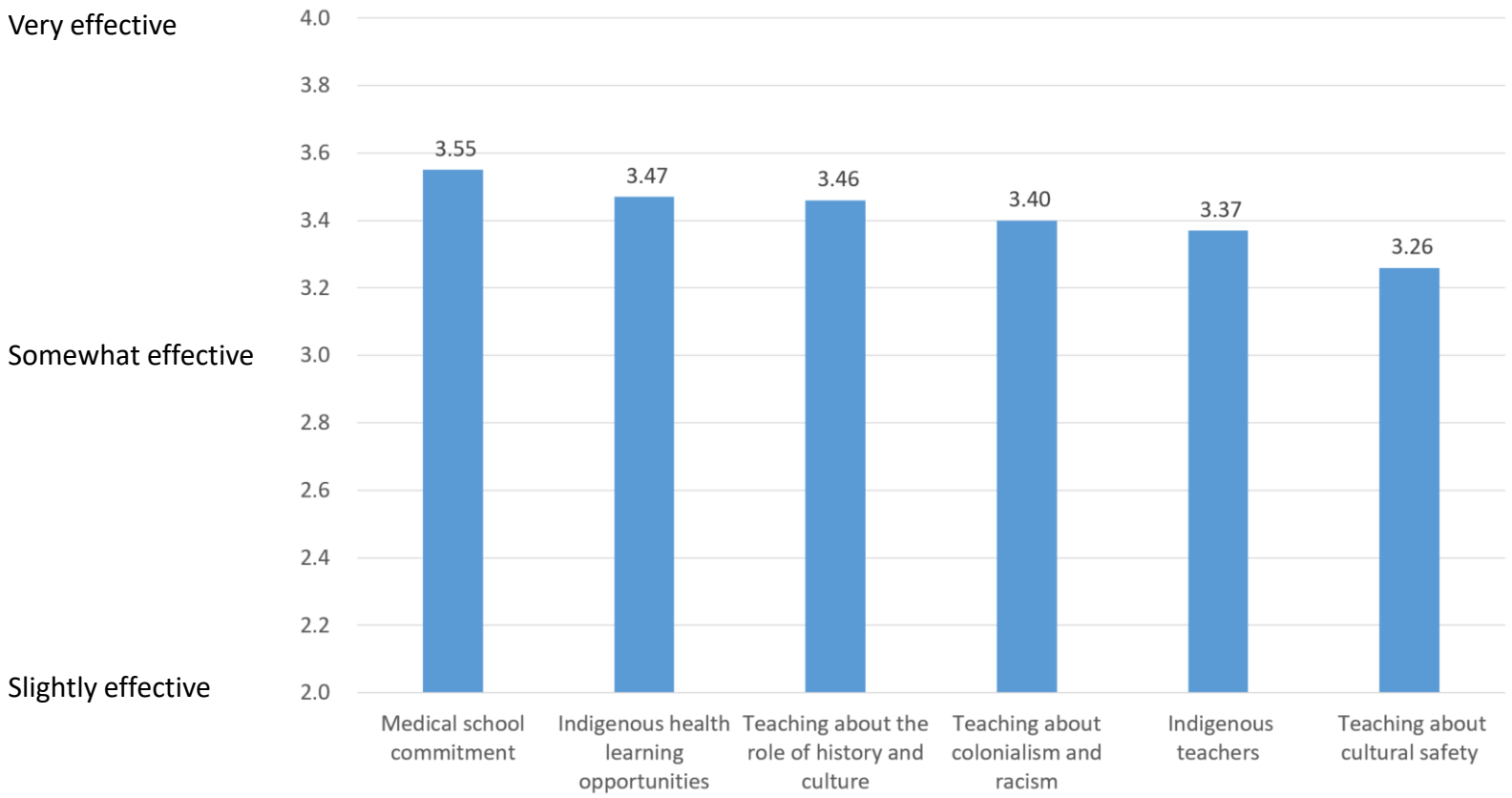
Please indicate how effective the following factors were in preparing you to provide care to Indigenous patients

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

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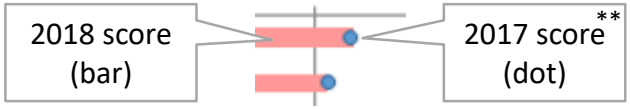
