SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING

Thriving in Internship

Version 2.0 14 July 2026

Image courtesy of EFNLHN. Dr Wajeeha Anjum, Dr Patrick Barnes, Dr Amos Lee and Dr Mischa Sheikh

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Foreword

The transition from medical student to intern is both exciting and challenging, marking the first steps in a career devoted to caring for patients and the community. This time will shape not only your clinical skills but also the professional values and personal strengths that will carry you through your medical journey.

This guide offers practical insights with advice on navigating your first weeks, from preparing for ward rounds and writing discharge summaries to managing cover shifts and looking after your own wellbeing. These insights will help you during this critical transition phase of your medical career.

PROFESSOR KEVIN FORSYTH
Presiding Member, SA MET Health Advisory Council

Welcome to the 2026 *Thriving in Internship Guide*.

Starting internship is an exciting and sometimes daunting step in your career. You've worked hard to get here, and now you're about to put your knowledge and skills into practice as a doctor. This year will bring plenty of challenges, but also many rewarding moments and opportunities to grow, both as a clinician and as a colleague.

This guide has been written by prevocational doctors who know what it's like to stand where you are now. Inside you'll find practical tips, honest advice, and reflections from those who have recently completed their own internship. Think of it as the kind of support you'd get from a slightly older colleague who's keen to help you find your feet.

Most importantly, remember that you are not alone. Internship can be tough, and there will be times when you feel stretched. Reach out for support early, look after yourself, and lean on your peers and supervisors. You are part of a community that wants to see you succeed.

On behalf of the SA MET Doctors in Training Committee, I hope this guide helps you navigate the year ahead with a little more confidence and a lot less stress. We wish you all the best for what will be a challenging, but ultimately very rewarding, year.

DR SEAN JOLLY
Chair, SA MET Doctors in Training Committee

Introduction

Congratulations on graduating from Medical School and obtaining an internship in South Australia! Your internship will be an exciting, challenging, and formative experience in your medical career.

This guide was written by prevocational doctors to help those commencing internship in South Australia. The guide is focused on providing advice on the first weeks of your internship, which can be a daunting period. Once you get through the first few months, you will transition from 'surviving' to 'thriving'.

South Australian Medical Education and Training (SA MET) Unit oversees prevocational medical training in South Australia. Its Doctors in Training Committee receives feedback from prevocational doctors on relevant education and training matters and is able to report to the Health Advisory Council. You can contact SA MET or the Doctors in Training Committee at any time by emailing healthsamet@sa.gov.au.

Image courtesy of Rural Generalist Program South Australia. Flinders Upper North Local Health Network fourth site.

Pre-Internship Checklist: Hit the Ground Running!

Before you begin your internship, here are a few key things to consider. While not all of these are essential, they can help make your transition into the internship smoother. Many of these topics will be covered during your internship orientation, which provides a comprehensive overview designed to support your transition into working as a doctor.

Orientation

You should receive an orientation for each term. If you are provided with a document, make time to have a detailed read through it. It should provide you with key contacts and the education and training opportunities for the term. Orientation will give you a good understanding of the unit you have joined; if you don't receive it, then ask for it!

Handover

At most hospitals you will have a formal handover with the intern you're taking over from when you start on the wards. If this doesn't happen, speak to your medical education unit or arrange a handover yourself by contacting the ward and ask to speak with the current intern. Further information about the medical education unit is available in section 9.

Prepare to Look After Yourself

Think about how you are going to look after yourself during the first few weeks as an intern.

- Have I got enough food and clean/ironed work clothes?
- When do I need to wake up/leave home to get to work a bit ahead of time?
- What is my roster for the coming term? Can I use any time off to my advantage?
- What am I going to spend my first salary on?
- When is my annual leave and what am I looking forward to doing with it?
- Who am I going to call if I'm struggling at work or just need to debrief?
- How do I get to work? What's the parking situation?

Have Your Kit Ready

What to have with you:

- A spare list
- A couple of black pens
- ID badge (lanyard or attached to clothing)

- Stethoscope
- Pager
- In bag – more pens, snacks and more snacks

Think about how you will carry these around (bag, pockets, etc).

Think about what system you are going to use to take and sort tasks on the ward round.

Ahpra Registration

The Australian Health Practitioner Regulation Agency (Ahpra) ensures that Australia's registered health practitioners are suitably trained, qualified and safe to practise.

Apply for Ahpra registration up to three months before internship. You don't need to wait until you've completed your studies or graduated to apply.

Provider and Prescriber Numbers

There can be delays in receiving provider and prescriber numbers. Once registered with Ahpra, apply as soon as possible before starting internship for Medicare provider and PBS prescriber numbers to avoid delays in ordering tests or writing prescriptions.

- You need a separate provider number for each working site.
- Medicare provider number allows you to claim under the Medicare benefits schedule (i.e. ordering and prescribing in hospital).
- PBS prescriber number enables you to write scripts on discharge.

Appy via Services Australia. Your provider and prescriber numbers will be attached to your Sunrise EMR login by the admin upon training completion. If there are any concerns, please raise these with the site admin.

Provider Digital Access (PRODA)

PRODA is an online identity verification and authentication system. It lets you securely access (also available in Clinical Learning Australia, more information can be found in section 3)government online services. Create a PRODA account early, even before Ahpra registration.

Appy via Services Australia.

- Once registered with Ahpra, **link PRODA to HPOS** (Health Professional Online Services) to manage Medicare access.
- The process can be complex; **contact PRODA** or **your Local Health Network (LHN) Medical Education Unit** if you encounter issues.
    - Medicare Contact: 132 150
      Email: Medicare.prov@medicareaustralia.gov.au

Sunrise EMR & PAS - SA Health's Electronic Medical Record

South Australia's patient electronic medical record is a state-based system called Sunrise EMR & PAS (Sunrise EMR). The system is used across SA Health, and replaces the need for paper-based medical records. As an intern, you will work with Sunrise EMR daily. It is essential that you receive training on the system during your orientation. Before long, you will become an expert and even share useful tips and tricks with others. The best things to know include:

- How to set up templates.
- How to set up hotkeys (example: type in &&& to prefill standard template).
- How to set up your patient lists so you know who you're seeing each day.

Intranet

The intranet is a valuable resource for information as an intern. Through the intranet, you can access local protocols, guidelines and general information about hospitals and the LHN. Each intranet also has a dedicated page with information for trainee medical officers, which contains term descriptions, important contact information, education opportunities and other very relevant information. Click here to access the generic SA Health intranet. Your LHN specific intranet can be accessed through the 'Our LHNs' section on the side.

