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

2019 National Report

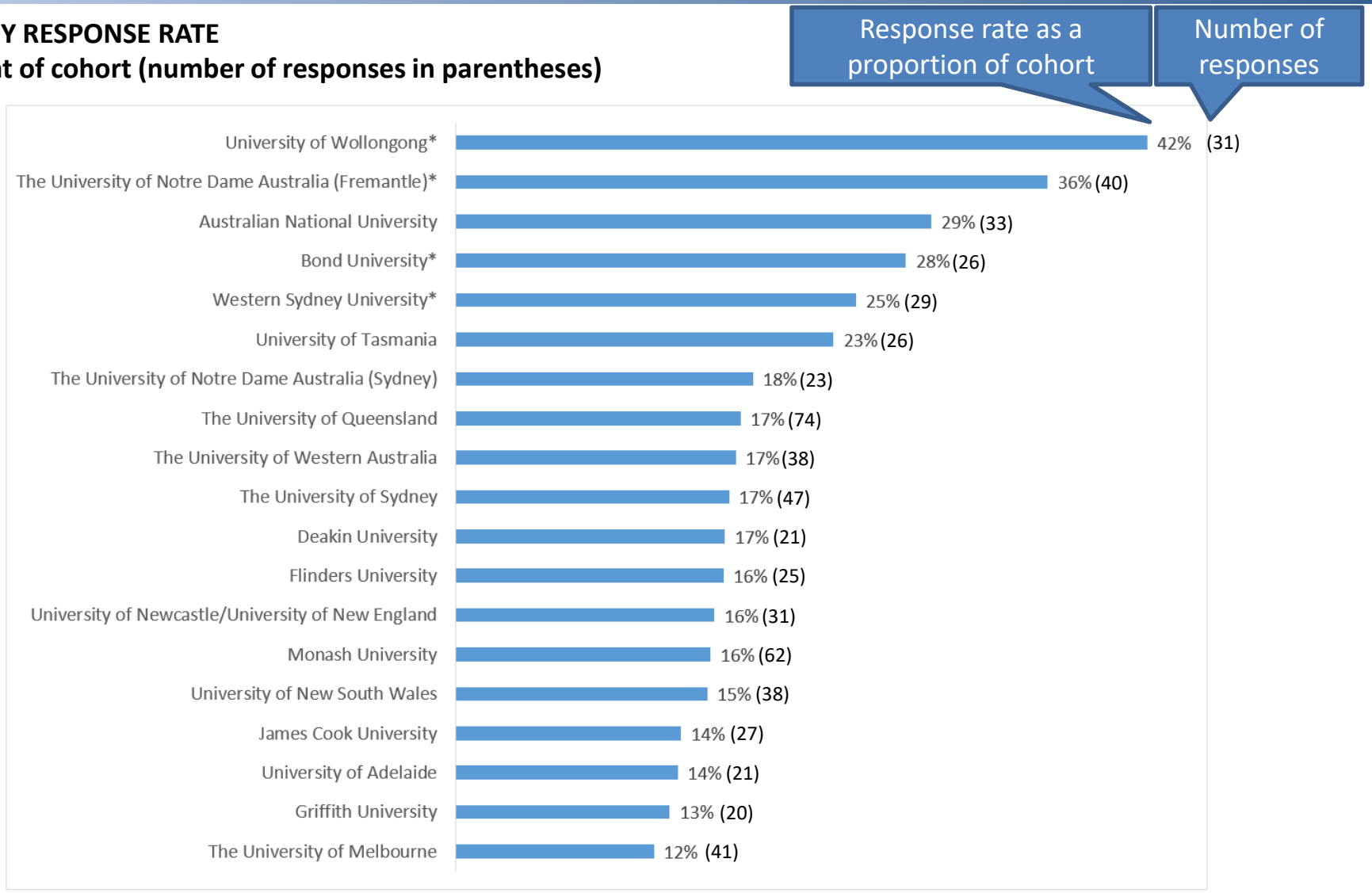
Contents

Introduction

- 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 survey questions are designed to investigate preparedness for internship from a number of perspectives such as:
  - Demographics
  - Medical school factors
  - Program-related factors
  - Pre-internship programs
- The survey also asks questions about situations requiring support, factors which are effective in teaching prescribing and how to treat Aboriginal and Torres Strait Islander patients, as well as gauging preparedness in a number of skills areas
- Schools receive a copy of this national report as well as a customised set of data including text comments and suggestions from all respondents who graduated from that school
- The Australian Medical Council and Medical Board of Australia would like to thank the 2019 survey participants for their contribution

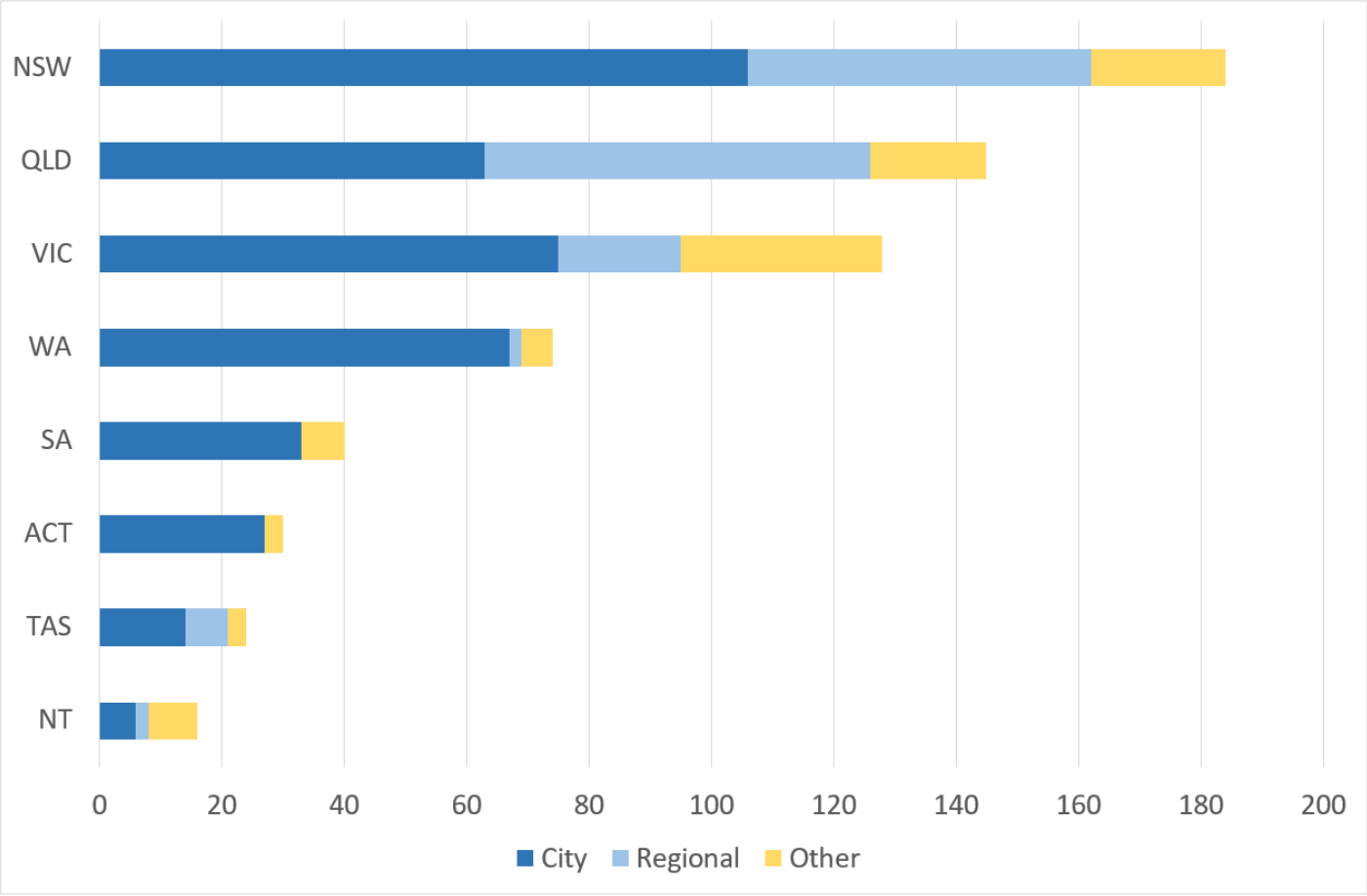
From which University did you graduate?

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



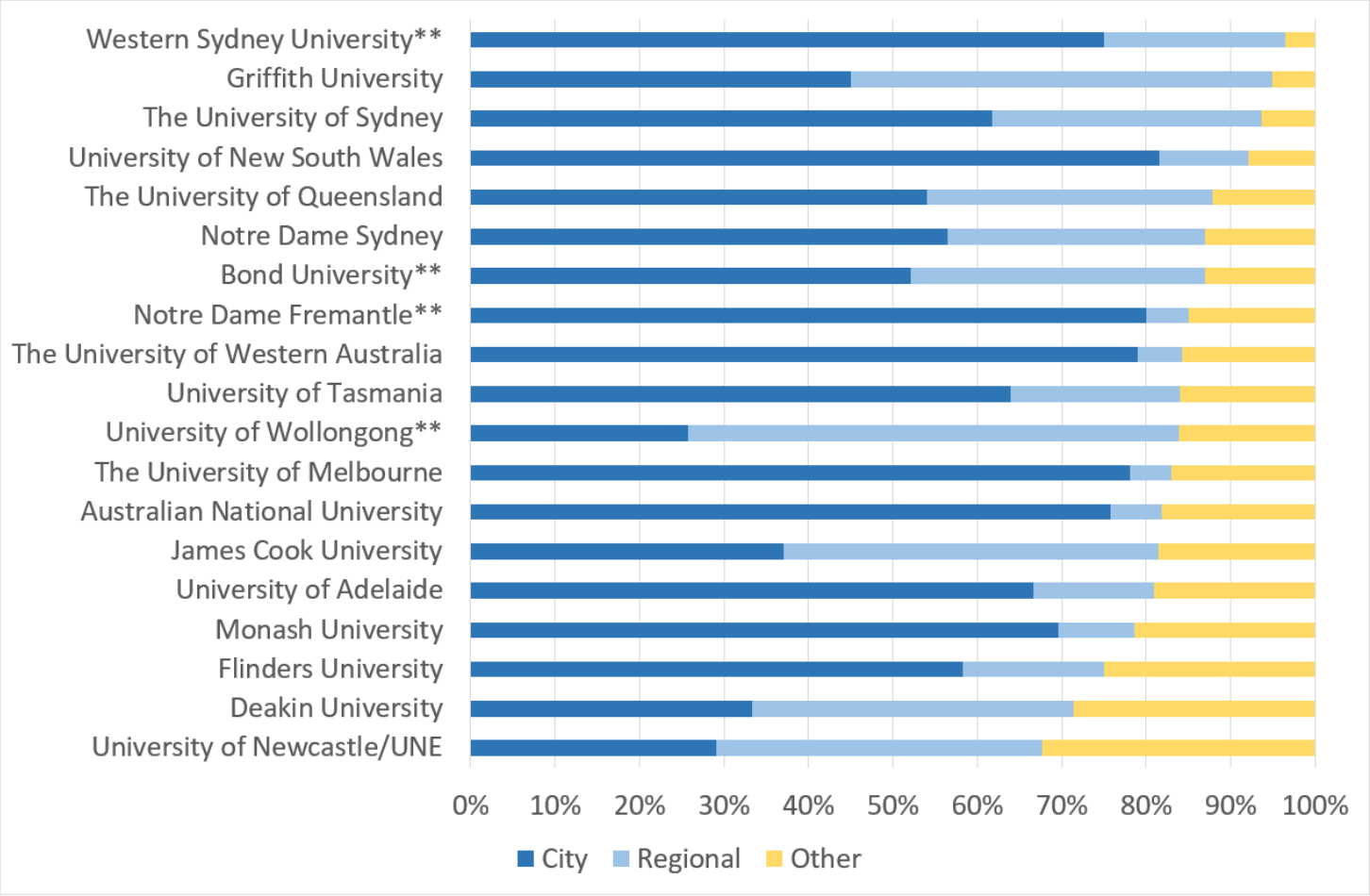
***University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability. The average response rate for the survey was 16% before supplementation of responses.**

