

## **Appendix 3: Draft CPMEC-designated content for compulsory intern terms**

### **Clinical Experience during the Internship**

Mandatory rotations should include the following clinical experience:

#### **1. Clinical experience in medicine**

A medical rotation should be a mandatory component of the intern year. The working party recommends that the medicine rotation should be consistent with a set of standards based on achievement of ACFJD learning objectives within three learning areas; clinical management, communication and professionalism. These standards should be the basis for accreditation of all medicine positions. This will allow accreditation of general medical and some subspecialty medical rotations.

The working party recommends that the minimum duration of experience in medicine should ideally be 10 weeks, not including annual leave. However, Postgraduate Medical Councils should have some discretion to recommend a minimum of 8 weeks clinical experience if a rotation is satisfactory in all other ways.

Accreditation of rotations for mandatory experience in medicine should be based on the following standards. There should be:

- Direct supervision by an experienced physician.
- Opportunities to assess and contribute to the care of patients admitted to medical units. This should include taking a history, performing a physical examination, developing a management plan, ordering investigations, making referrals and monitoring progress, all under appropriate supervision.
- Clinical exposure to a range of common clinical conditions which are managed in medical units
- Clinical exposure to critically ill patients, either at presentation or as a result of deterioration during admission, which should include experience of assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations ordered as part of the management plan of patients admitted to medical units.
- Opportunities to observe and perform a range of procedural skills, as outlined in the Australian Curriculum Framework for Junior Doctors.
- Opportunities to develop skills in safe prescribing of medications, including fluids, blood and blood products
- Opportunities to develop communication skills needed for safe delivery of care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. This should include opportunities to develop skills in discussing poor outcomes and withdrawal of care.
- Opportunities to develop an appreciation of the interaction of inpatient medicine with subacute, community and ambulatory care facilities, including an appreciation of appropriate discharge destinations and follow up.
- Preparation of discharge summaries.
- Opportunities to develop an understanding of resource allocation in medical units

#### **2. Clinical experience in surgery**

A surgical rotation should be a mandatory component of the intern year. The working party recommends that the surgery rotation should be consistent with a set of standards based on achievement of ACFJD learning objectives within three learning areas; clinical management, communication and professionalism. These standards should be the basis for accreditation of all surgery positions. This will allow accreditation of general surgical and some subspecialty surgical rotations.

The working party recommends that the minimum duration of experience in surgery should ideally be 10 weeks, not including annual leave. However, Postgraduate Medical Councils should have some discretion to recommend a minimum of 8 weeks clinical experience if a rotation is satisfactory in all other ways.

Accreditation of rotations for mandatory experience in surgery should be based on the following standards. There should be:

- Direct supervision by an experienced surgeon.

- Opportunities to assess and contribute to the care of patients admitted to surgical units. This should include taking a history, performing a physical examination, developing a management plan, ordering investigations, making referrals and monitoring progress, all under appropriate supervision.
- Clinical exposure to all phases of care of a range of common surgical conditions, including preoperative evaluation, operative management and post-operative care. Interns should routinely attend operating theatre sessions during the surgical term.
- Clinical exposure to critically ill surgical patients, either at presentation or as a result of deterioration during admission, which should include experience of assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations ordered as part of the management plan of patients admitted to surgical units.
- Opportunities to observe and perform a range of procedural skills, as outlined in the Australian Curriculum Framework for Junior Doctors
- Opportunities to develop skills in safe prescribing of medications, including fluids, blood and blood products
- Opportunities to develop communication skills needed for safe delivery of care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. This should include opportunities to develop skills in discussing poor outcomes and withdrawal of care.
- Opportunities to develop an appreciation of the interaction of inpatient surgical care with subacute, community and ambulatory care facilities, including an appreciation of appropriate discharge destinations and follow up.
- Preparation of discharge summaries.
- Opportunities to develop an understanding of resource allocation in surgical units

### **3. Clinical experience in emergency medicine**

Emergency medicine should be a mandatory component of the intern year. However, there is concern about the capacity of Emergency Departments in Australian hospitals to provide appropriate experience for all interns as the number of graduates increases.

The working party has attempted to identify the most appropriate balance between:

- the risk of reduced quality and quantity of clinical experience in emergency medicine if there are significant increases in the number of interns attached to each hospital Emergency Department
- the risk of inadequate supervision or insufficient exposure to emergency medicine for interns who do not complete a rotation in a hospital Emergency Department

The working party recommends that emergency medicine rotations in either hospital or alternative settings should be consistent with a set of standards based on achievement of ACFJD learning objectives within three learning areas; clinical management, communication and professionalism. These standards should be the basis for accreditation of all medicine positions.

The working party recommends that the minimum duration of experience in emergency medicine should ideally be 10 weeks, not including annual leave. However, given of the difficulty of providing 10 weeks experience to all of the increased numbers of graduates entering internship over the next 5 to 10 years, Postgraduate Medical Councils should have some discretion to recommend a minimum of 8 weeks clinical experience if a rotation is satisfactory in all other ways. Emergency medicine experience should not be significantly interrupted by other duties, such as ward cover.

Accreditation of rotations for mandatory experience in emergency medicine should be based on the following standards. There should be:

- Direct supervision by a senior clinician with appropriate experience in emergency medicine. The exact nature of the supervision and the qualifications of the supervisor have not been defined as there are differences between jurisdictions.
- Opportunities for the intern to be the first clinician to assess patients with undifferentiated problems who present for acute care. This assessment should include taking a history, performing a physical examination, developing a management plan, ordering initial investigations and making referrals, all under appropriate supervision.

- Clinical exposure to a range of common clinical conditions which are managed in an emergency setting, including opportunities to devise a management plan, initiate treatment under supervision and participate in decisions to admit patients. Emergency medicine experience should not be significantly interrupted by other duties, such as ward cover.
- Clinical exposure to critically ill patients at the point of first presentation, which should include experience of assessing these patients and actively participating in their initial investigation and treatment. Ideally this should include some exposure to management of trauma, either in an Emergency Department setting or in a high fidelity clinical skills laboratory.
- Opportunities to interpret investigations ordered as part of the initial management plan of patients presenting for acute care.
- Opportunities to observe and perform a range of procedural skills, as outlined in the Australian Curriculum Framework for Junior Doctors.
- Opportunities to develop communication skills needed for delivery of care in an emergency setting through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care.
- Preparation of discharge letters or summaries.
- Opportunities to develop an appreciation of the interaction of emergency medicine with community and ambulatory care facilities, including an appreciation of appropriate discharge destinations and follow up.
- Opportunities to develop an understanding of resource allocation in emergency settings.