Professional Development (PD) Allowance

> *All financial information provided in this document is general information only and not intended as financial advice. Please speak to a qualified financial advisor or HR department for specific advice.*

Interns receive up to $4,500 per year, pro-rated from their contract start date (i.e. in January) to 13 April (end of the Fringe Benefits Tax year). A new PD cycle begins annually on 14 April. This means you accrue PD leave in daily amounts throughout the year, with the cycle resetting in April.

For interns only, PD money incurred before the end of the Fringe Benefits Tax (FBT) year will accrue into the next FBT year, so you don't have to worry about losing PD money before April.

You can only claim for purchases made on or after your start date, and you must pay upfront, then claim reimbursement via Oracle, Medical Officer Professional Development Reimbursement System.

Eligible expenses include courses, textbooks, phones, and study-related equipment which are subject to manager approval. Unused PD funds can roll over if you remain with SA Health but expire if you leave

Salary Sacrifice

Salary sacrificing allows you to use pre-tax income to pay for certain expenses, reducing your taxable income and increasing your take-home pay. Example: Instead of being taxed on $75,000, you're taxed on $66,000 if you salary sacrifice the maximum amount of $9,000.

Key benefits:

- Up to $9,010 per FBT year (1 April – 31 March) for general living expenses.
- You can salary sacrifice one type of 'everyday living expense', such as rent, credit card repayments or everyday expenses purchased through the Salary Smart Card.
- If you don't spend that amount it will be included in your taxable income.
- Additional $2,650 per FBT year for meals and entertainment via a dedicated card. There are specific rules as to what counts as 'meals and entertainment'.
- As interns usually start in January/February, you can access the full annual allowance before 31 March.

SmartSalary is the current approved provider for SA Health, and sometimes representatives will visit the LHN during orientation week. Set-up of salary sacrifice takes time, so it is recommended to start early and contact the provider with questions.

Medical Indemnity Insurance

Make the most of free indemnity insurance and sign up to multiple. This ensures you are fully covered and allows exposure to different companies which will assist with selecting your preferred insurer in the future. Insurance providers will commonly offer extensive benefits to members such as finance, travel and health insurance and legal advice. The largest providers are MIGA, MDA National and Avant.

Income Protection Insurance

Income protection insurance pays a monthly benefit (usually up to 75% of your income) if you can't work due to illness or injury. Signing up early, such as during internship, can secure lower premiums. SuperSA offers policies funded through superannuation, which can be cost-effective, but other insurers may provide more flexibility and tax-deductible options. It's important to seek professional advice and regularly review your policy as your income grows.

USEFUL APPS

There are many useful medical applications for smartphones. Some particularly useful for interns are listed below. Visit the SA MET website to view additional useful smartphone applications.

- **UpToDate**: As an SA Health employee, you can get the UpToDate app free.
- **MD Calc**: Has useful list of automated clinical scores to assist patient management and Snellen Eye Chart to determine the clarity of distance vision.
- **OneNote/Dropbox/iCloud**: storage that connects your medical student notes to your phone.
- **Accurx Switch:** Page number extensions.

Additional items to save on your phone:

- Heparin infusions protocol on your phone when you inevitably have to review the dose following 4hrly APTTs!
- Antibiotic cover picture when you get notified of a positive blood culture.
- AMH and eTG are also good guidelines to have but are often accessed via Sunrise EMR (in the toolbar) on desktops.

Ensuring You Are Safe, Learn and Achieve General Registration

There are some important basics which, as an intern, you should know to expect on each rotation during your internship. This information is additional to your facility orientation and hospital-based tutorial program. If you do not receive this information at the beginning of each rotation, take it upon yourself to find these things out. Often colleagues who have done the rotation as an intern previously, will be able to help answer questions, and there is always a consultant supervisor in charge of the rotation too.

AMC National Framework for Prevocational Medical Training

The National Framework has been designed to support you to achieve your career goals. As an Australian medical graduate, you receive provisional registration from the Medical Board of Australia (MBA) and must then successfully complete a year of work-based generalist training in an accredited intern program before receiving general registration from the MBA. You will only receive general registration if you have successfully completed the National Framework requirements for PGY1 which supports the MBA's Registration Standard: Granting general registration of Australian and New Zealand medical graduates on completion of postgraduate year one training. A small minority of graduates begin specialty training in their PGY2 year, but most go on to complete a second year of generalist training. The National Framework for Prevocational (PGY1 & PGY2) Medical Training supports these two prevocational training years.

The framework puts a focus on trainee wellbeing and supervision and aims to enhance prevocational medical education in Australia to better align with the healthcare needs of our population, including an increased emphasis on Aboriginal and Torres Strait Islander health.

Education and Training

The whole point of internship is to learn. Your learning will be in many areas including theoretical knowledge, clinical skills, procedural skills, working in a team, organising a clinical day, and the mechanics of getting things done in a hospital. Each unit should provide an education program which is a chance for you to learn and sometimes an opportunity for you to present an interesting case.

Supervision

Supervision is integral throughout your intern year, not only to reassure you that you are doing the correct thing but also to enable you to learn. Your supervision will come from a number of staff: consultants, registrars and other TMOs. A good supervisor will test you but also teach you. If you feel you are isolated

and not adequately supported, then speak to your supervisor/Medical Education Officer as soon as possible. Further information about the Medical Education Unit and Medical Education Officer is available in section 9. Nursing staff, especially on specialty wards, have deep knowledge and experience and will also provide guidance on relevant matters.

Feedback/Assessment

As an intern, you are closely supervised, and this has its benefits as you should receive constant feedback on your performance. Take the praise and the ideas for improvement and enjoy the feeling of growing confidence and ability. If you are unsure how you are going or want additional feedback, then ask. This can be as simple as asking your immediate superior (resident or registrar) if there is anything you can do better at the end of each week.

As part of the National Framework requirements, there will be an opportunity for a beginning of term discussion with your term supervisor, mid-term and end-of-term assessments each term. In addition to these assessments Entrustable Professional Activities (EPAs) will be used alongside the mid-term and end-of-term assessments to increase opportunities for prevocational doctors to receive valuable feedback. There are four EPA categories, and you are required to complete a minimum of 10 EPAs. EPAs should be self-initiated. Speak to your term supervisors when you begin your rotations and decide how you'll approach them over your term.

Access further information about assessments and EPAs.

Clinical Learning Australia

Clinical Learning Australia (CLA) is an ePortfolio that records the development, training, and assessment of Postgraduate Year 1 (PGY1) and Year 2 (PGY2) prevocational doctors across all states and territories in Australia. CLA is in line with the National Framework for Prevocational Medical Training and is managed by the Australian Digital Health Agency. Beginning of term discussions, mid-term and end of term assessments will be completed on CLA by your term supervisor. EPAs will also be recorded in CLA as they are undertaken. Your education unit will provide you access to the system. Term descriptions are also available in CLA for you to review prior to commencing each term.