NUMBER 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**

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

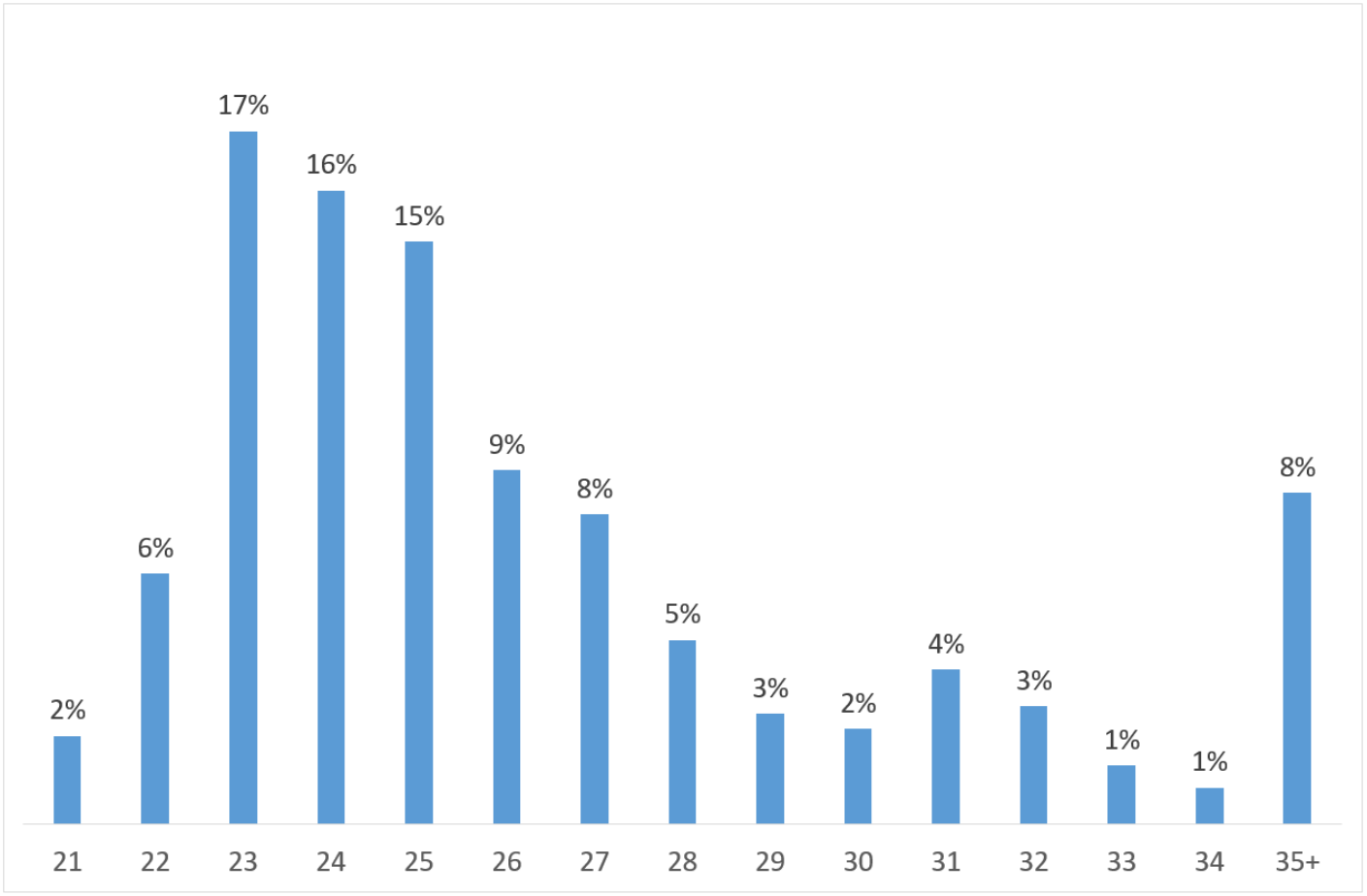


*** City = state and territory capitals; Regional = Gold Coast-Tweed Heads, Newcastle-Maitland, Central Coast, Sunshine Coast, Wollongong, Geelong, Townsville, Cairns, Toowoomba, Launceston; Other = Other = neither City nor Regional**

**** University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability**

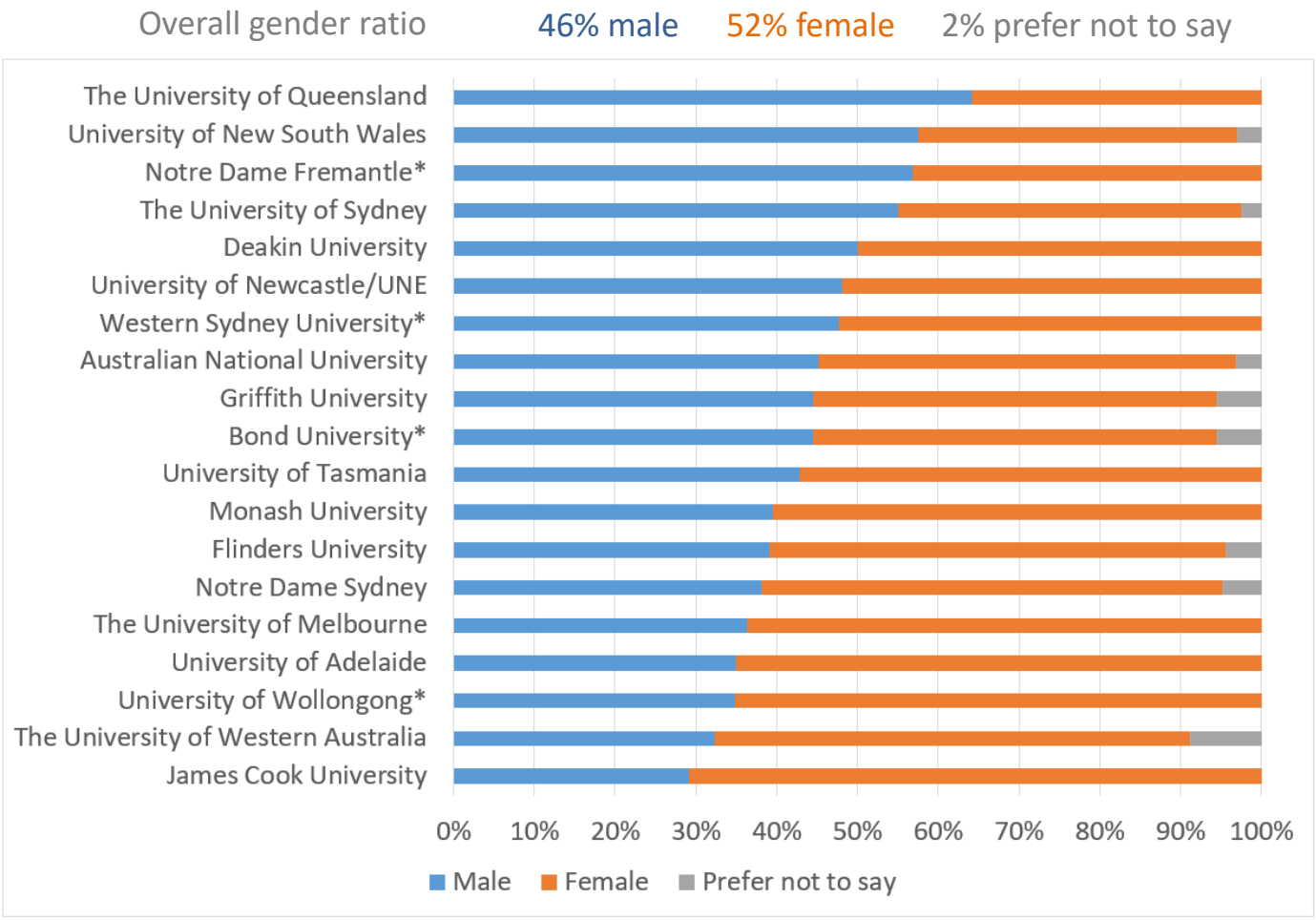
What was your age (in years) on January 1, 2018?

PROPORTION OF RESPONDENTS OF EACH AGE



What is your gender?

PROPORTION OF RESPONDENT GENDER BY MEDICAL SCHOOL



*** University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability**

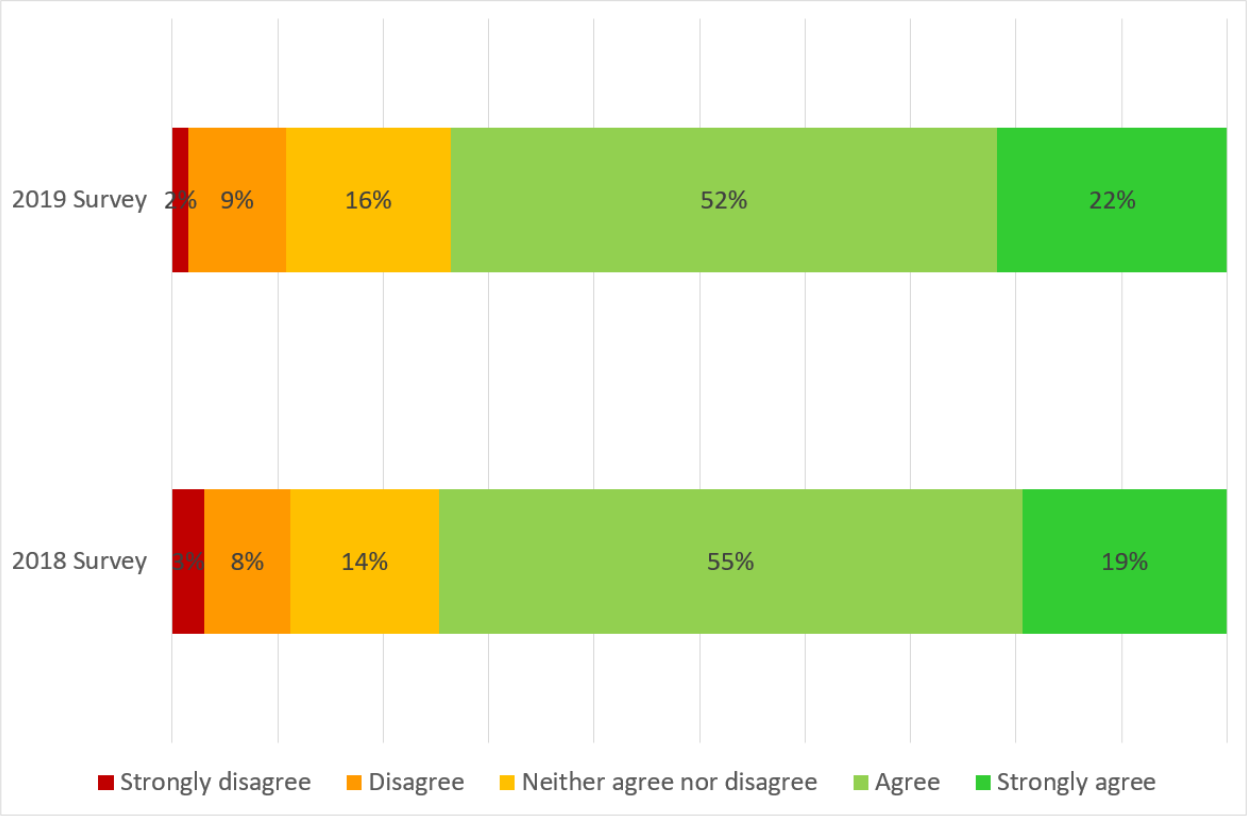
Contents

SUMMARY OF FINDINGS

- 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%; Strongly disagree 2%
- Age was correlated with perceived preparedness at a statistically significant level between the ages of 22 and 29 inclusive (a range which includes over 80% of respondents)
  - The older the respondent the less likely they were to rate their preparedness highly
- Female respondents were slightly more likely to rate their preparedness more highly than male respondents
  - However gender was not correlated at a statistically significant level