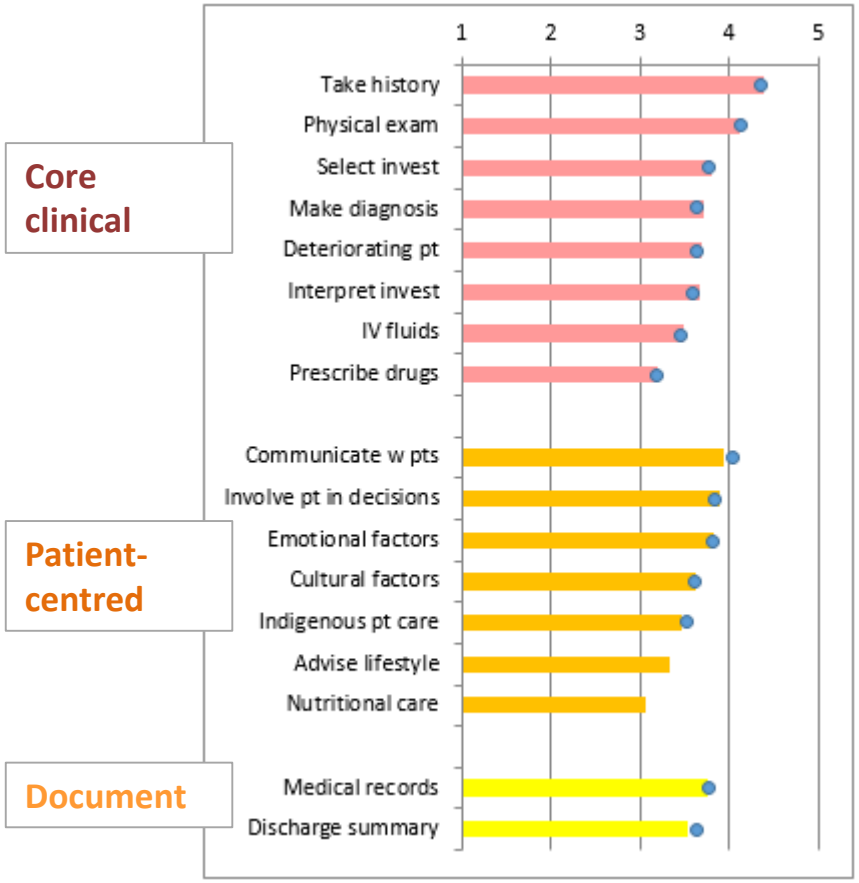
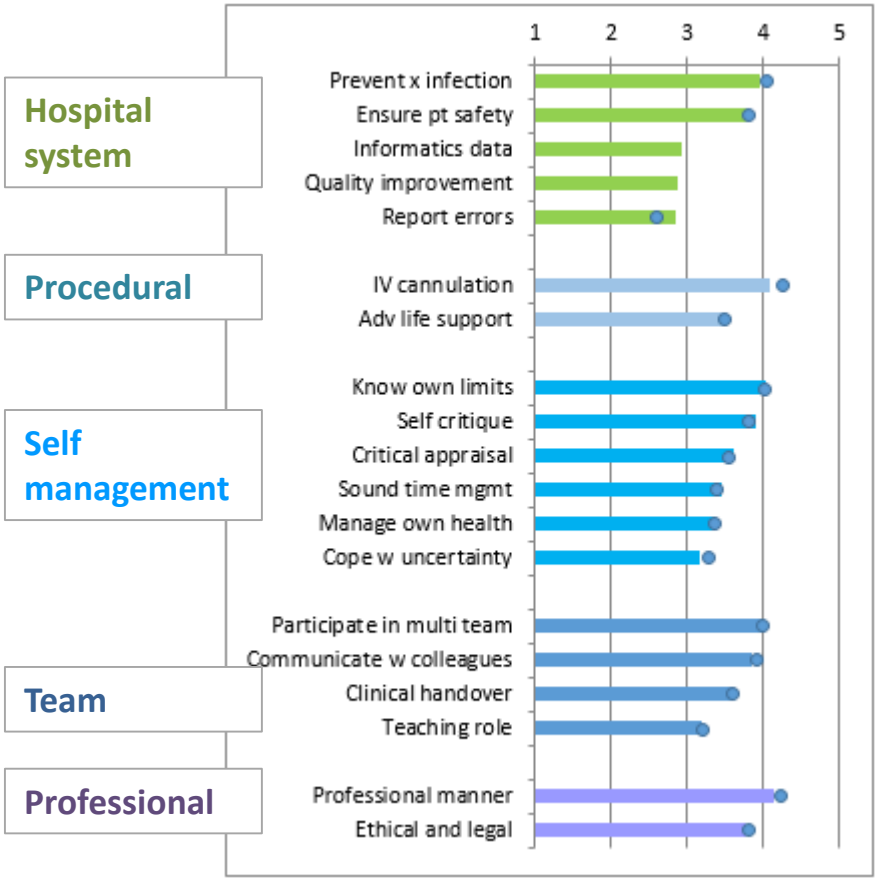
Reflecting on the following issues that arise in clinical work as an intern, please indicate how prepared you feel you were to:*

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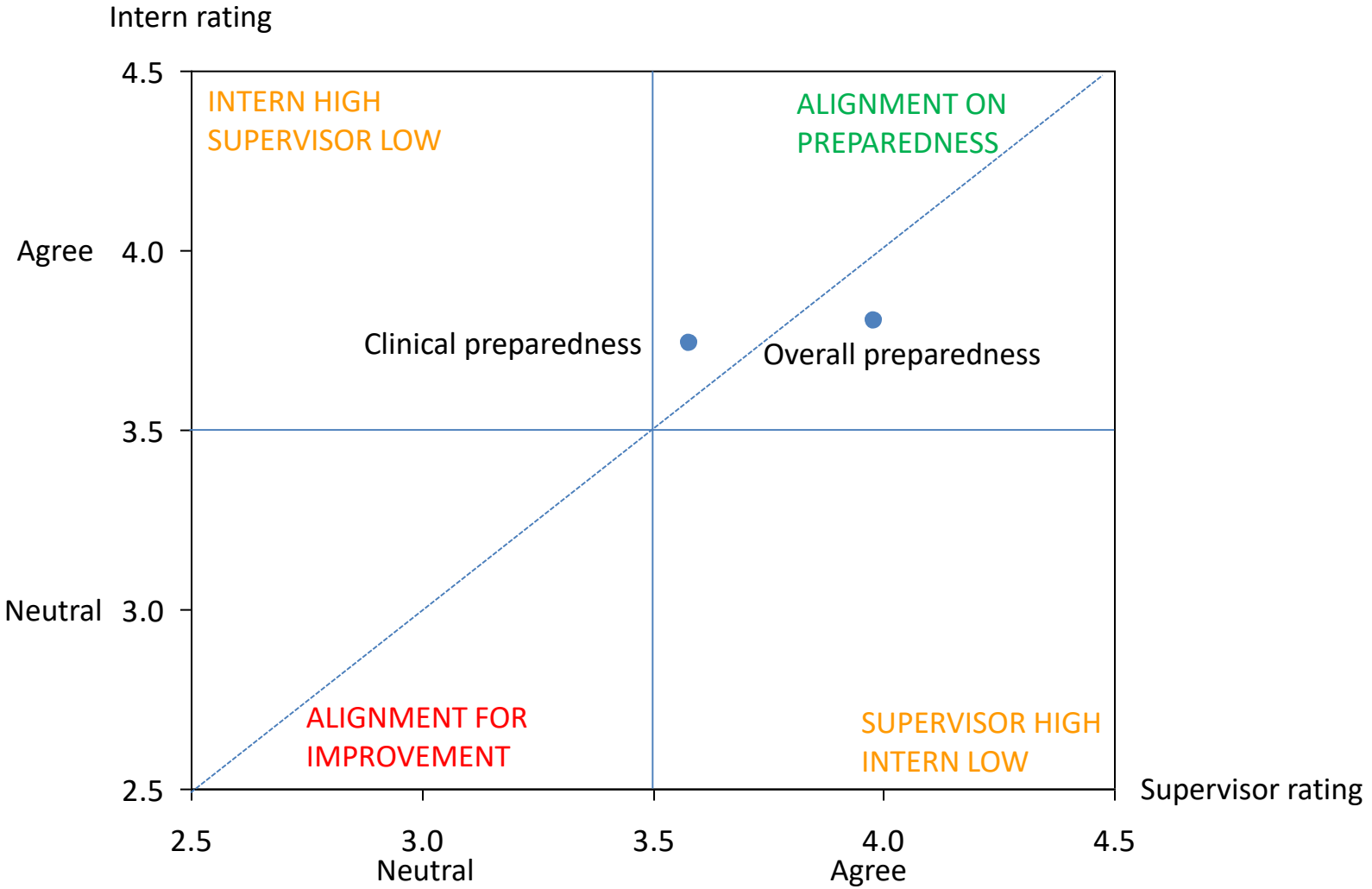