Access further information about CLA.

Post Graduate Year 2 and Beyond (PGY2+) Recruitment

As you progress through your internship, you will make valuable connections with senior medical staff who supervise you. It is a good idea to identify senior staff who may be willing to act as a reference for future positions in the first couple of rotations, as applications for positions after internship generally open early June each year. If you feel comfortable, you can ask informally near the end of your rotation. It is always best to email your referees again when you list them on a job application, to confirm they are still willing to provide a reference, that they are aware they may be contacted in June/July and confirm the most appropriate email address to be contacted on.

There are multiple ways to secure a PGY2+ position, some are advertised directly by the LHNs. Speak to your Medical Education Unit or Trainee Medical Officer Unit for more information about general applications.

The SA MET Unit coordinate the South Australian Centralised Postgraduate Year 2 and Beyond Process. The Centralised PGY2+ Process runs annually and allows you to preference up to 4 programs in one expression of interest. EOIs usually open in June, for positions starting in February the following year.

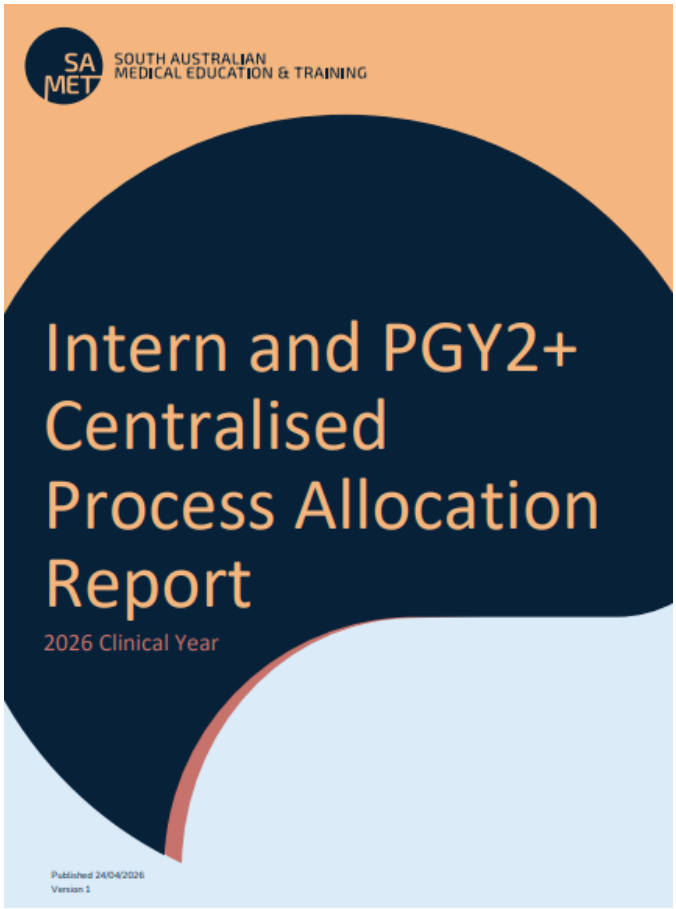
For more information on the Centralised PGY2+ Process:

- View the PGY2+ Expression of Interest Guideline.
- View the Important Dates for PGY2+ Recruitment.
- View the PGY2+ Program Information Packs.

Intern and PGY2+ Allocation Reports

The SA MET Unit administers a centralised application, allocation and offer system annually for intern and Postgraduate Year 2+. The full reports offer a detailed review of statistical data and evaluations for the allocation process.

View the Intern and PGY2+ Allocation Reports.



Qualities of an Effective Intern

Punctuality/Time Management

Be on time! Find out how long it takes to get to work and into the unit, where you need to be at what time (ward round), and what you need to do beforehand (e.g. print patient lists, check results, get nights handover). Seniors will forgive an intern for not knowing something, but the tolerance for tardiness is much shallower. Learn to **prioritise your daily tasks**, delegate appropriately within the team, use available resources for support (nurses, allied health), and handover suitable tasks to the next shift.

Safety

Patient safety is priority number one. The first rule for interns, especially in the first few weeks of the year, is to **ensure you are safe**. If you are asked to complete a task and you don't understand, there is **always** someone you can ask for help. This could be a clinical superior such as the RMO/registrar for your unit +/- the general medical registrar on duty, as well as the pharmacist on call for drug doses/monitoring and nursing Team Leader for home ward. If things seem urgent and you are concerned about the patient, then call a Medical Emergency Team (MET)/Medical Emergency Response (MER) Call or Code Blue. There is absolutely no shame in calling a MET / MER Call or Code Blue if you feel it is necessary.

Communication

Good communication is inherent in good patient care. You cannot rely on anyone to read your notes (no matter how detailed or neat they are) so you must verbally communicate plans to all involved, including the patient and their families!

Two key areas of difficulty with communication are handover of cover / nights jobs and requesting consults. We encourage you to learn the 'Identify, Situation, Background, Assessment, and Recommendation' (ISBAR) format.

Request Consults

Requesting consults can be daunting. The registrars/RMOs on consults are often extremely busy and could potentially be finding their own feet in a new role. This can mean they may seem abrupt/condescending on the telephone. We have suggested a few tips below to ensure you get the most valuable information from your consults in the smoothest way:

BEFORE THE CONSULT

- Make sure you are familiar with the **patient, current admission, and particularly the problem underlying why you require a consult**.
- *If you are unclear about this, consider clarifying the matter with your registrar or consultant before requesting the consult.*
- It is **always best** if you have in front of you (you will almost definitely need these to answer the **consulting doctor's questions**):
  - **the patient notes,**
  - **the medication chart,**
  - **the laboratory / radiology findings available on Sunrise EMR.**

ALWAYS INTRODUCE YOURSELF

- "I am _____, an intern from _____ [team]"
- And politely ask if they have time to discuss a patient:
  - "Is now a good time to talk about a patient?"

STATE THE PURPOSE OF THE CONSULT

- Lead with the question.
- E.g. "I am asking for a consult/phone advice regarding..." [e.g. cross-titration of antidepressant medications]

ISBAR PRESENTATION

- Proceed with ISBAR presentation (relevant history, examination, Ix findings so far) +/- relevance to the consulting service (due to possible differentials/ diagnoses)

Discharge Summaries

Discharge summaries are incredibly important. They are a key tool in communication with a patient's General Practitioner and other specialists and, as such, are a significant medico-legal document. Previous discharge summaries will often be the first documents reviewed when a patient presents to the Emergency Department. Most units will keep track of how many discharge summaries are outstanding and use this as a marker of your efficiency and performance and as a quality control measure.

For a general guide for writing effective discharge summaries, watch the below video developed by Dr Andrew Vanlint.