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"

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
2018 vs 2019

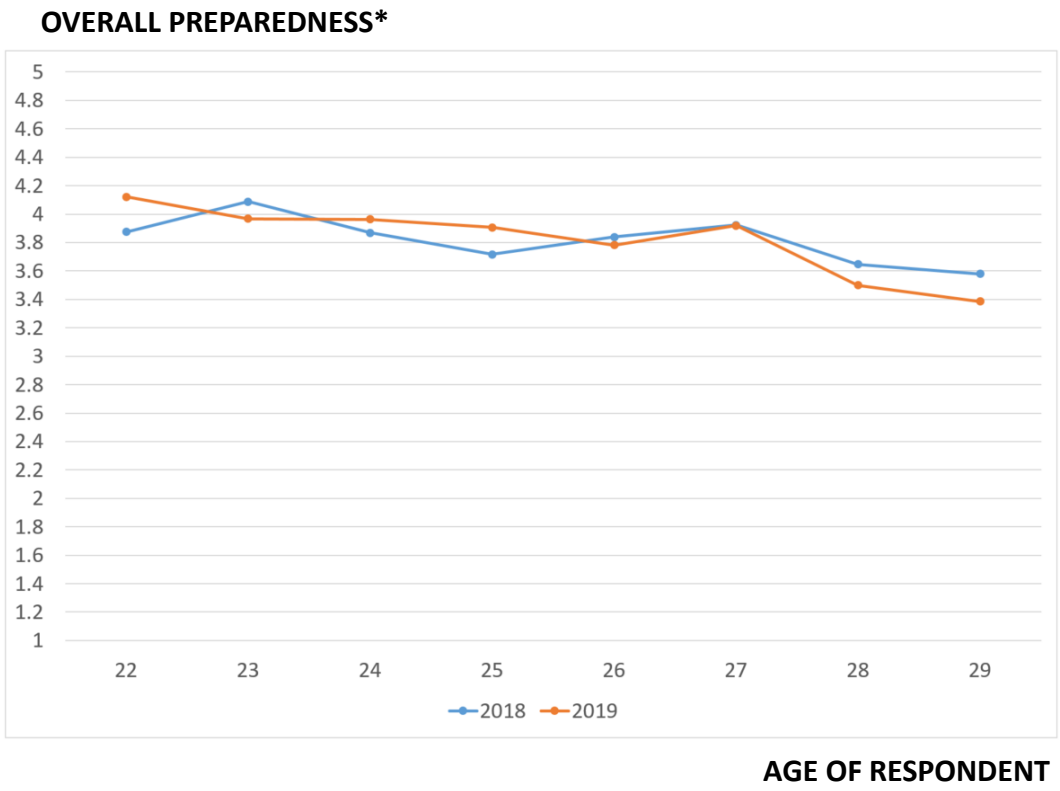


- The average rating for overall preparedness increased slightly from 3.8 in 2018 to 3.83 in 2019**

*** Proportion of respondents answering the following 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 intern".**
****Where 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree and 5 = strongly agree**
Note: the samples for both years in this graph do not include supplementation of 2019 results with 2018 results to preserve an accurate year-on-year comparison

RELATIONSHIP OF PERCEIVED PREPAREDNESS TO RESPONDENT AGE: 2018 vs 2019*

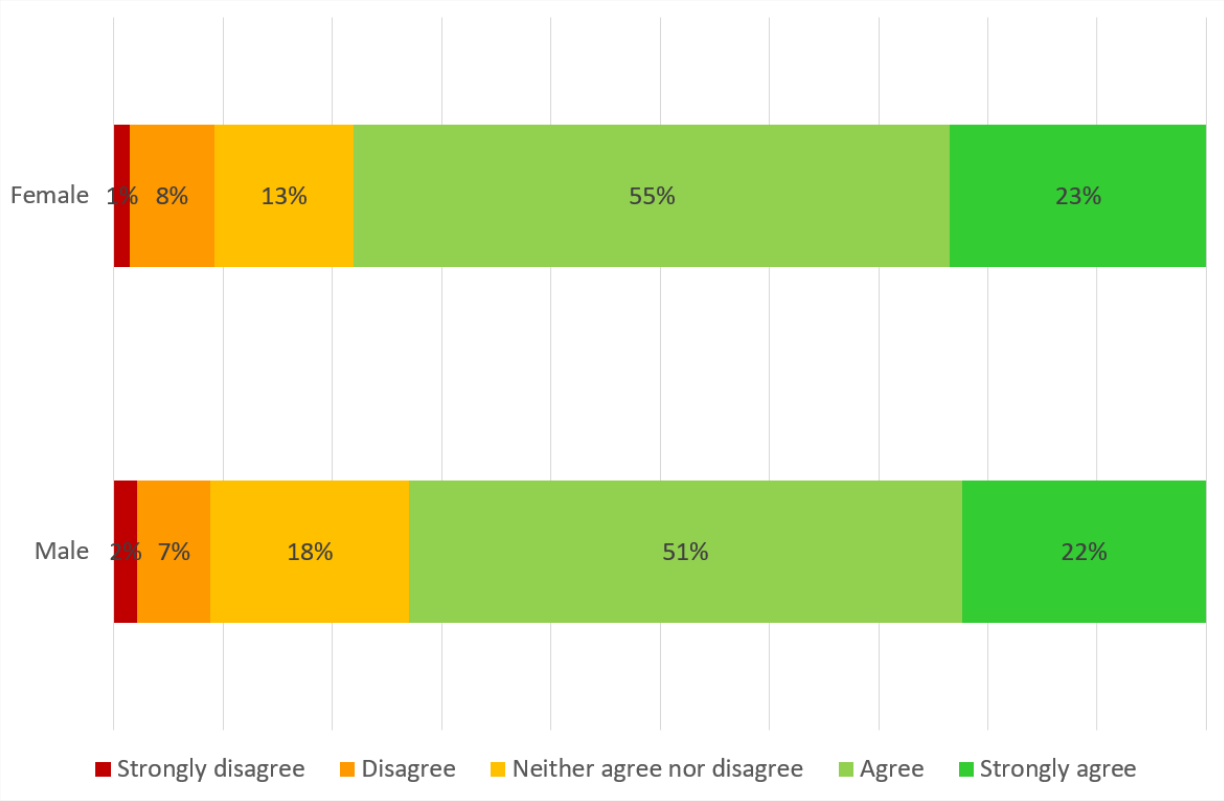
Y axis Likert scale average, X axis respondent age



- 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
- A similar trend was observed in 2018 and 2019
- The decrease over the range of ages shown in this graph (which includes over 80% of respondents) is statistically significant

*** 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 = Neutral, 4 = Agree, 5 = Strongly agree"**
Note: the samples for both years in this graph do not include supplementation of 2019 results with 2018 results to preserve an accurate year-on-year comparison

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
By Gender



- At a national level, female respondents rated their preparedness slightly higher than male respondents
- The gender difference was not statistically significant

*** Proportion of respondents answering the following 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 intern". 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree and 5 = strongly agree**
Note: the samples for both years in this graph do not include supplementation of 2019 results with 2018 results to preserve an accurate year-on-year comparison

Contents

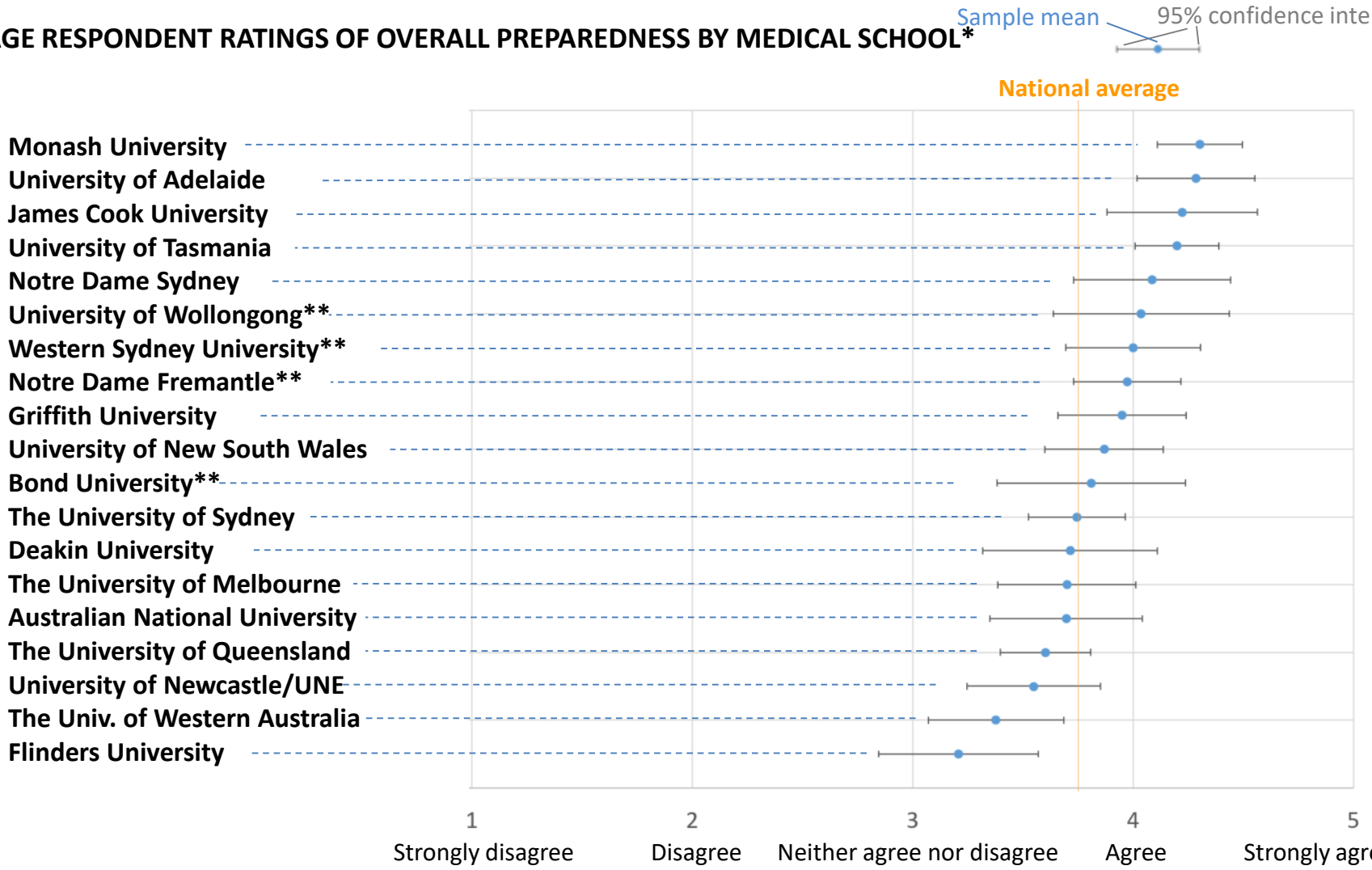
SUMMARY OF FINDINGS

- 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)

First question: From which University did you graduate?