Respondents and supervisors agreed that medical school provided adequate preparation for internship, both in terms of overall preparedness and clinical preparedness

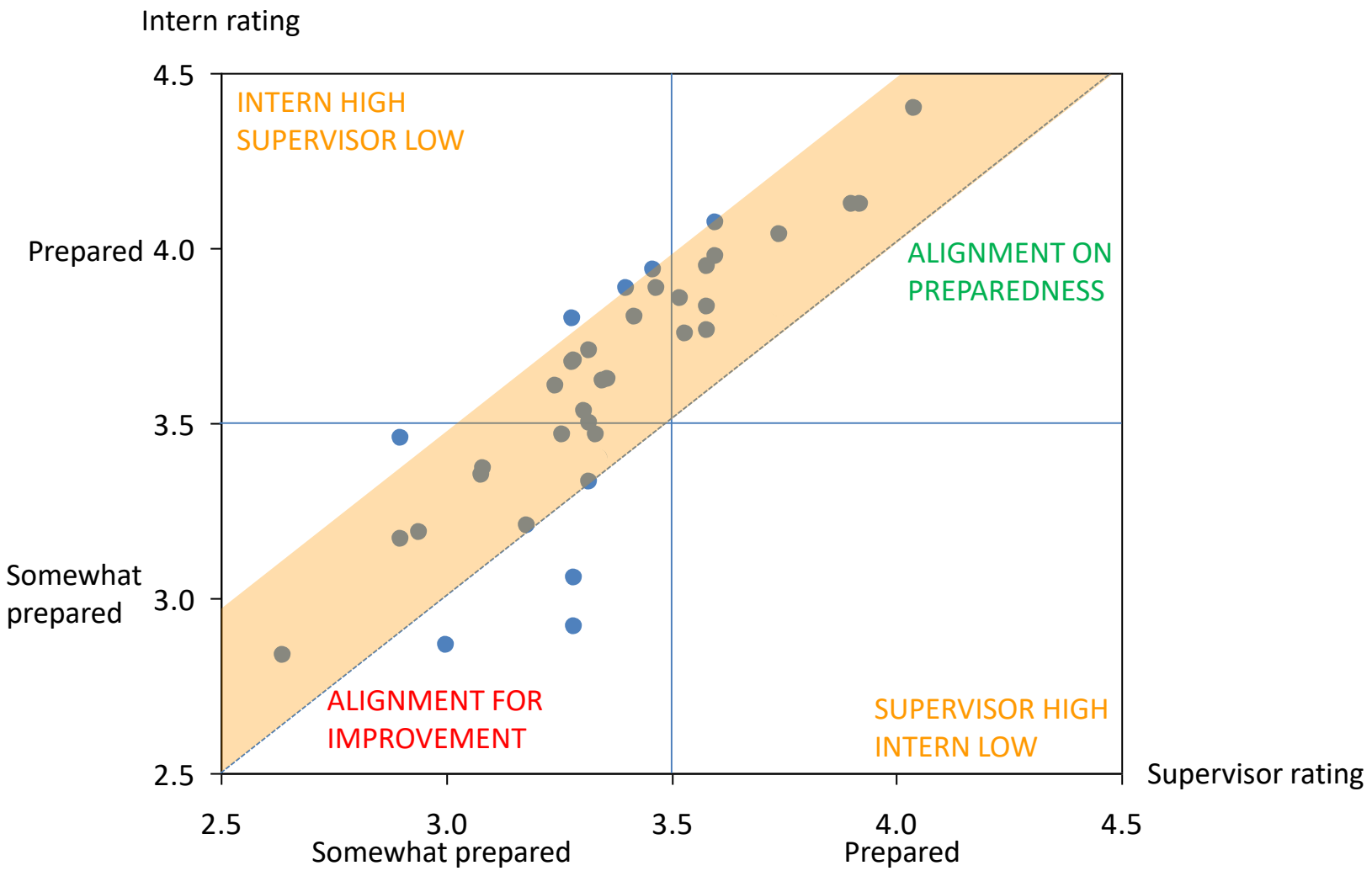
INTERN AND SUPERVISOR SKILL RATINGS: OVERALL AND CLINICAL PREPAREDNESS*