Handover to GP - Medical Discharge Summary Format

Some units have preferences, and it is important to comply with these. If in doubt, ask your resident/registrar. It is also critical to highlight that discharge summaries are only one method of communicating with other care providers. Therefore, if a matter is critically important or if you are unable to complete the discharge summary on the day of diagnosis, then it is important to call the General Practitioner/Specialist in question and explain the plan to them directly.

Tips about discharge summaries

- Keep to the point.
- Correct GP Details.
- Clear format.
- Clear discharge plan.
- Refrain from any detail irrelevant to current admission.
- Only include key laboratory/imaging results.
- Remember it is a legal document and the authorship can be determined: take great care when writing about behavioural issues associated with the patient and/or family members, and never criticise other teams which had input into the patient's care.
- If unsure about how to manage a certain aspect of a discharge summary, as always, ask for help.
- Learn to set up templates on Sunrise EMR.

Effective Ward-Round Notes

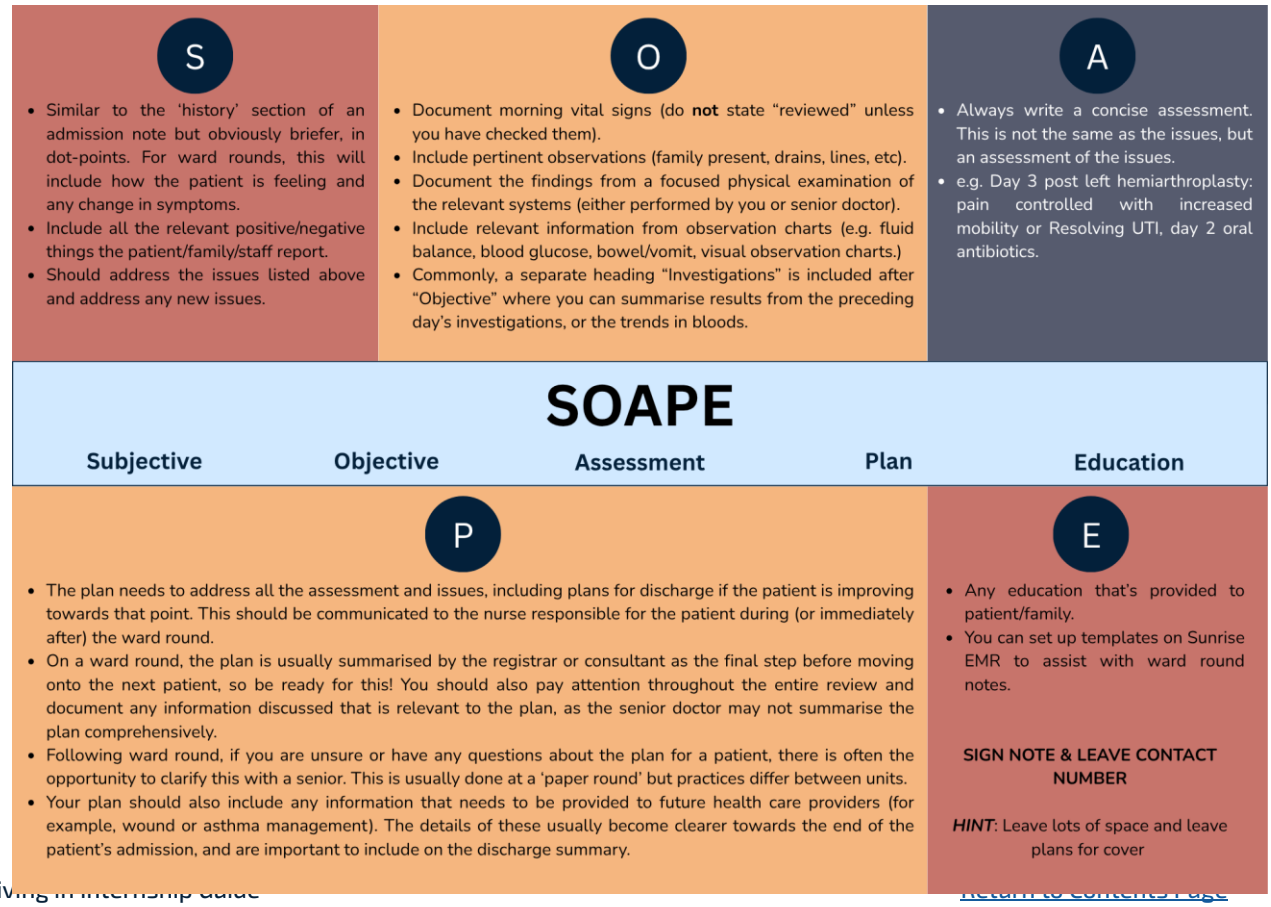
With time and practice, you will become very efficient at documenting ward-round matters. The nature of your ward round notes will change depending on the unit you work in and the key information that is presented, but all will follow the basic structure below.

Team name and name of people on the ward round.

e.g. 'Orthopaedics 1 Ward Round (consultant name, registrar name, intern name and team)'. Always order team from most senior to junior. If writing notes when on cover, heading should include your role, name and reason you are reviewing the patient.

Acknowledgement of other teams who have seen your patient.
e.g. 'Thanks, Endocrine, for review' or 'Events overnight noted, thanks Surgical Nights'.

Issues: All the active issues that need management.
e.g. # Day 3 (or 'D3') post left hemiarthroplasty for #NOF & Urinary tract infection. On surgical teams, always good to include the day post – operation. From then, it is recommended to use the SOAPE framework.



Handover to Cover/Nights

It is essential to hand over your jobs to cover/nights so you can leave on time and recharge for the next day, as there will always be leftover jobs at the end of your shift. Effective handover allows cover/nights to triage their work and make safe decisions. Always follow the directions for overnight handover tasks for the specific LHN you work in. For instance, some LHNs put handover tasks on the Clinical Activity Task (CAT) board so the nights or evening cover team can organise workflow. Handover by phone or in person if the task is non-routine, needs more detail, or involves multiple sub-tasks. Be clear and concise, the cover intern doesn't need the patient's entire history. It is always helpful to handover a clear plan, or a pathway of escalation, depending on the task, you can't assume the cover doctor will approach an issue the same as your home team.

Take responsibility for your patients and your decisions, for example, if you give a diuretic to a tachypneic patient, check back later to see if it worked and reassess if needed. Let the day team know about overnight events to help prevent the same issues the next night.