Second question: 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"

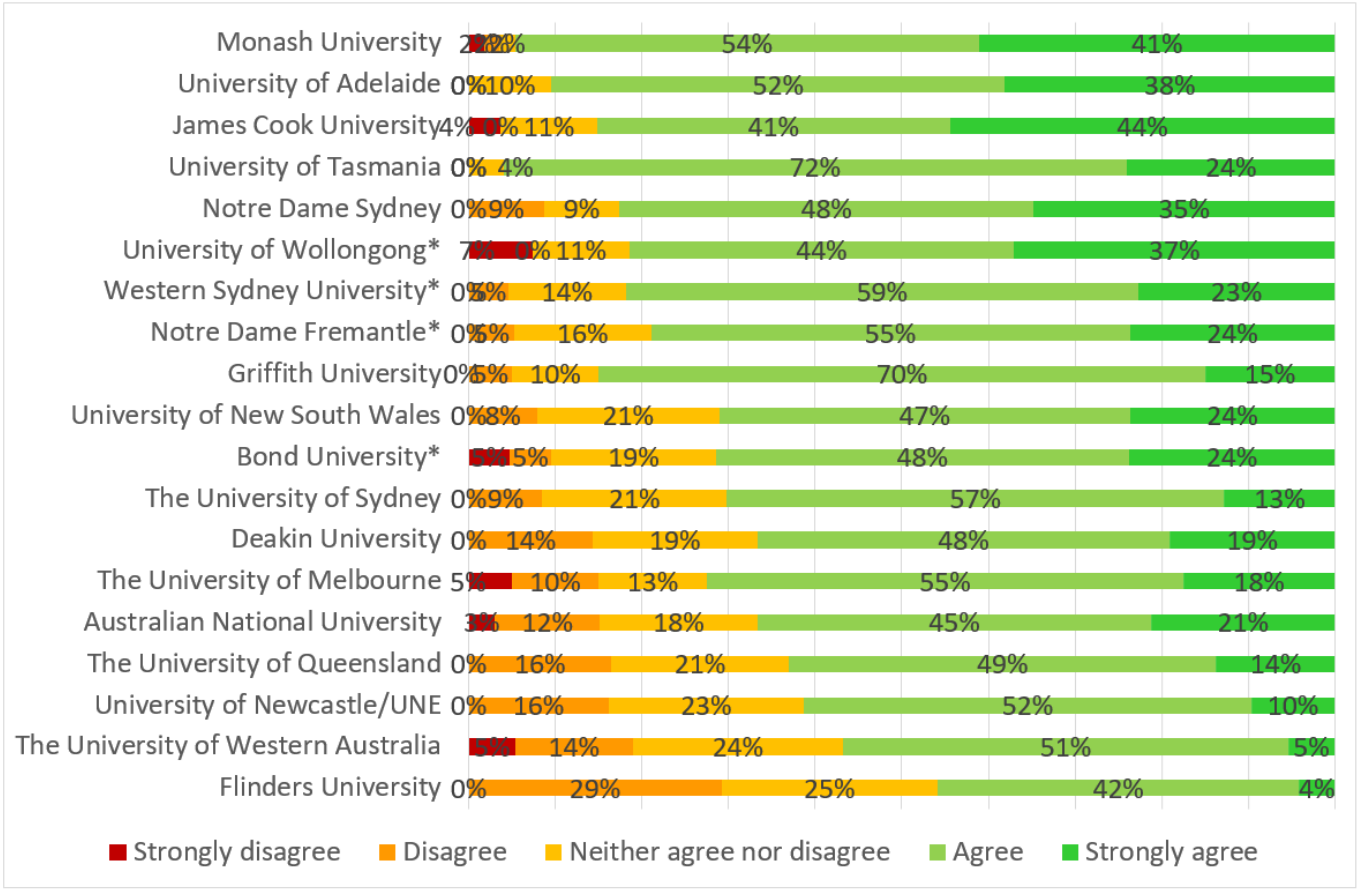
AVERAGE RESPONDENT RATINGS OF OVERALL PREPAREDNESS BY MEDICAL SCHOOL*



* Includes average and 95% confidence intervals of Likert scale responses to the second question above

** University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS**
By Medical School



- Respondents who graduated from some medical schools rated their preparedness higher than others
- The differences were statistically significant i.e. the range of responses from respondents from different schools is unlikely to be explained by random factors alone

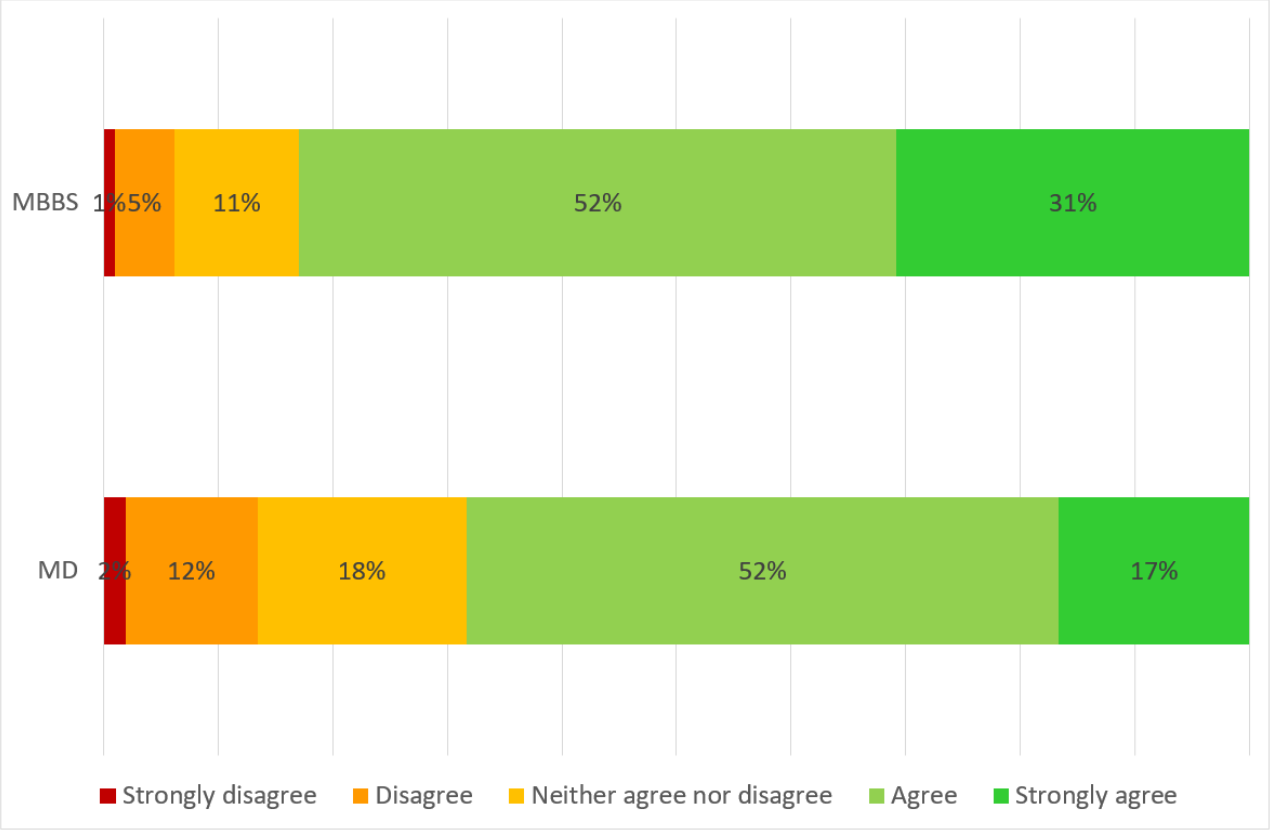
*** University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability**
**** Proportion of respondents answering the following question: Please indicate your level of agreement with the statement: "Overall I felt my medical education was sufficient to undertake the role and responsibilities of an intern: 1 = Strongly disagree, 2 = Agree, 3 = Neutral, 4 = Agree, 5 = Strongly agree". Schools listed in descending order of Likert scale average**

Contents

SUMMARY OF FINDINGS

- The survey asked respondents questions related to program type. The following groups had higher perceived preparedness (at a statistically significant level)
  - MBBS-type program (higher than MD-type programs)
  - Undergraduate programs (higher than graduate entry programs)
  - 5 and 6 year degree programs (higher than 4 year programs)
- As there is considerable overlap between these groups (e.g. many MBBS degrees are also undergraduate and of longer duration), it is difficult to determine which factors are driving the variation in preparedness and which are merely correlated
  - Intuitively length of degree is likely to be a relevant factor, which is also related to length of pre-internship programs (see pages 24 to 26)

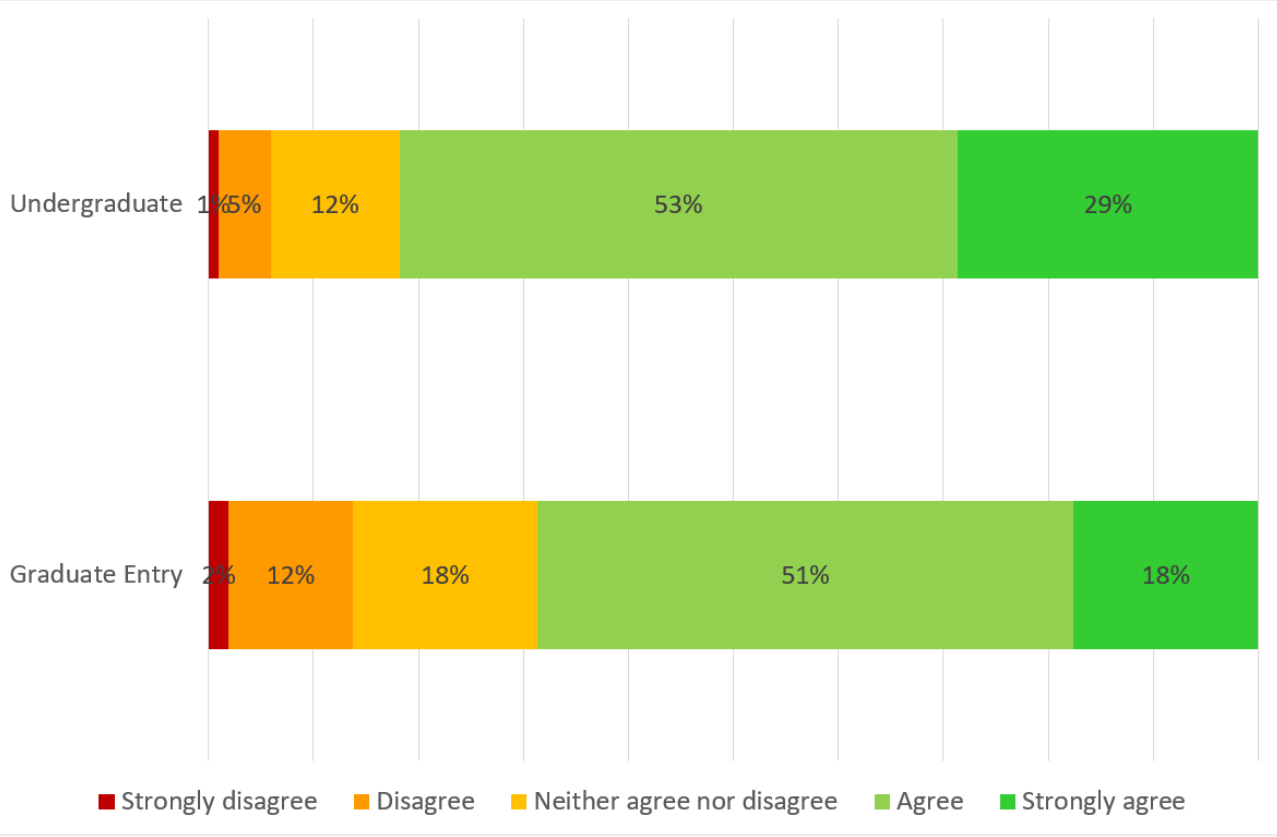
PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
By Type of Degree: MBBS-type vs MD-type