* 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

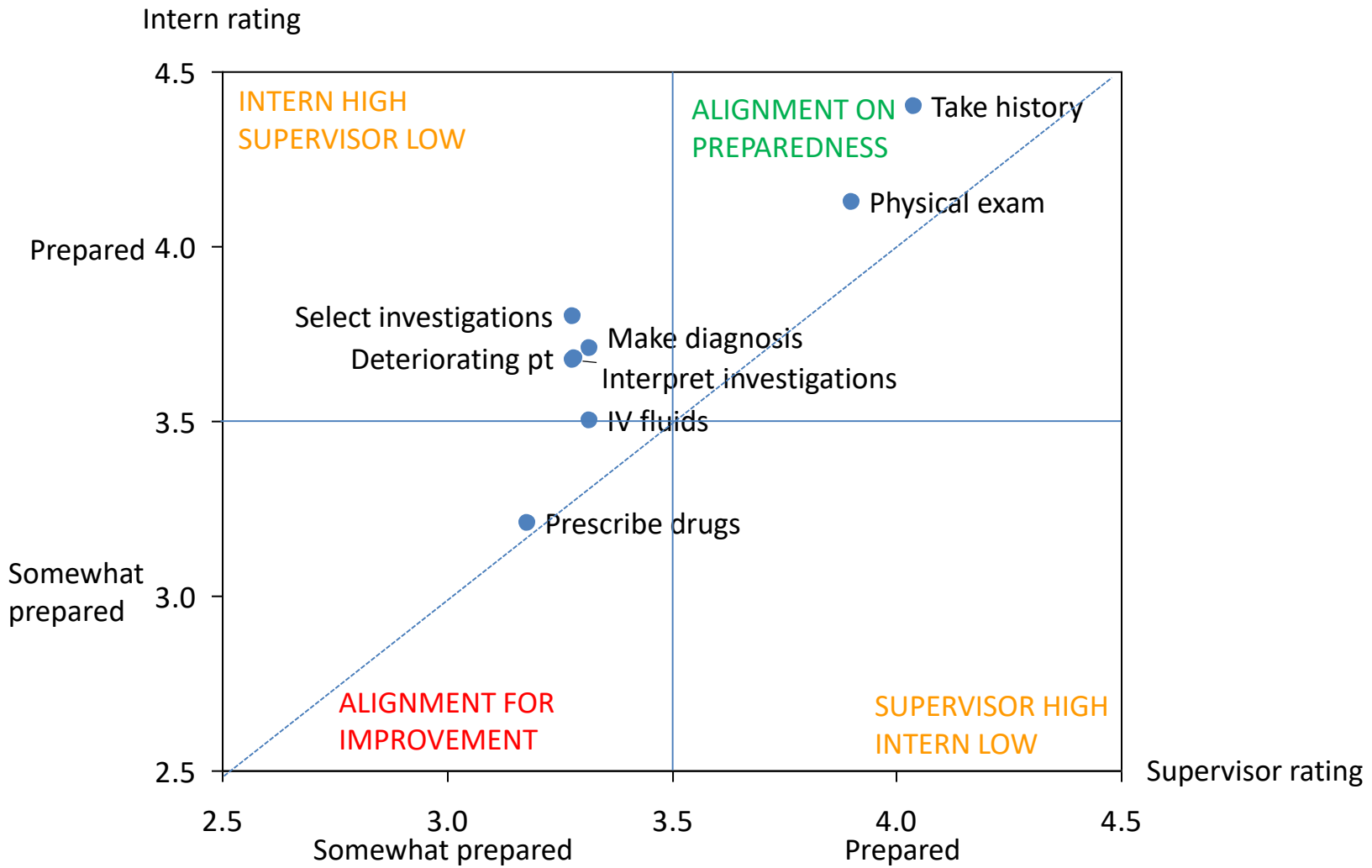
A strong correlation exists between interns and supervisor ratings across all skills, although interns systematically rate themselves slightly more highly than supervisors

INTERN AND SUPERVISOR SKILL RATINGS: ALL SKILLS*