Good verbal handover

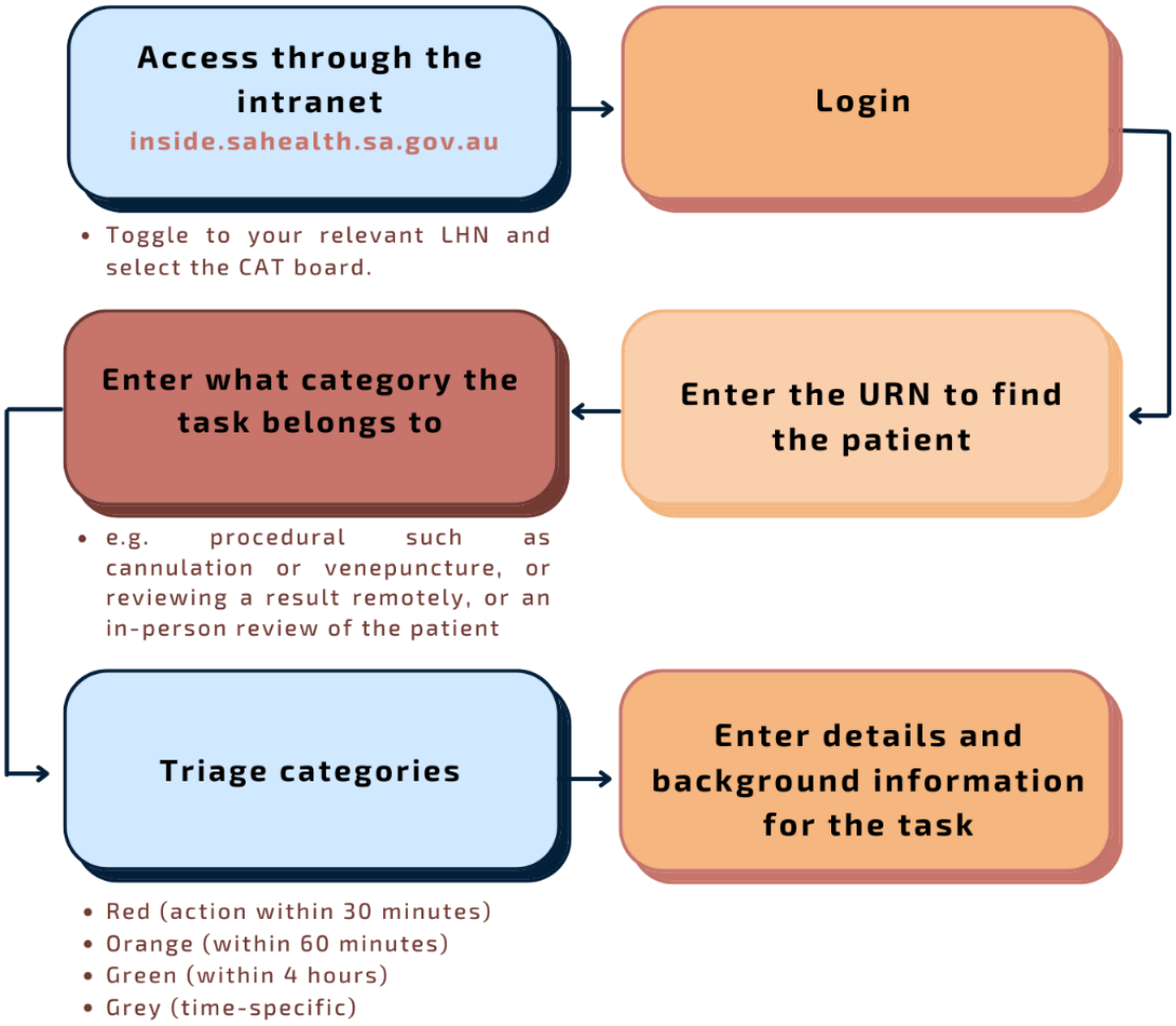
- I am XXXX from the gen surg team.
- Please chase this abdominal XR from Mrs Smith.
- She presented with abdominal pain in the ED and our team suspects that it might be faecal loading based on our clinical assessment.
- If there are signs of faecal loading, please chart 2 microlax enemas.
- If there are any signs of small bowel obstruction or other abnormalities, my registrar has suggested that you urgently contact the afterhours general surgical reg for consideration of NGT placement or surgery.
- If there are no abnormalities, no further action is needed.
- Do you have any questions?

Bad verbal handover

- 'Please chase this AXR for Mrs Smith.'

Using the Clinical Activity Task Board

The Clinical Activity Task (CAT) board is a communication tool that has been designed to support the management of patients overnight in specific LHNs. Please follow directions for handover overnight if your LHN does not use the Clinical Activity Task board.



If you are the nights intern, please note that nursing staff add jobs to the CAT board throughout the night. Make sure to continually refresh and double check your board for any new tasks.

Cover and Nights

The thought of cover/nights can fill one's heart with dread, there are the innumerable jelcos and difficult bloods, endless pages about unclear issues or things that should have been addressed during the day, and moments of terror when called to review a sick complex patient. However, cover and nights also represent a fantastic opportunity to learn and expand your skills. Many interns will say, at the end of the year, that it was their experiences on cover/nights from which they learnt the most. Plus, it can also be great fun!

Tips for being an effective intern on cover:

- **Get a plan**

  If someone hands over a task to you, it is entirely reasonable to insist on a plan with what to do with the result of whatever they have requested.

- **Record, PRIORITISE and manage your tasks**

  Time management is critical on cover/nights, and some shifts will simply be too busy to get to every job. You need to accept that sometimes you cannot see every patient. When this happens, prioritise the most important tasks first, ask for help if multiple urgent tasks arise at once, and hand over non-urgent matters to the night and/or day teams. Keep a well-organised job list, which can be as simple as a piece of paper with three columns: patient details and location, case details and the job, and any handover or test chasing requirements. Assign each task a clear priority by considering how important it is for patient safety and care, and whether it is urgent. For example, reviewing chest pain is very important and urgent, a trough Gentamicin level is important but time-flexible, while charting Temazepam for sleep is neither important nor urgent compared to other tasks.

- **Befriend and enlist the nursing staff**

  Nursing staff know you are busy when you are on cover/nights and they are generally willing to assist you in being as efficient as possible, especially if you are polite and explain your thinking/concerns/priorities. Fostering good relationships with nursing staff is immensely helpful so remember to be respectful of each other's professional responsibilities and communicate in a friendly and clear way. Keep in mind the skill mix of nursing staff is often quite different overnight and adapt your approach accordingly. You should always ask for sufficient information to triage your tasks, even if it means asking for vital signs to be performed/further information to be gathered from the notes before you are paged back. Ensure that you think ahead to what is likely to be required when you get

to the bedside. If the patient is going to need an indwelling urinary catheter, ask for the equipment to be set-up, or if an ECG is going to be necessary, ask for it to be performed before you arrive.