- Respondents who undertook MBBS-type degrees rated their preparedness slightly higher than those who undertook MD-type degrees
- The difference was statistically significant

*** 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 = Neutral, 4 = Agree, 5 = Strongly agree"**
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results

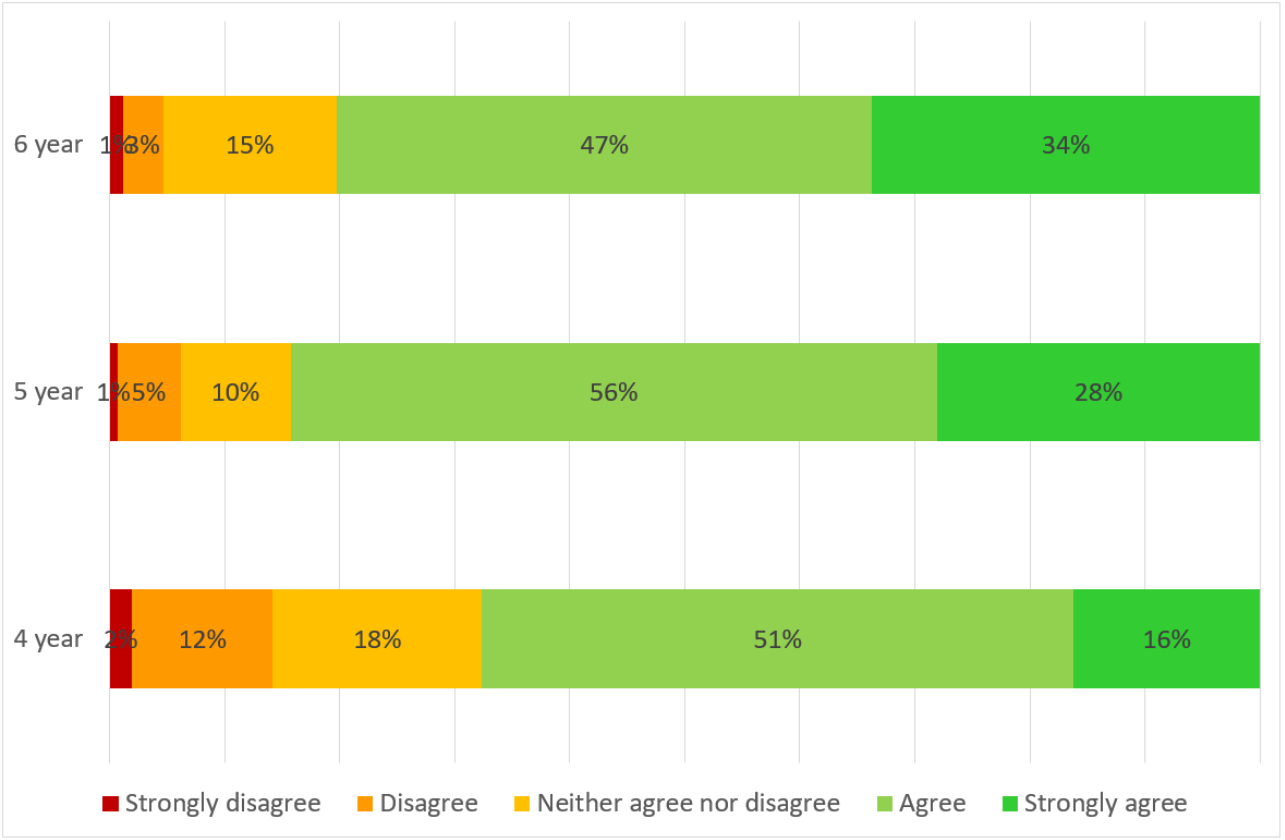
PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
By Type of Degree: Undergraduate vs Graduate Entry



- Respondents who undertook undergraduate degrees rated their preparedness slightly higher than those who undertook graduate entry degrees
- The difference was statistically significant

*** 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 = Neutral, 4 = Agree, 5 = Strongly agree**
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
By Length of Degree in Years



- Respondents who undertook 5 and 6 year degrees rated their preparedness higher than those who undertook 4 year degrees
- The difference was statistically significant

*** 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 = Neutral, 4 = Agree, 5 = Strongly agree"**
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results

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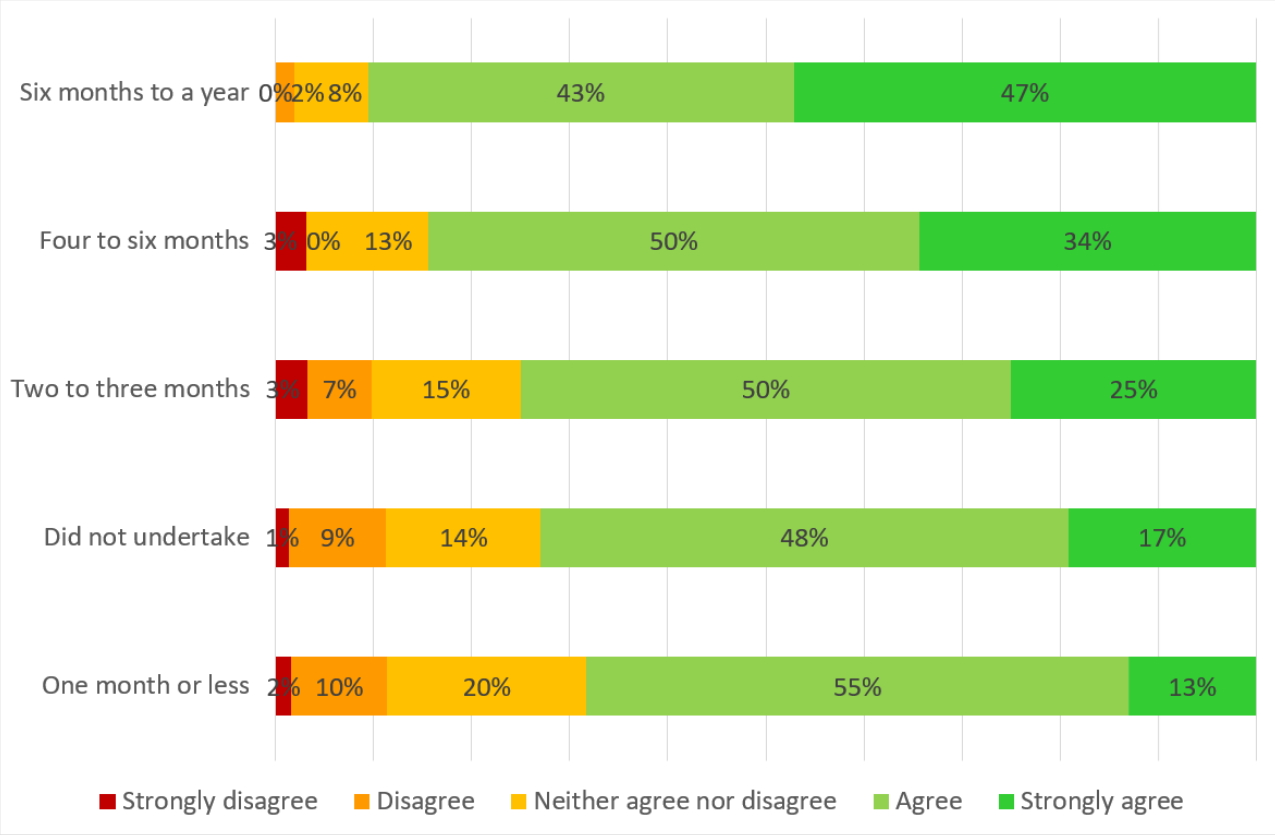
SUMMARY OF FINDINGS

- 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)
  - Text comments indicated that well thought out pre-internship programs of sufficient length provide substantial support to graduates transitioning into intern roles
  - The programs at Monash University and University of Adelaide in particular attracted positive comments from participants

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF OVERALL PREPAREDNESS*
By Duration of Pre-Internship Program (including 'Did not Undertake Pre-Internship Program')



- Respondents who had had longer pre-internship program had higher levels of perceived preparedness
- Those who did not undertake pre-internship programs had similar levels of perceived preparedness to those who undertook short programs
- The difference was statistically significant when longer programs were compared to shorter programs

*** Proportion of respondents answering the following 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 intern". Types of program listed in descending order of Likert scale average of overall preparedness**
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results

Do you have any additional comments regarding your medical school's program or other programs specifically designed to assist students to transition to internship?