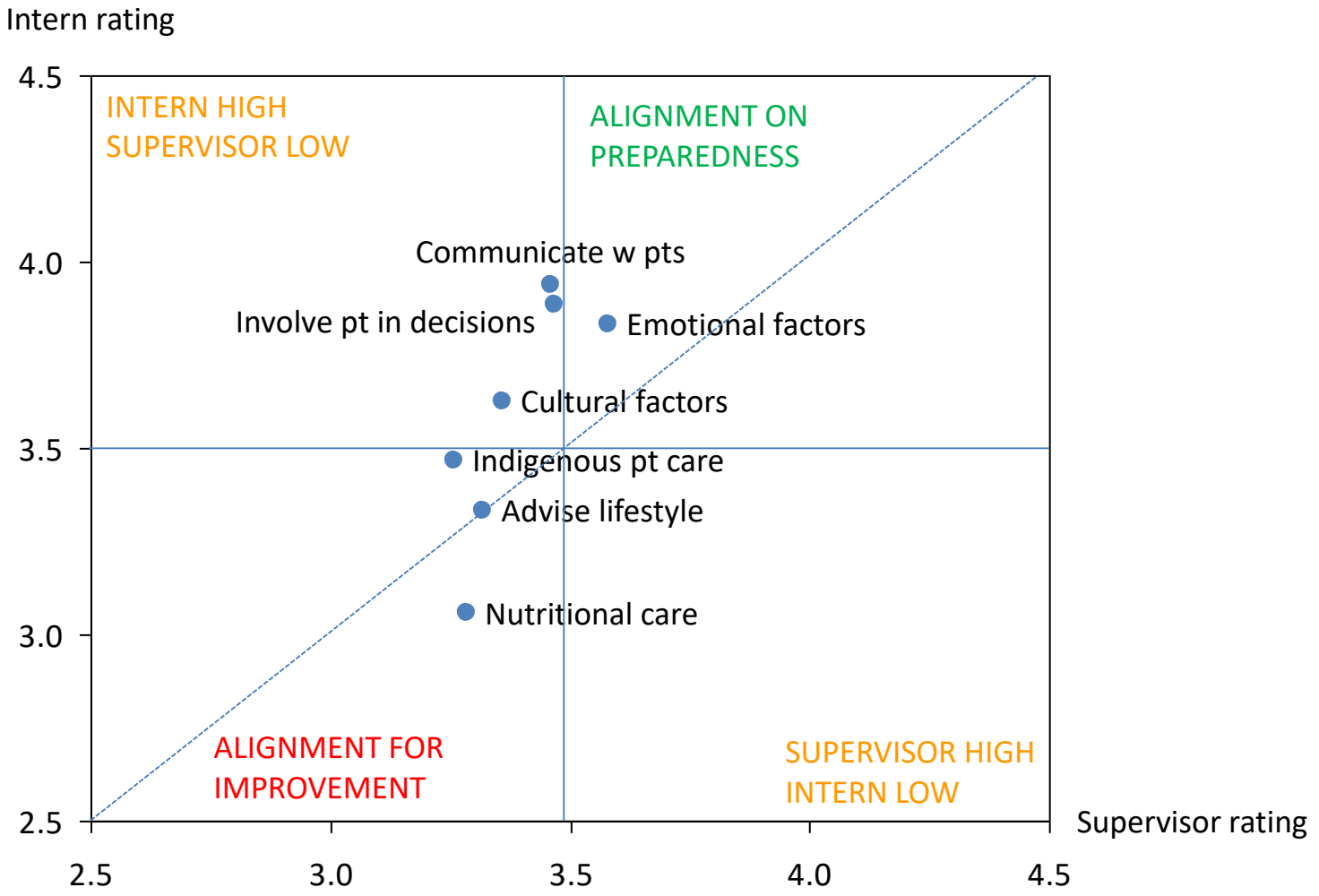
*** Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very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

INTERN AND SUPERVISOR SKILL RATINGS: CORE CLINICAL SKILLS*



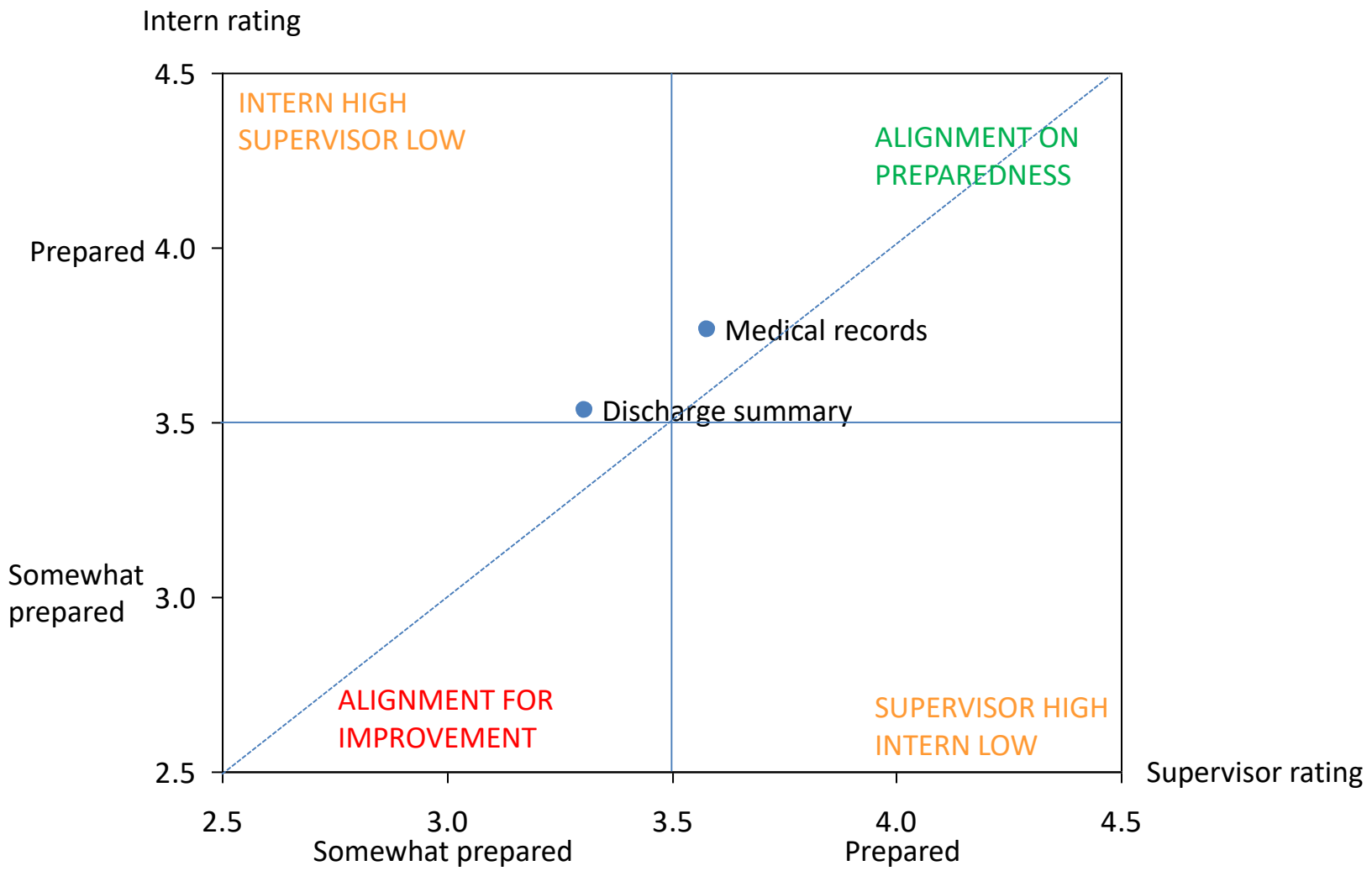
*** Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very 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*



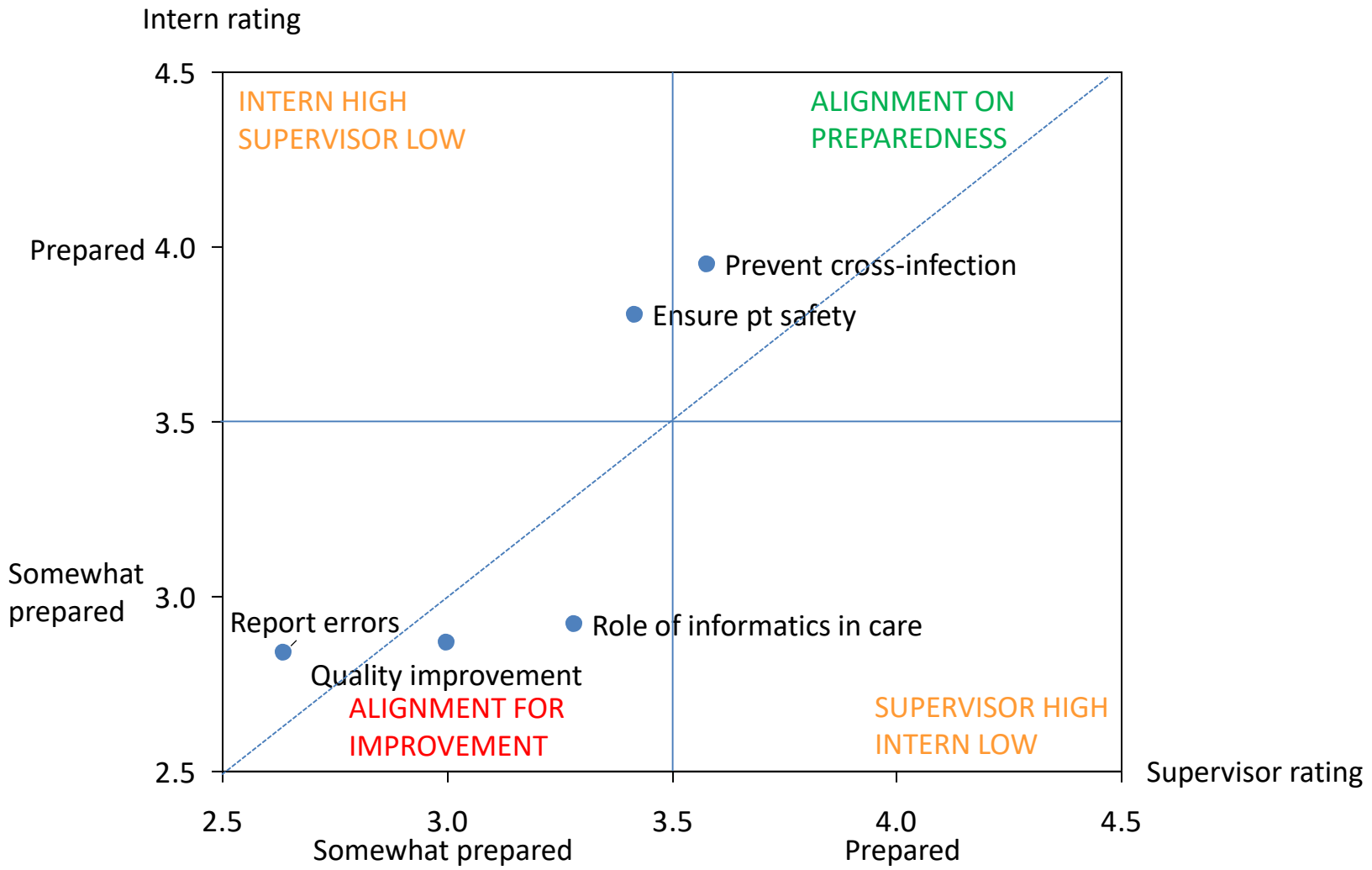
*** Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very 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*



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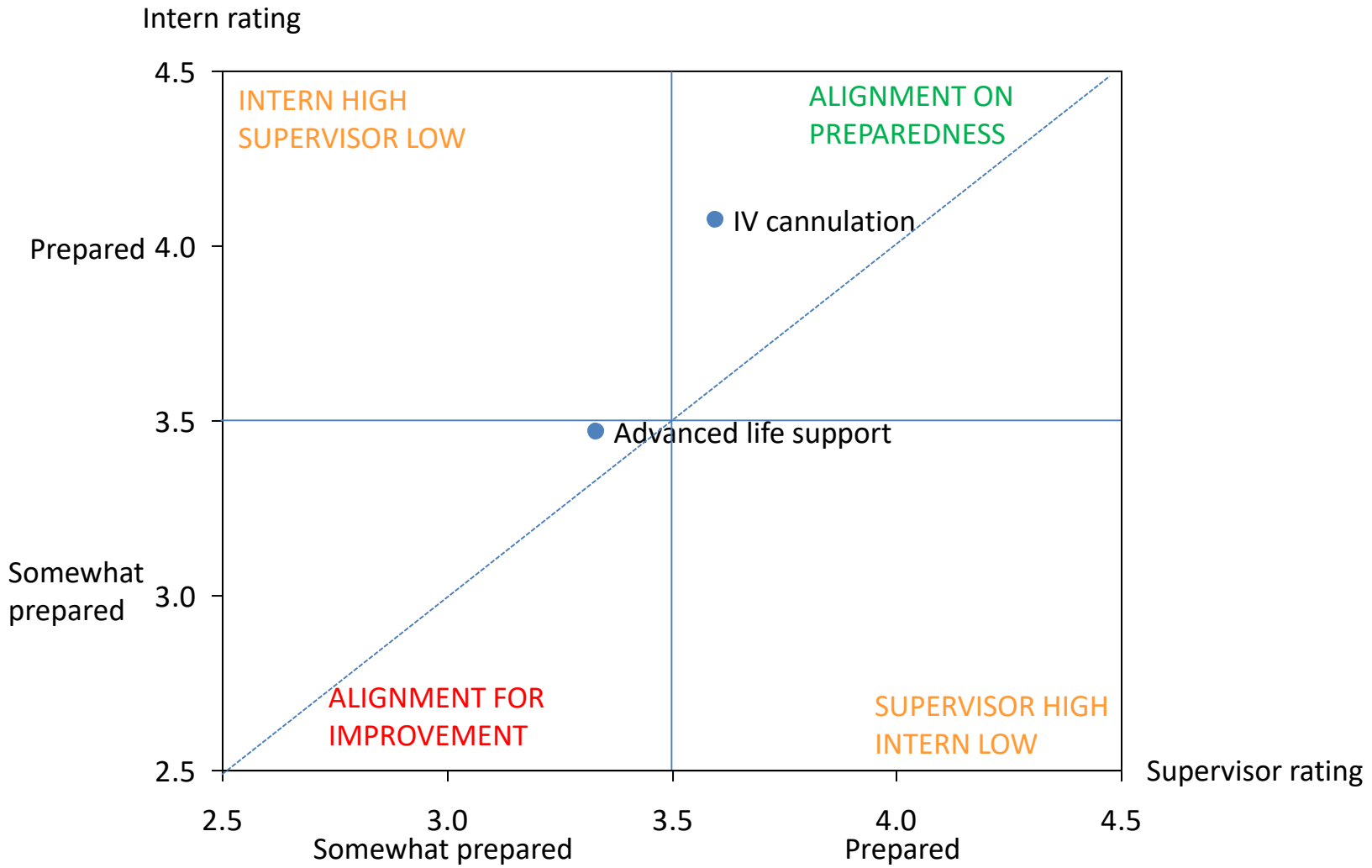