- **Escalate if concerned or unsure**

  There is always someone more senior than you in the hospital and there will usually be clear lines of escalation if you are concerned about a patient or unsure regarding a clinical question. If the patient is sick and deteriorating, call a MET/MER Call or Code Blue. If you are unsure, then you can call the registrar responsible (surgical or medical depending on the patient and the issue).

- **Issues with under-investigation/under-treatment and the reverse**

  When covering nights or working as the intern on cover, it's important to avoid both under-investigating and under-treating patients. While there may be hesitation to order tests due to concerns about over-investigation or uncertainty in interpreting results, it is safer to err on the side of caution. Being cautious is far less likely to be criticised than being overly confident. Never withhold an investigation simply because you're not entirely confident in interpreting it as this is inexcusable. Help is always available, you can consult the medical or radiology registrar, both of whom are valuable resources. Radiology registrars can guide you on the most appropriate imaging modality for your clinical question, provided you are clear on what you are trying to confirm or exclude. Likewise, if you are uncertain whether to initiate treatment, such as in a febrile patient, do not defer it until morning if treatment might be needed. If unsure about the appropriate agent, speak to your medical registrar. You will quickly learn when treatment is warranted, and as seen in MET/MER calls, empirical treatment based on suggestive but inconclusive evidence is often reasonable until more information is available.

Staying Alive on Nights

Nights can be tough, and while everyone has their own approach, it's important to find what works best for you.

Try to adjust your rhythm by sleeping in as late as possible on the morning your nights begin or having a nap in the afternoon to help you get through to the next morning.

Minimise your commitments, focus on working and sleeping, as taking on too much or trying to study during nights is usually unproductive.

Eat well, stay hydrated, and pay attention to your sleep hygiene.

Save the celebratory breakfast champagne for after your final shift but go out with your team to celebrate.

After your last night, aim to reset your body clock quickly so your time off isn't lost in a haze of disrupted sleep.

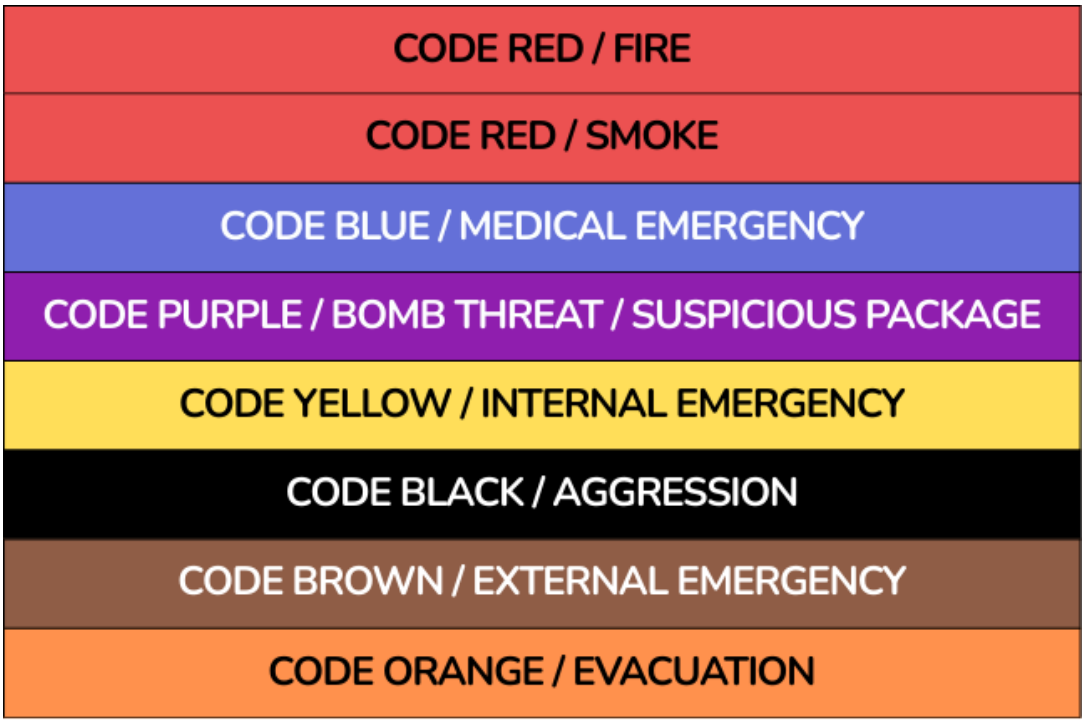
Most importantly, enjoy your days off as they are the best defence against the pre-shift blues before your next roster.

MET / MER Calls

MET / MER Calls can be daunting, but the intern's role is generally straightforward:

- HANDOVER - clearly and audibly hand over what you know about the patient to the medical registrar and MET / MER nurse on arrival.
- Obtain bloods,
- Ensure intravenous access,
- Obtain an arterial blood gas if required, (an ABG is often extremely valuable),
- print blood results,
- and arrange portable radiography as needed.

It's helpful to coordinate with other interns at the start of the shift to decide who will take on which tasks during MET / MER Calls. If you are unable to complete a task promptly, let the team leader know so alternative arrangements can be made. If you think something important is being overlooked, speak up in a constructive manner. Before leaving the MET / MER Call, make sure you know who is following up any investigations and who to contact regarding the results. It is also crucial to learn the 'emergency code colours'.



Money…. a Whole Lot of Spending Money

All financial information provided in this document is general information only and not intended as financial advice. Please speak to a qualified financial advisor or HR department for specific advice.

One beautiful thing about internship is that you get paid. To get paid on time, you need to ensure that you submit accurate timesheets before each deadline. Every hospital and unit have slightly different approaches to timesheets, and it is important that you find out about this during handover/orientation. Some key tips about timesheets include:

Pre-formatted Timesheets

Some units have pre-formatted timesheets. These clearly outline your rostered hours and save you having to write out a new timesheet each fortnight. However, if you do work overtime or miss a meal break, pre-formatted timesheets can make it difficult to claim the associated penalties, in these instances, you may need to hand-write your timesheet anyway.

Overtime

Inevitably, you will work overtime during your internship. Some units are more flexible with overtime than others, so it is a good idea to clarify the expectations with the current intern or your supervisor at the start of a rotation. If you do work overtime, you should keep a personal record of the reasons for the overtime (be specific, such as the patient's Medical Record Number (MRN) and what you were doing). You may be asked to provide these reasons on your timesheet or in discussion with your supervisor to help the unit understand staffing needs.

Signing of Timesheets

It is sometimes useful to make a copy of your completed (but as yet unsigned) timesheet at the end of each pay cycle and put that in a safe place while you have the original in your pocket, that way if you happen to bump into the consultant responsible for signing, you can whip out your timesheet and get it signed then and there. On relieving and night shifts, a designated person in Medical Administration will often sign your timesheets.