THEMES FROM SURVEY TEXT ANSWERS REGARDING PRE-INTERNSHIP PROGRAMS

Themes	Examples
Setting of pre-internship program	• Many felt that pre-internship training should be matched to internship hospital • There was greater interest in pre-internship experiences in general medical or surgical rather than specialist settings
Length of pre-internship program	• Longer periods of pre-internship preparation without distraction of exams were appreciated
Content of pre-internship program	• More preparation for common ward jobs e.g. writing discharge summaries and other administrative tasks were requested by some respondents • Instruction should be geared to required skills and specific workplace challenges rather than being 'just another clinical rotation'

Contents

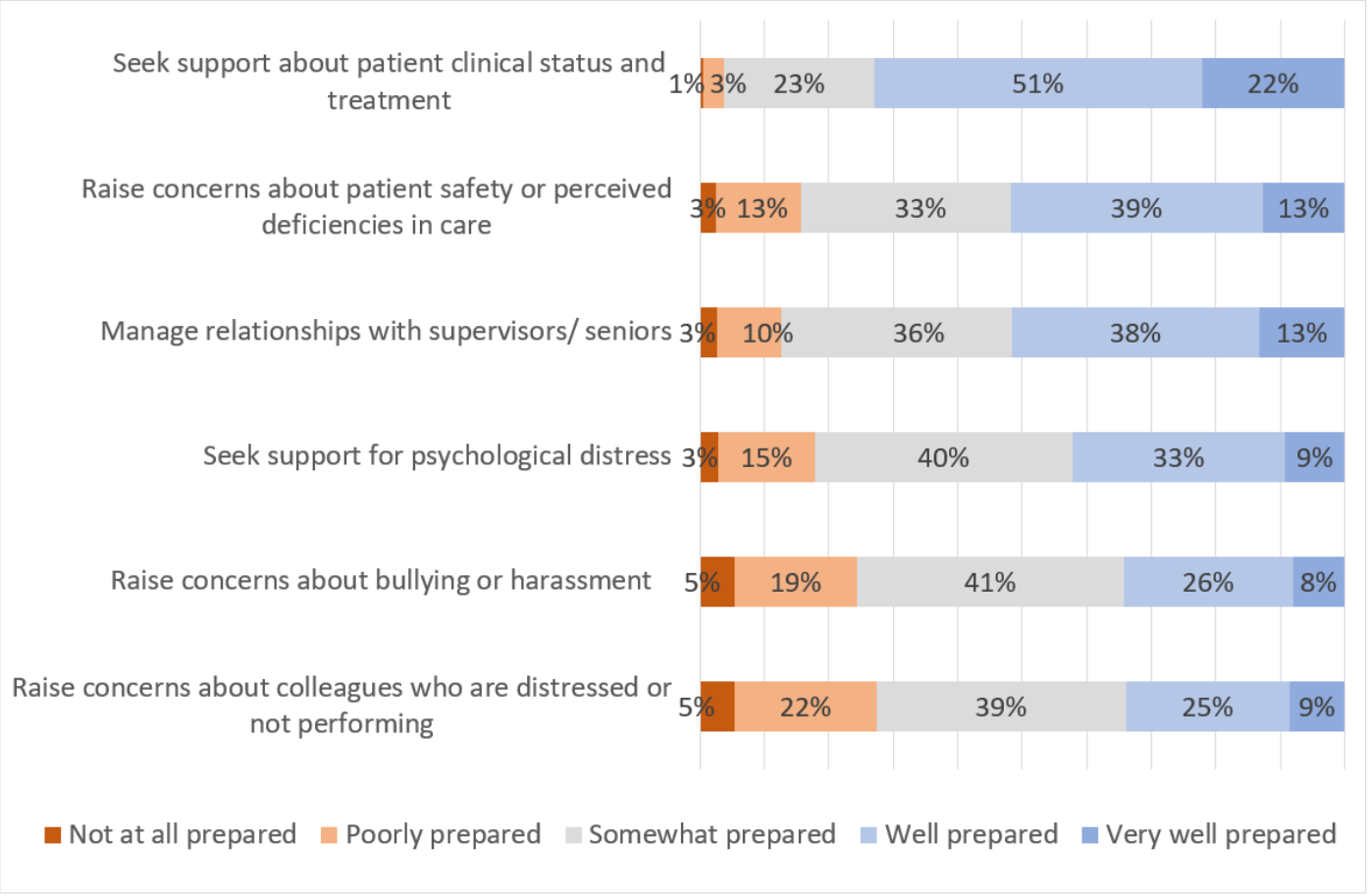
SUMMARY OF FINDINGS

- The level 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

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

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF PREPAREDNESS*

Preparedness for Situations Requiring Support



*** 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. Situations requiring support listed in descending order of Likert scale average of preparedness**

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
Better support	• Better support for students with psychological distress, many of whom feel that they have to hide their problems
Teaching about support	• More clinical exposure allowing greater familiarity with team situations
Hospital environment	• Better information about reporting pathways
Obstacles due to medical culture	• Difficulty in addressing problems in a hierarchical system • Difficulty in reporting without risking progression
Other obstacles	• Mandatory reporting may prevent students and doctors from seeking help • Differences in hospital processes and cultures complicate efforts to increase preparedness • A general difficulty is associated with preparing students for negative workplace situations

*** 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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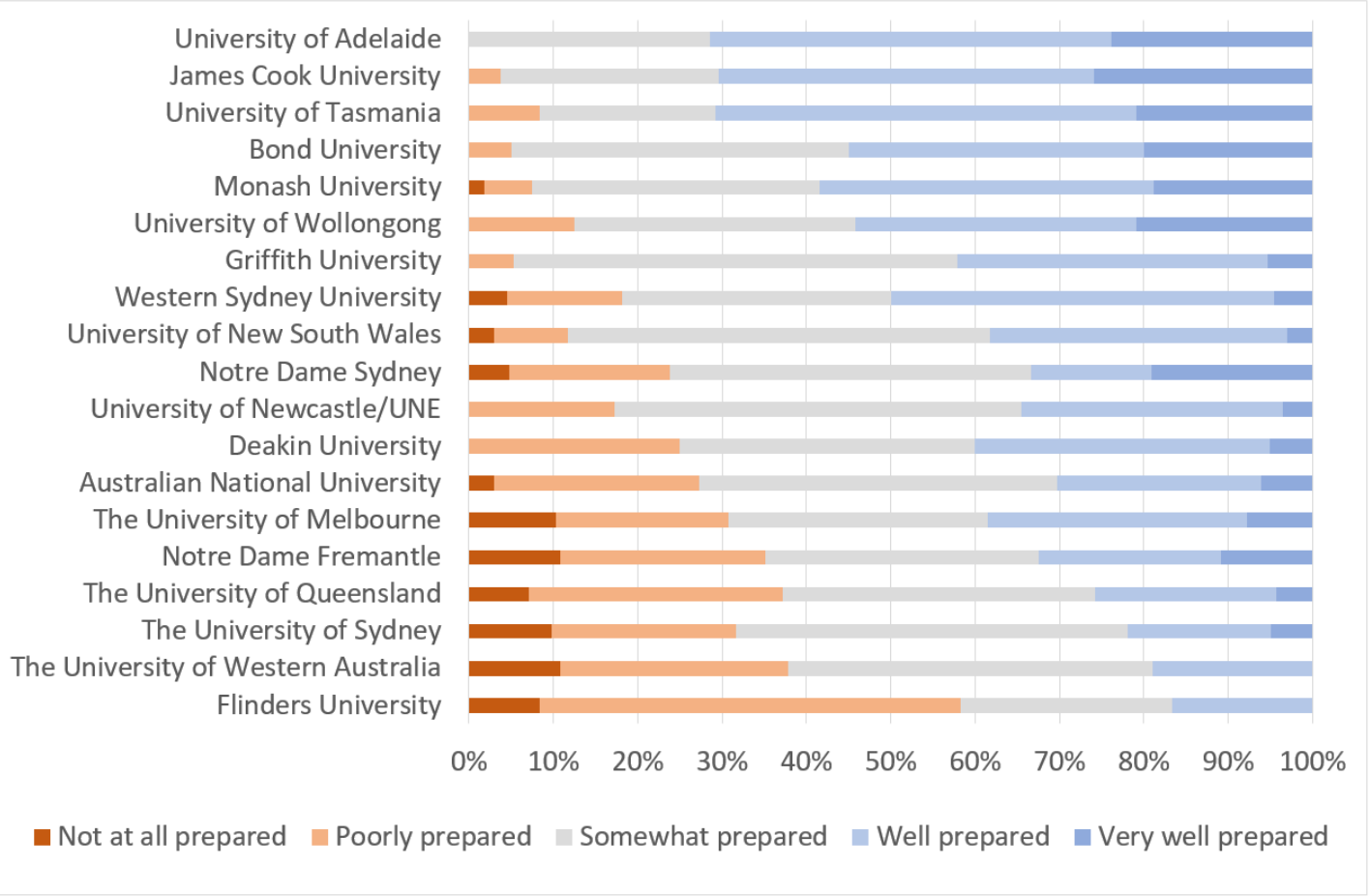
SUMMARY OF FINDINGS

- Prescribing remains a relatively low rated clinical skill in terms of perceived preparedness
  - A finding which is not surprising given the level of responsibility required and the potential for harm
- Respondents who had higher perceived preparedness for prescribing listed the following as important factors which were effective in increasing preparedness, in descending order:
  - 1. Teaching about online resources that support prescribing; 2. Practical training on how to prescribe drugs; 3. Exposure to prescribing in clinical situations; 4. Teaching about how teamwork and inter-professional cooperation can support safe prescribing; 5. Teaching about pharmacology and therapeutics; 6. Preparation for and participation in the Prescribing Skills Assessment online test
- These themes were also reflected in text comments

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF PREPAREDNESS*

Preparedness to Prescribe Safely

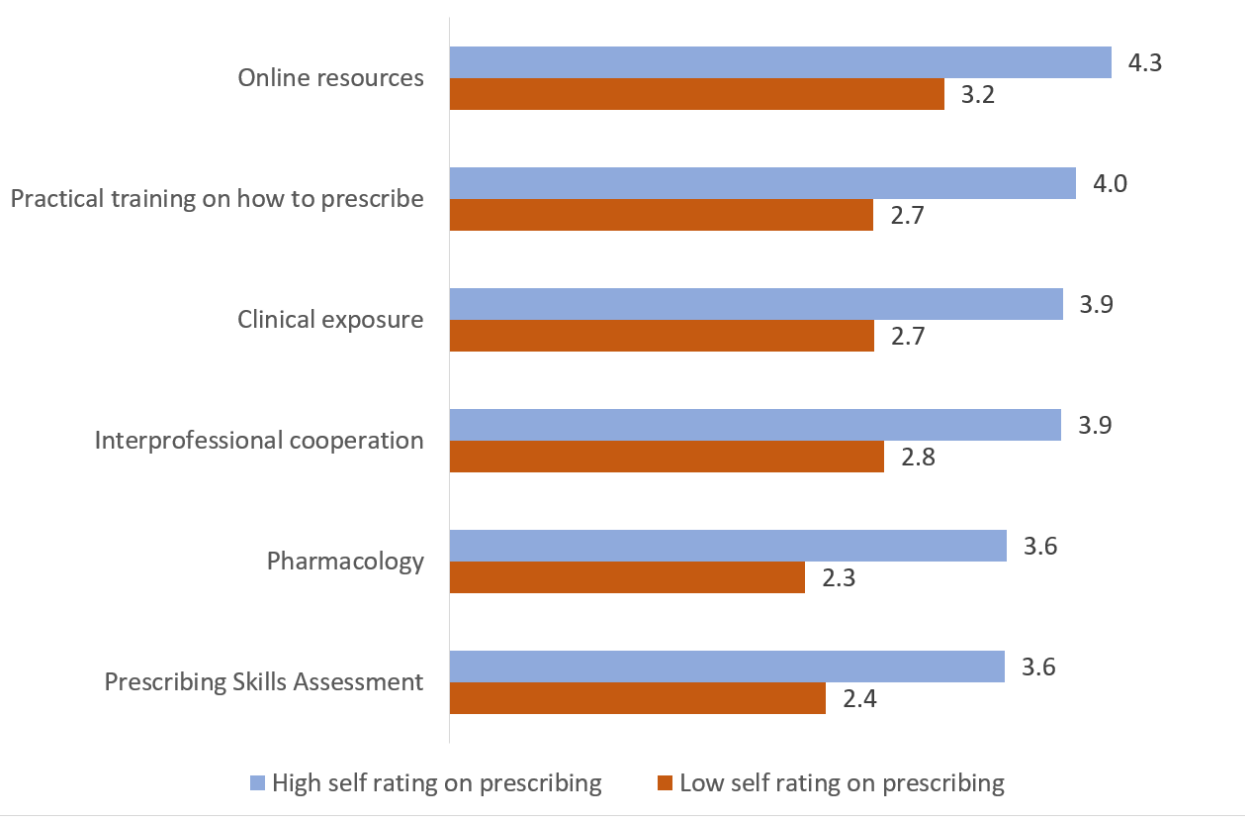


*** Text of the question as follows: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work: Prescribing safely and calculating accurate drug dosages. Schools listed in descending order of Likert scale average of preparedness**