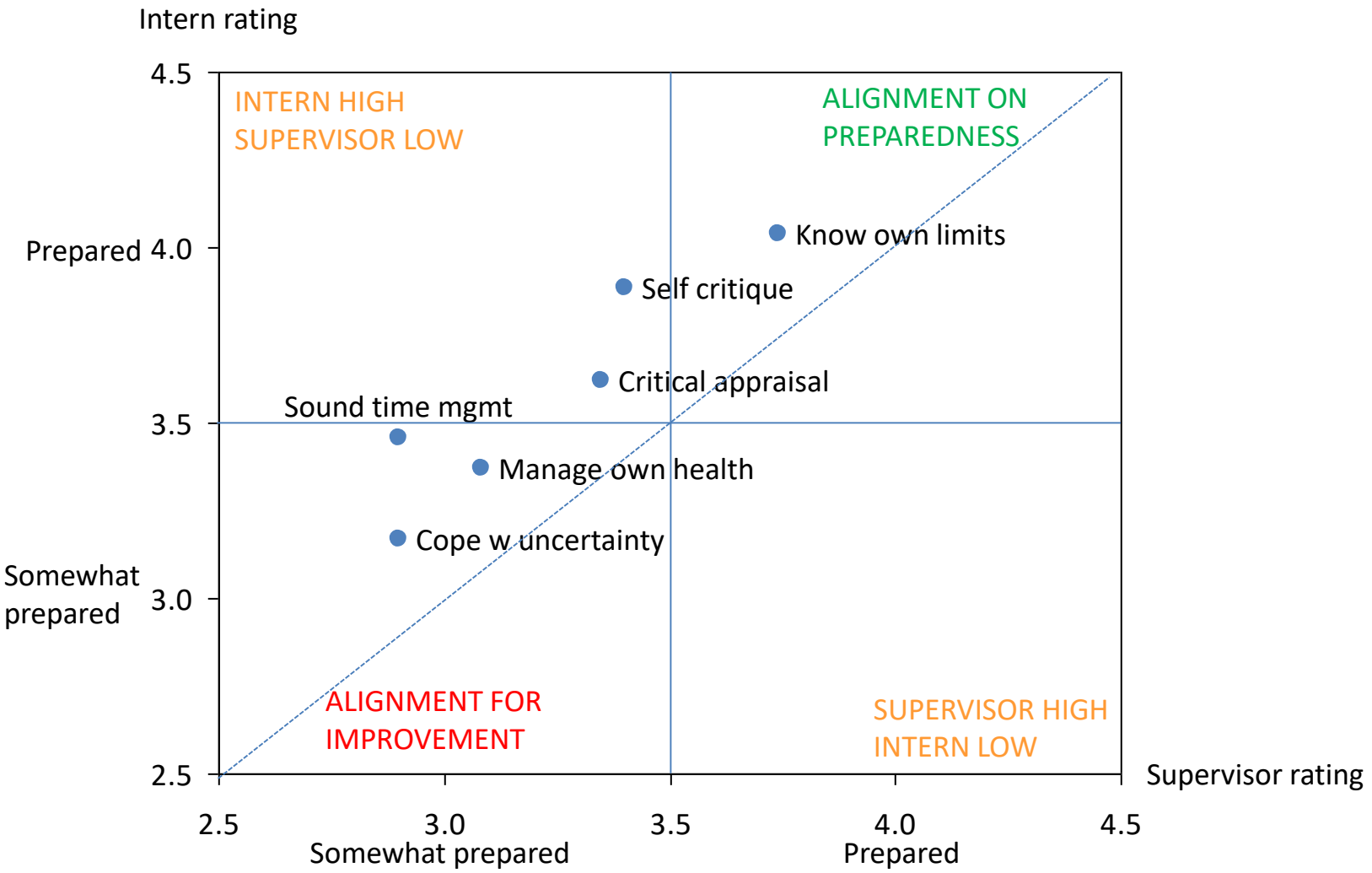
INTERN AND SUPERVISOR SKILL RATINGS: PROCEDURAL SKILLS*



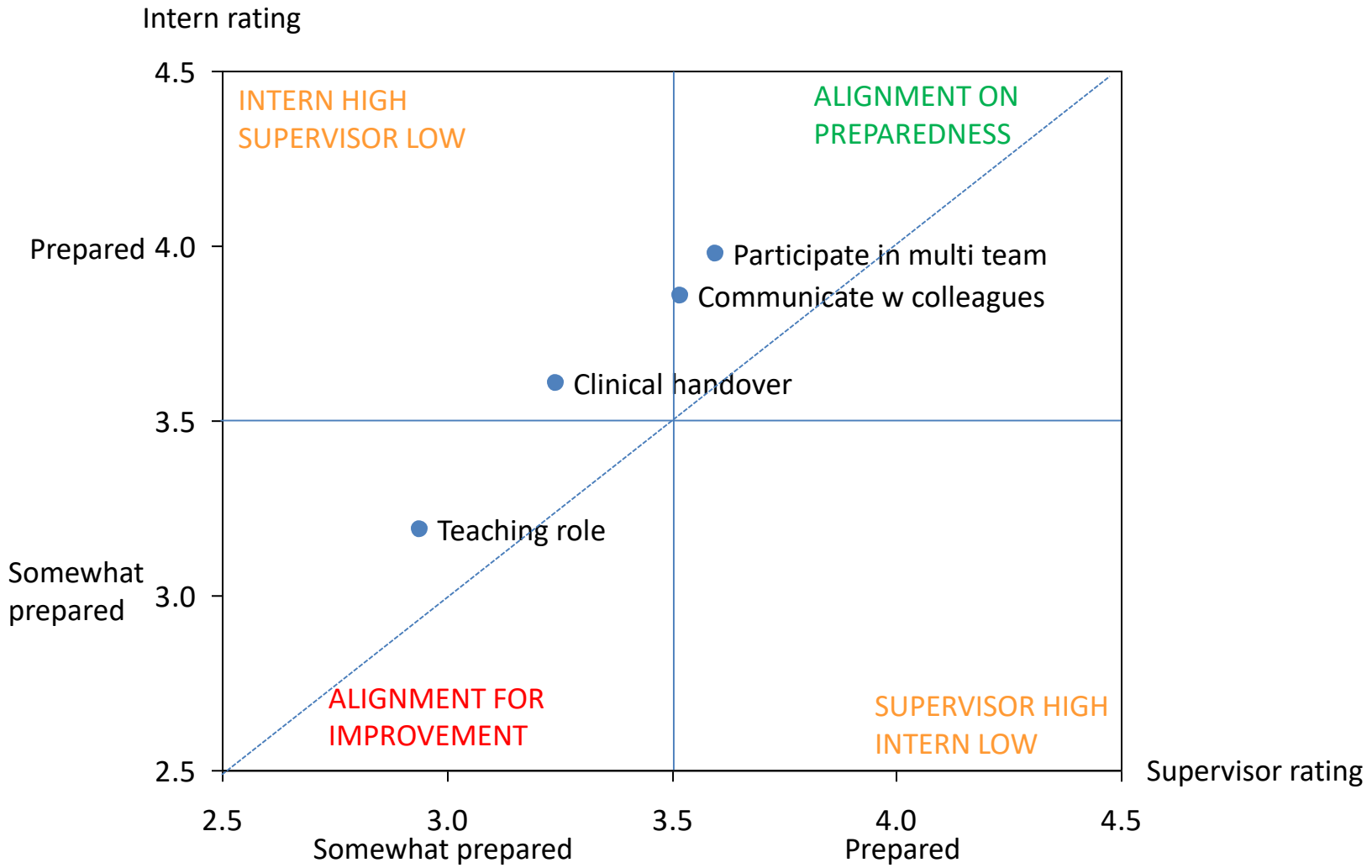
*** Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very 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*



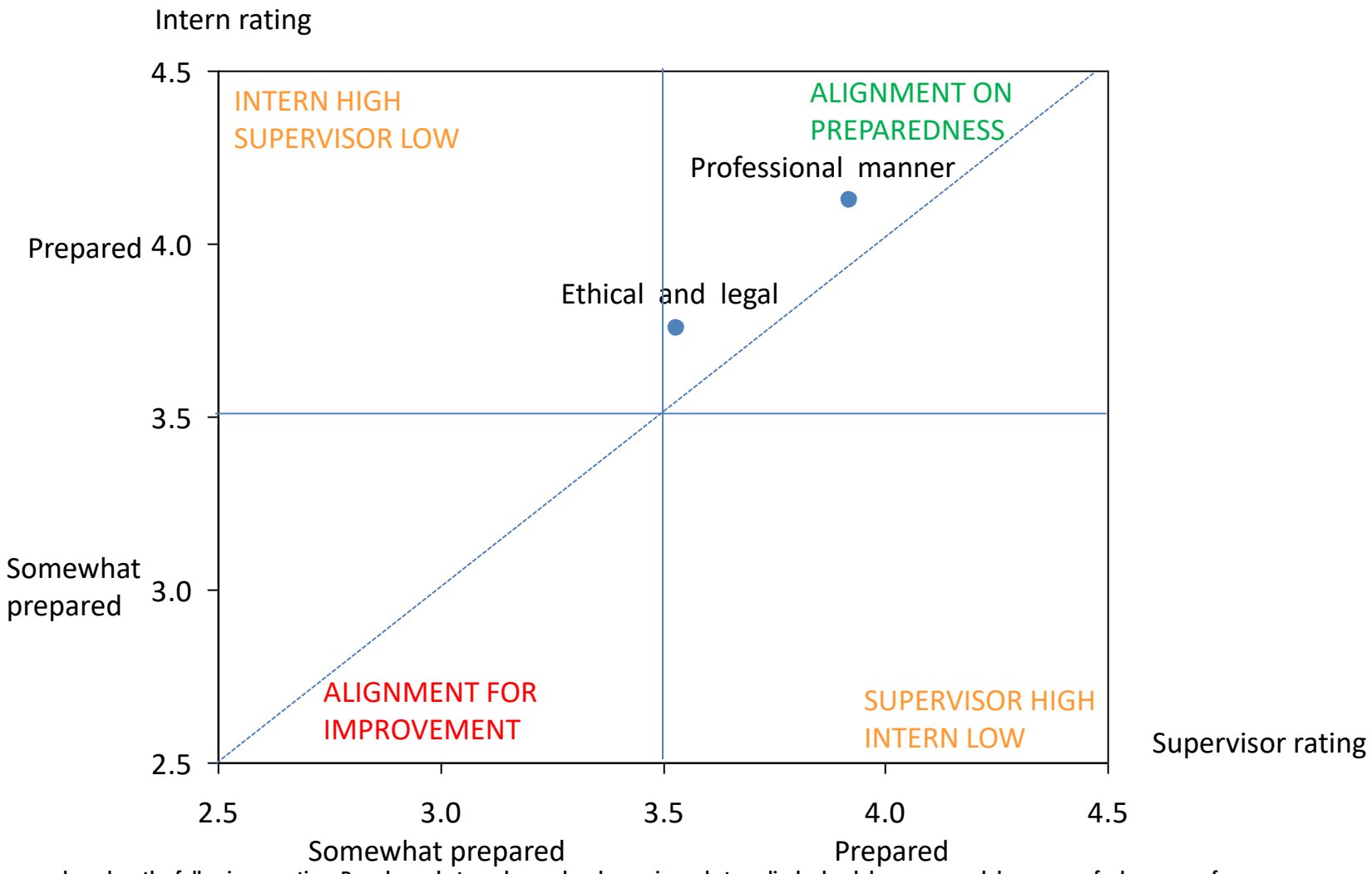
*** Likert scale average based on the following question: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work [insert skill here]: 1 = Not at all prepared, 2 = Not prepared, 3 = Somewhat prepared, 4 = Prepared, 5 = Very 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)**