Submitting Timesheets

Most units have a tray where you place signed timesheets for processing by the unit secretary, ensure you know where this is. If you miss the deadline or are expected to submit these yourself, then you can scan and send your signed timesheet to payroll. This email varies for each LHN and can be found at https://sharedservices.sa.gov.au/contact-us/contact-service-areas/contact-payroll-service-teams.

During periods over public holidays, timesheets may need to be submitted earlier to allow Shared Services to process them in time.

Record Keeping

It is advisable to keep a copy of every timesheet and payslip, either electronically or in hard copy, or both. Take the time to read and understand your payslip and penalty rates early on to ensure you are being paid correctly. If in doubt, check the award, or speak with a trusted medical friend / colleague or SASOMA representative for advice.

- ***Incorrect pay (over and under):***
  You should check your payslips against your timesheets as well as expected HECS, HELP, salary sacrificing, RMO Society and car park deductions. You should also check correct payment of superannuation entitlements and leave accrual. If you are unsure whether your payslip is correct based on your timesheet then you can check it against the Enterprise Bargaining Agreement yourself (and address queries to Shared Services via telephone or email) or, if you are a SASMOA member, you can ask SASMOA for assistance with this.

  Note that you will be paid back if you are underpaid, but if you are overpaid, then this must be paid back to the Government. It is better to find this out sooner rather than later if the over-payments are significant, although there are measures in place if repayments would put you into financial hardship.

- ***To claim or not to claim...***
  Unpaid overtime is a sad reality for many prevocational doctors. It varies extensively from unit to unit. If you are concerned you are unfairly being expected to do unpaid overtime, you should address this matter with your supervisor, Medical Education Officer(s), prevocational representative on the Medical Education and Training Committee (or equivalent) or alternatively SASMOA.

Tax Returns and Tax Optimisation

Tax returns often become more complex during internship. Many accounting firms offer free or low-cost tax services to prevocational doctors. It's worth seeking professional advice to help optimise your tax, understand what you can claim, and ensure you keep the right paperwork. Review your options carefully and choose wisely.

Banking

It is worth revisiting your bank as an intern because some major banks have relationships with the Government/SA Health whereby they may waive certain bank fees. Your new salary may also qualify you for superior credit card offers or other options of interest, shopping around is advisable.

What is an intern supposed to do?

There can sometimes be confusion around what tasks must be done by a medical officer (and by an intern specifically) and which tasks should be done by nursing staff or more senior trainees. This can be both anxiety-provoking and challenging for interns. Although task distribution between medical and nursing staff will differ somewhat between different SA Health sites, the following general guide may help clarify common areas of confusion.

Intern:

- Re-write medication charts.
- Complete pathology, radiology and other service request forms (e.g. outpatient requests).
- Insert male indwelling catheters.
- Obtain pathology specimens for blood (nursing staff may assist if trained).
- Insert intravenous cannulae (nursing staff or dedicated cannulators may assist, especially overnight).
- Clarify instructions or plans documented by their own medical team.
- Obtain medications from pharmacy after-hours, if required.
- Consent patients for low-risk procedures (e.g. blood transfusion).

Nurse:

- Insert female indwelling catheter [urinary] (escalate to intern if unsuccessful).
- Obtain urine, sputum, wound and nasopharyngeal swabs.
- Dress/re-dress wounds.
- Assist patients in re-positioning, showering, toileting and other personal care.
- Clarify instructions/plans from other medical teams.
- Request input from allied health providers (note: some sites require medical officers to request psychology or specific services).
- Obtain medications during working hours.
- Perform electrocardiograms.

Resident/Registrar:

- Make (or authorise in their name) modifications to the Rapid Detection and Response (RDR) Observation Charts.
- Discuss and complete Resuscitation Plan documentation.
- Complete or change chemotherapy drug charts.
- Consent patients for operations, procedures or chemotherapy.

Local Health Networks have support systems in place for Interns, to help you with any questions you may have. The Transfer of Information Guideline is a great resource for you. The Appendices will give you valuable information on the structure and function of the structure of the departments involved in your training. Familiarise yourself with the terms below, and make sure you know how to contact the teams and where to find them in your hospital.

Medical Education Unit:
The Medical Education Unit is a professional education team who provide advice and assistance with the processes of teaching, supervision, assessment, and evaluation for Postgraduate (PGY) doctors. This includes supporting all prevocational doctors in training as well as the supervisors who support them.

Medical Education Officers:
In conjunction with DCT, the MEOs primary responsibility is for Intern training and support The MEO works closely with the DCT and provides support for the personal welfare of TMOs and aims to enhance education and training by promoting an environment conducive to learning. Specifically, the MEOs role is to:

- Ensure each Intern has a broad-based educational experience that meets the Framework requirements to obtain full registration
- Facilitate Intern training by developing support structures and educational and organisational initiatives
- Implement, evaluate, and maintain educational programs within the hospital
- Support the DCT and Medical Education Registrar (MER) in the development, delivery, and evaluation of educational resource material for prevocational education programs.