Note: University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability

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

EFFECTIVENESS OF FACTORS IN PREPARING RESPONDENTS TO PRESCRIBE SAFELY*



*** Likert scale: 1 = not at all effective, 2 = slightly effective, 3 = somewhat effective, 4 = very effective, 5 = extremely effective. This graph compares the Likert scale averages of respondents who gave high ratings for preparedness to prescribe safely ('well prepared' or 'very well prepared'), and the average responses for those who gave low ratings ('not at all prepared, or 'poorly prepared'), for the same measure. Likert scale average in response to the following question: Please indicate how effective the following factors were in preparing you to prescribe medications safely : a) Teaching about pharmacology and therapeutics, b) Practical training on how to prescribe drugs (e.g. filling out prescriptions or drug charts under supervision), c) Teaching about online resources that support prescribing (e.g. Australian Medicines Handbook, e-prescribing systems), d) Teaching about how teamwork and interprofessional cooperation can support safe prescribing, e) Preparation for and participation in the Prescribing Skills Assessment online test, f) Exposure to prescribing in clinical situations (i.e. during time on the wards, on rounds etc)**

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

THEMES FROM SURVEY TEXT ANSWERS REGARDING PREPAREDNESS FOR PRESCRIBING

Themes	Examples
Practical prescribing exercises	• Mock medical charting • Other forms of prescribing exercises
Working with 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	• NPS online prescribing modules
Workplace issues	• Some respondents found that varying and inconsistent prescribing systems (e.g. both paper-based and electronic) made it difficult to prepare for prescribing in the workplace

*** i.e. other factors than those raised in the previous question, which listed the following issues: a) Teaching about pharmacology and therapeutics, b) Practical training on how to prescribe drugs (e.g. filling out prescriptions or drug charts under supervision), c) Teaching about online resources that support prescribing (e.g. Australian Medicines Handbook, e-prescribing systems), d) Teaching about how teamwork and interprofessional cooperation can support safe prescribing, e) Preparation for and participation in the Prescribing Skills Assessment online test, f) Exposure to prescribing in clinical situations (i.e. during time on the wards, on rounds etc)**

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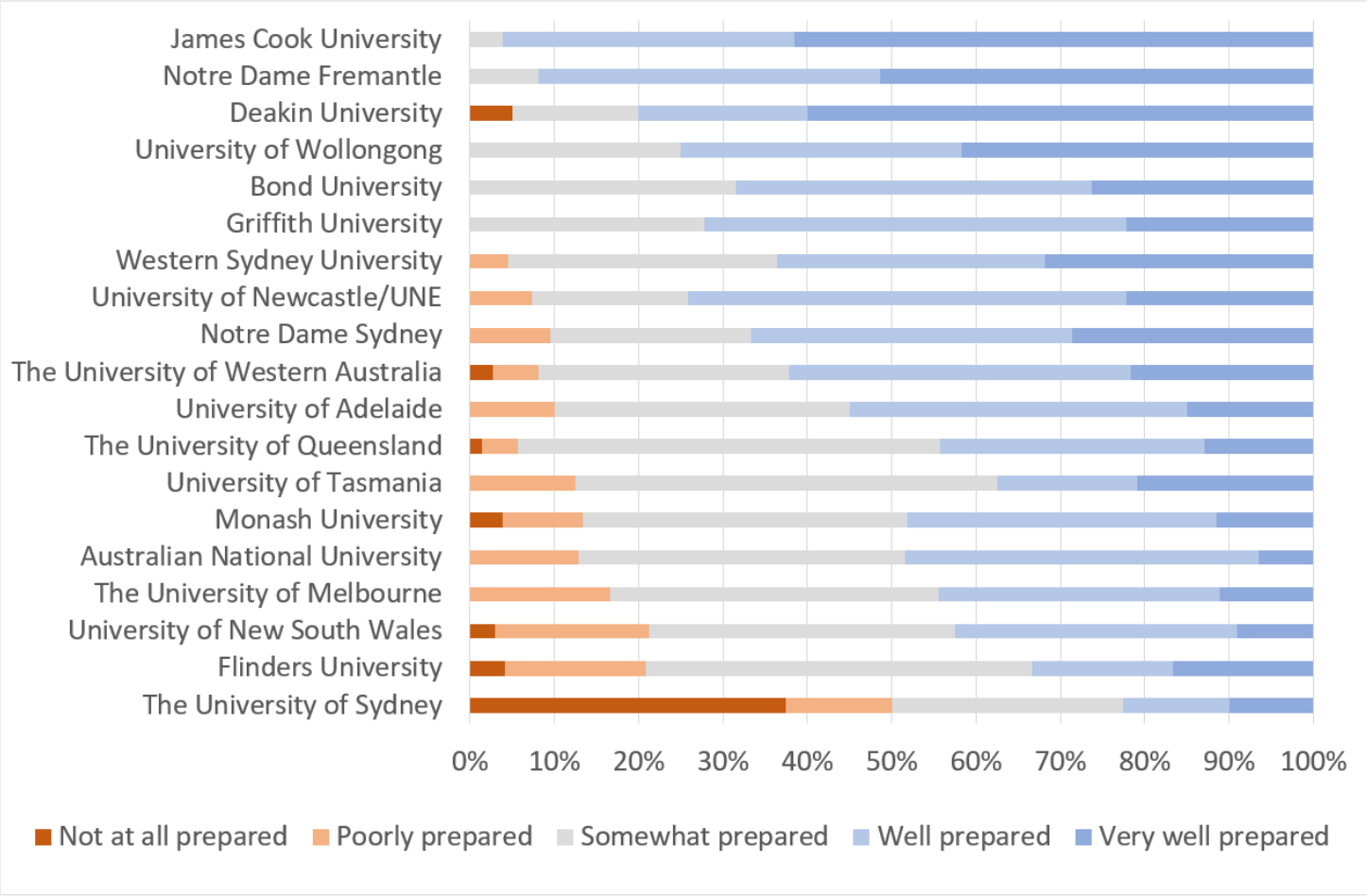
Preparedness to treat Aboriginal and Torres Strait Islander patients

SUMMARY OF FINDINGS

- 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

PROPORTION OF RESPONDENTS PROVIDING DIFFERENT RATINGS OF PREPAREDNESS*

Preparedness to Provide Care for Aboriginal and Torres Strait Islander Peoples

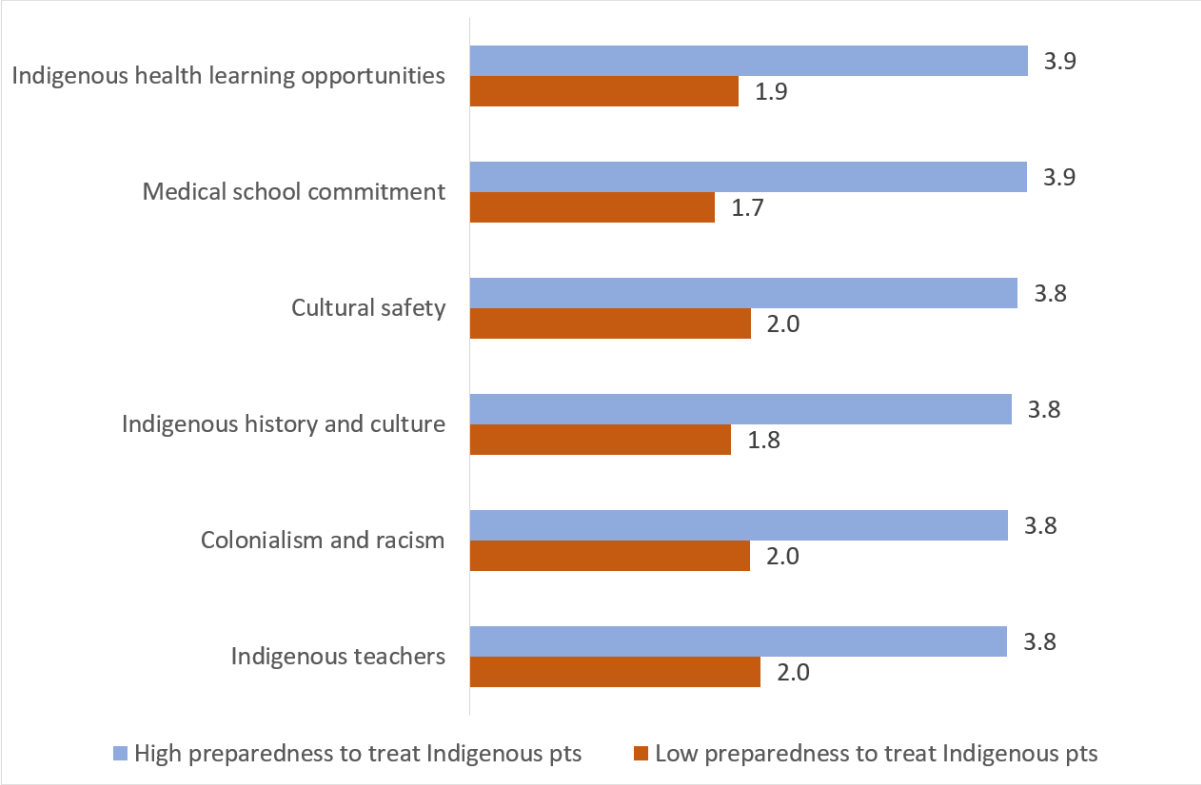


*** Text of the question as follows: Based on what you learned and experienced at medical school, how prepared do you now feel you were for the following in clinical work: Providing care for Aboriginal and Torres Strait Islander peoples. Schools listed in descending order of Likert scale average of preparedness**

Note: University of Wollongong, Western Sydney University, Bond University and Notre Dame Fremantle had responses from 2018 and 2019 combined to improve statistical reliability

Please indicate how effective the following factors were in preparing you to provide care to Aboriginal and Torres Strait Islander patients:

EFFECTIVENESS OF FACTORS IN PREPARING RESPONDENTS TO PROVIDE CARE ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS*



*** Likert scale: 1 = not at all effective, 2 = slightly effective, 3 = somewhat effective, 4 = very effective, 5 = extremely effective. This graph compares the Likert scale averages of respondents who gave high ratings for preparedness to provide care ('well prepared' or 'very well prepared'), and the average responses for those who gave low ratings ('not at all prepared, or 'poorly prepared'), for the same measure. Likert scale average in response to the following question: Please indicate how effective the following factors were in preparing you to provide care to Indigenous patients: a). Teaching about cultural safety b) Teaching about Indigenous people and their history and culture c) Teaching about the role of Australian history, colonisation and racism in Indigenous health outcomes d) Teaching by Indigenous teachers including clinicians e) Clinically relevant Indigenous health learning opportunities (such as cultural immersion days, clinical placements) f) My medical school's commitment to graduating doctors with the capabilities to provide care for Indigenous patients**

Are there other factors which were helpful to you in learning how to provide care to Aboriginal and Torres Strait Islander patients?*

THEMES FROM SURVEY TEXT ANSWERS REGARDING PREPAREDNESS FOR TREATING INDIGENOUS PATIENTS

Themes	Examples
Location of placements	• Placements which allow interaction with Indigenous patients • Experience in rural settings e.g. through the John Flynn Placement Program • Spending time at Aboriginal Medical Services in urban settings
Aboriginal teaching	• Sessions led by Aboriginal teachers
Obstacles to improving preparedness	• Difficulty to make teaching meaningful and relevant without actual exposure to Indigenous patients and culture • Tendency for some training to treat Indigenous patients as a homogenous group despite diversity

*** i.e. other factors than those raised in the previous question, which listed the following issues: a)Teaching about cultural safety b) Teaching about Indigenous people and their history and culture c) Teaching about the role of Australian history, colonisation and racism in Indigenous health outcomes d) Teaching by Indigenous teachers including clinicians e) Clinically relevant Indigenous health learning opportunities (such as cultural immersion days, clinical placements) f) My medical school's commitment to graduating doctors with the capabilities to provide care for Indigenous patients**

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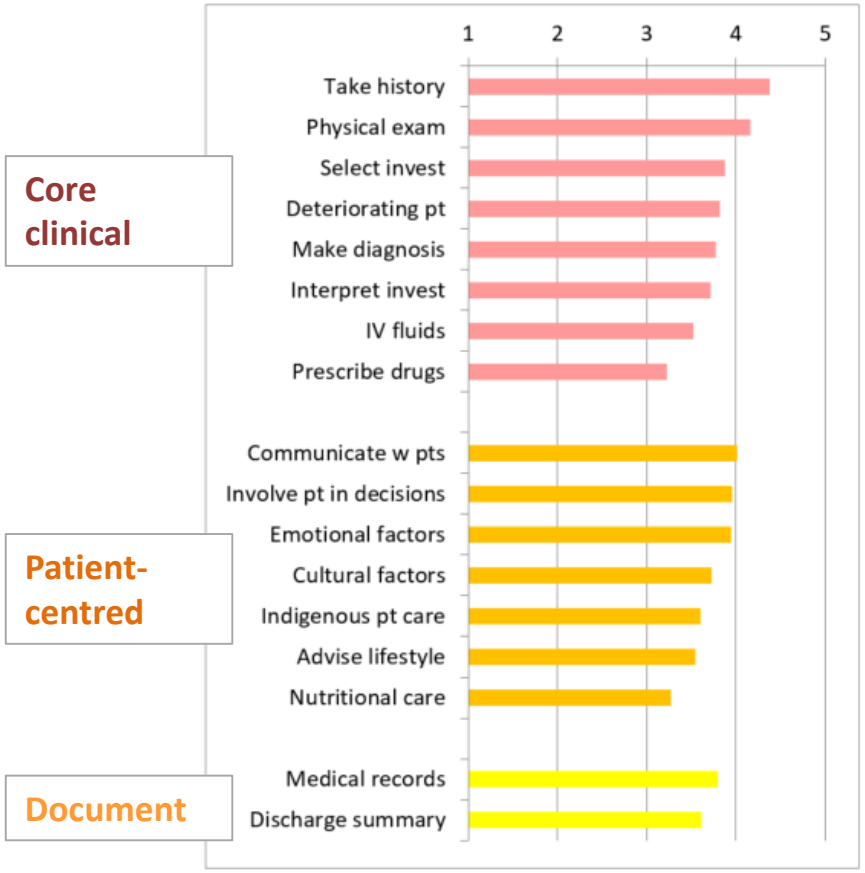
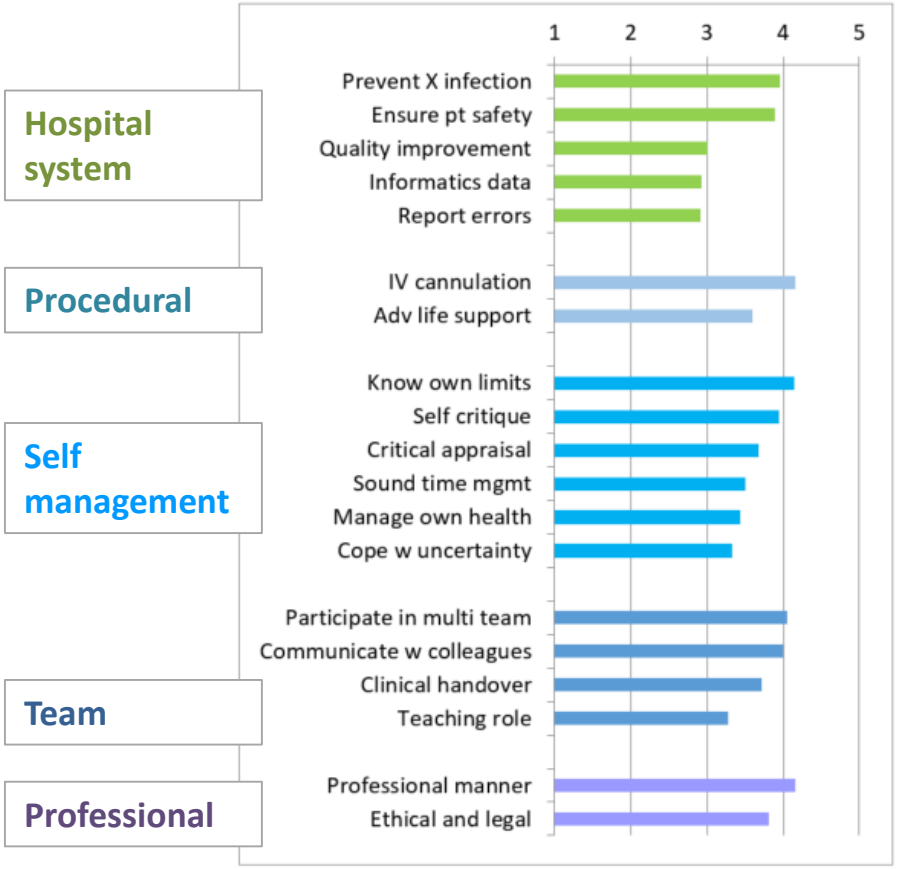
SUMMARY OF FINDINGS

- The survey provides an opportunity to self-assess preparedness for a range of activities and situations
  - Including 36 skills grouped into eight categories
- High ratings are given for core clinical skills such as taking a history and performing a physical examination, some patient-centred skills such as communicating with patients, hospital systems skills such as preventing cross-infection, procedural skills such as IV cannulation and a number of other self-management, team and professional skills
  - Some areas with low ratings, such as prescribing, are an important focus for improvement
- A significant overall improvement was recorded from 2018 to 2019 across most skills categories
  - Although the magnitude of increase is generally small (approximately 0 to 0.2 of a Likert scale interval) it is statistically significant in a number of cases including: recognising a deteriorating patient; a range of patient centred skills; undertaking initiatives for improved quality of patient care; and coping with uncertainty

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

PERCEIVED PREPAREDNESS FOR SKILLS: NATIONAL AVERAGE*
1 = not at all prepared, 5 = very well prepared

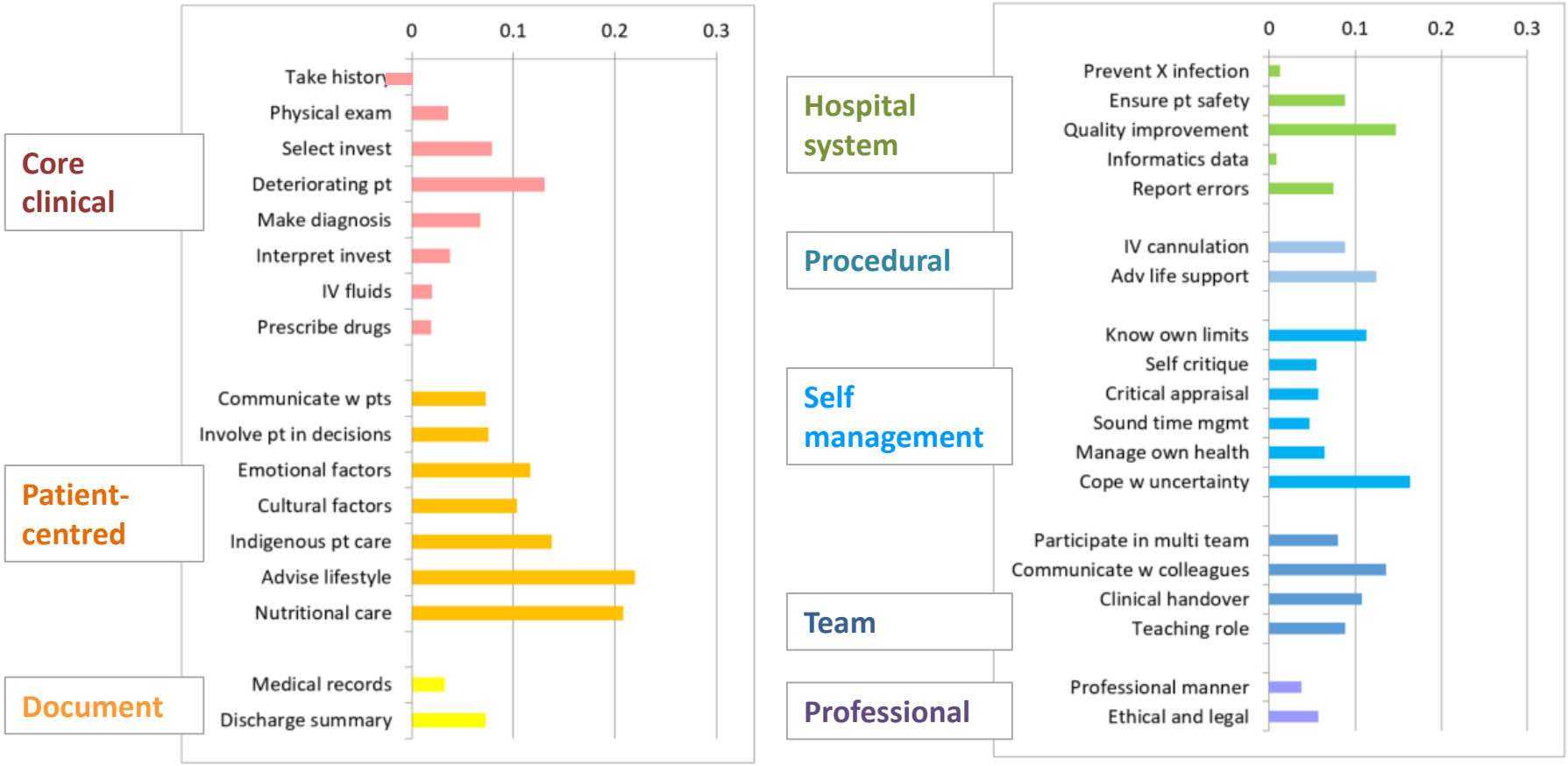




*** Average of Likert scale response. See page 45 for more detailed skill description key**
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results

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

PERCEIVED PREPAREDNESS FOR SKILLS: NATIONAL AVERAGE YEAR ON YEAR CHANGE 2018-2019*
Tenths of a single Likert scale interval. Positive numbers indicate improvement



* Average of 2019 minus average of 2018 Likert scale response i.e. a positive number represents an improvement. See following page for more detailed skill description key
Note: the statistics in this graph do not include supplementation of 2019 results with 2018 results to preserve an accurate year-on-year comparison

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 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

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
• 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

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)