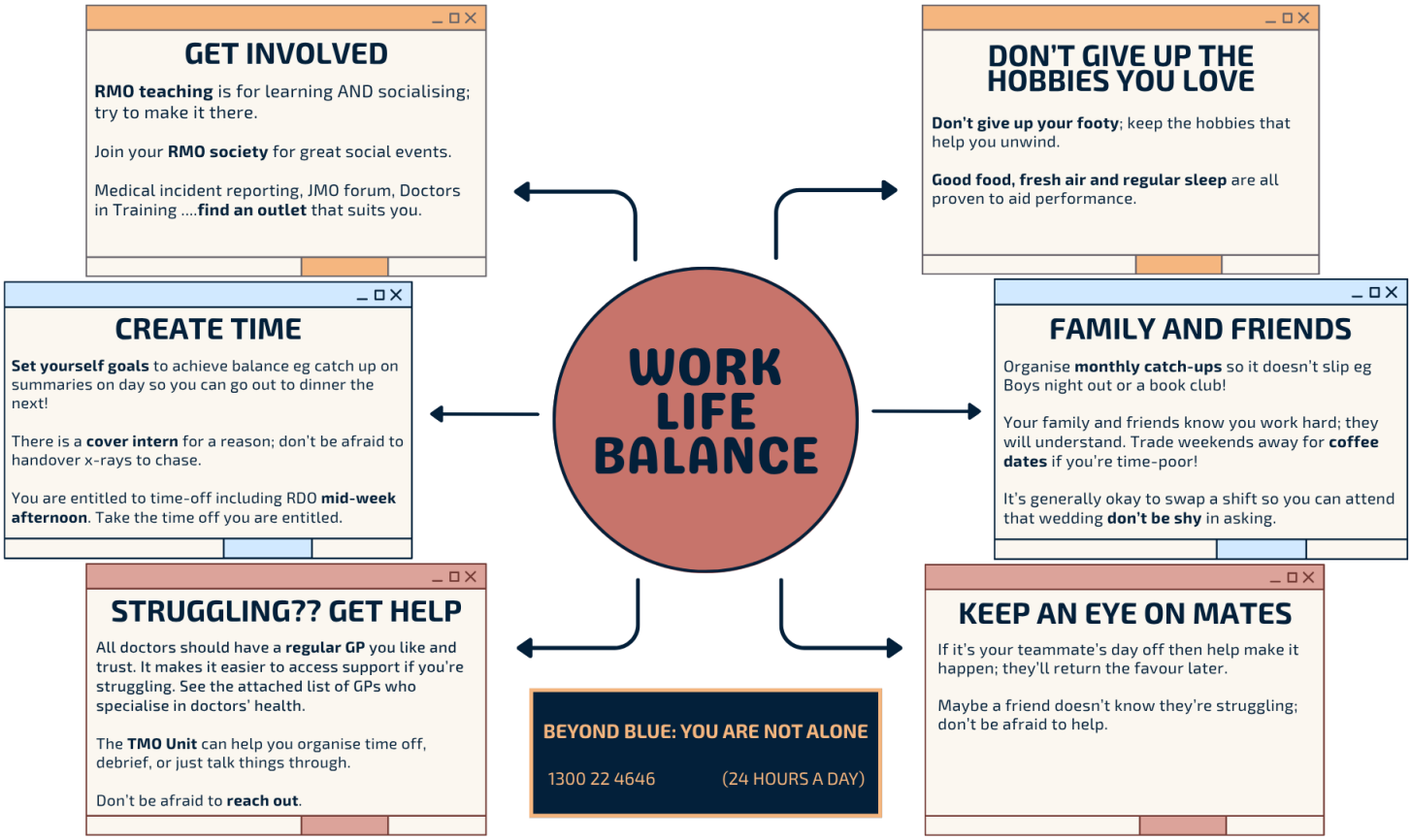
Term Supervisor:
During each PGY rotation (or 'Term') there will be an allocated Term Supervisor. This person is noted in each Term Description which PGY+ doctors will receive prior to commencing each term. Term Supervisors, or their delegate, are responsible for orientating PGY1+ doctors to the unit and collating feedback about their term. It is the PGY1+ doctor's responsibility to ensure the Term Assessments are completed. It is important that a Term Supervisor provides honest feedback.

Trainee Medical Officer Unit
This unit will generally consist of a manager and support staff. The function of the TMO unit can vary in each hospital. Often this unit will be involved in creating rosters, recruitment, allocating annual leave, professional development claims and credentialing for TMOs. TMOs can often go to the TMO office for any human resource issues. The TMO unit and the MEU are usually separate units, however, will work closely together regarding TMO management as many duties of the roles will correlate.

Physician, Heal Thyself

Internship is satisfying and rewarding but adapting from being a medical student to being responsible for patient care can be tough. You will be challenged mentally, physically and emotionally daily, so it's important to look after yourself and your colleagues. Work-life balance is a two-way street: we expect safe working conditions and reasonable hours with adequate time off, but being a doctor also means taking greater responsibility for your ability to perform, as patient care depends directly on it. Looking after yourself is a positive feedback loop. If you eat well, sleep well and exercise regularly, your performance improves, the reverse is also true. Even the best self-care can be overwhelmed by unexpected illness, family or friends needing support, or other unavoidable troubles, so seek help early if you need it. We are not always good at recognising when we are struggling or accepting that we may need to take a break or get help, so consider these suggestions carefully rather than seeing them as criticism.

Tips for Ensuring Work-life Balance



Where to go for Support

It is widely accepted by all levels of medical professionals that the welfare of prevocational doctors is vital. There are several internal and external supports available to you as a prevocational doctor. Internally you have the Director of Clinical Training (DCT) and Medical Education Officers (MEOs) whose role is not only to ensure you receive a comprehensive education program but also provide welfare / emotional / professional support. The contact you have with them can remain confidential or they can help you to plan a solution to your problem and liaise with your supervisors. They are an excellent avenue for support from within your hospital or organisation. There are also external bodies that can help in all kinds of scenarios. Some include:

- **South Australian Medical Education and Training (SA MET) Unit**
  SA MET has a wealth of useful information and has two bodies which exist to represent prevocational doctors, the Prevocational Medical Officers Forum and the Doctors in Training Committee which focuses on training/education matters.

- **Transfer of Information Guideline**
  The Transfer of Information Guideline provides you with the opportunity to optimise the transition into internship. This voluntary and confidential process is available for you to share information for the dual purpose of ensuring you are well supported during transition and throughout your internship.

- **SA Health's Employee Assistance Program**
  The Employee Assistance Program (EAP) provides all SA Health employees and their immediate family members access to free, confidential and professional counselling services. It is designed to assist any employee to address either work related or personal issues that may affect their personal wellbeing, health or safety, or their work performance. This is a free psychology and counselling service, and can be related to any aspect of wellbeing, including personal issues.

- **Responding to Concerns**
  Responding to concerns describes how to deal with a concern outside of the scheduled accreditation process. SA MET encourages all prevocational doctors to share any concerns using this anonymous form.

- **Doctor's Health SA**
  This is a fully independent and profession-controlled organisation dedicated to improving the health of South Australian doctors and medical students. Doctors' Health SA is a widely recognised, independent resource which supports doctors at all stages of their career.

- **Australian Medical Association (South Australia)**
  The AMA (SA) is the primary independent association for doctors in South Australia. It focuses on medico-political advocacy with an overall aim to improve the care we can offer patients.

- **South Australian Salaried Medical Officers Association (SASMOA)**
  SASMOA is the registered industrial association representing salaried doctors (which include interns) on issues relating to their salaries and conditions of employment.

- **Lifeline (13 11 14)**
  24/7 crisis support and suicide prevention services.

- **Beyond Blue (1300 22 4636)**
  Provides information and support.

Acronym	Definition
Ahpra	Australian Health Practitioner Regulatory Agency
AMC	Australian Medical Council
ASO	Administration Services Officer
DCT	Director of Clinical Training
EDMS	Executive Director of Medical Services
HAC	Health Advisory Council
LHN	Local Health Network
MEO	Medical Education Officer
MER	Medical Education Registrar
MEU	Medical Education Unit
PGY1	Post Graduate Year 1 doctor (Intern)
PGY2+	Post Graduate Year 2 and beyond doctor
SA MET	South Australian Medical Education and Training Unit
TMO	Trainee Medical Officer
TOI	Transfer of Information

Published Date
sahealth.sa.gov.au
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