

AMA(SA)

Intern Guide 2023



Helping you navigate your first weeks as an intern.



Congratulations



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You're on your way!



Dr Michelle Atchison
President, AMA(SA)

Congratulations on the start of your career as a doctor!

While medical school was the beginning of your medical career, it's now you are truly a doctor. As an intern, you may begin to practise what you have learned during your university education while developing the skills and expertise that are the foundations of your professional future.

On behalf of the AMA and AMA(SA), I wish to congratulate you on what you have achieved so far, and thank you for the care you will provide to countless people in the months and years ahead. Whatever your specialty, your knowledge and experience will be essential to the health and wellbeing of people who depend on and trust you. It's a daunting prospect, but a uniquely challenging and exciting one!

There will be days when you wonder why you chose medicine and life as a doctor. Please remember that your peers, your colleagues and all of us at the AMA are here for you. We have your backs. We've experienced what you're facing, or we can put you in touch with others who have. And we understand the feelings of joy and relief that will come when your care and your decisions contribute to life-changing outcomes.

You are beginning your career amid challenges unknown to most of your predecessors. During the pandemic, the foundations of medical science are being questioned, as are those of us who practise it. But have faith in your decision, your craft, and your AMA. We're with you – and I very much hope you'll be with us.



Dr Ekta Paw
Chair, AMA(SA) Doctors in Training Committee

Congratulations on graduating medical school! The word 'graduation' comes from the Latin gradus, meaning 'step'. I think this meaning is appropriate for a graduating medical doctor, as internship feels like a significant step up from medical school. There are many transitions in a medical career from student, intern, resident, registrar, and consultant; and this may be the greatest one.

Hospitals can be chaotic and finding your comfort zone can be challenging when you are constantly forced to move around. Be assured that with the help of medical and non-medical hospital colleagues walking beside you, you'll learn to take things in your stride. Your patients will teach you incredible lessons if you take the time walk in their shoes.

We are all constantly learning, so don't worry about accidentally putting your foot in your mouth – we all do it occasionally! Don't forget to take the time to put your feet up, as you'll need to rest and practise self-care. And even if your feet decide to take you in new or unexpected directions, we're with you every step of the way. So, it's time for you to take the next step!

If I take one more step, it will be the furthest away from home I've ever been.

*Samwise Gamgee,
'The Fellowship of The Ring'*

‘When we graduate, where

Many of us dread the question, ‘so what are you going to specialise in?’. Rest assured that if you are unsure, you are not the only one. It is worthwhile to take time to consider your options before deciding what you want to do, but how do you do that?

There’s no set method, but here are some suggestions from someone who was a confused new graduate. The framework for this stems from business management, so it’s catchy at the very least.

Vision

If you were born always knowing you wanted to be a vascular surgeon, for example, you can skip straight to strategy. For the rest of us, the place to start is probably some self-reflection. As a starting point, consider:

- what do I value?
- what do I want to prioritise in my life and career?
- what do I enjoy doing?
- how do I envision my life looking in five years? 10 years? 20 years?

Medicine is only one part of your life, and it doesn’t have to take over everything. Some people are happy spending long hours at the hospital because they value the experiences they gain. Others seek to achieve personal goals or spend more quality

time with loved ones. You should consider what will make you happy now and in the future. Don’t be afraid to revisit these ideas regularly, as your values and goals may change with time.

Experience in a variety of fields will help your decision, and rotations are great for this reason. Be cautious that one bad supervisor or one bad rotation may be enough to put you off a specialty. You may have to look for role models or mentors in senior colleagues with whom you get along. Reading books or articles can provide fresh perspective. Dr Ranjana Srivastava and Dr Atul Gawande are two authors I can recommend.

‘I lament that doctors are inundated with data but reassure them that the most important lessons to remember are still those to do with honesty, humility, and empathy. If they remember this, a lot of other things will fall into place.’ - Dr Ranjana Srivastava

‘Are doctors who make mistakes villains? No, because then we all are.’ - Dr Atul Gawande

Strategy

Now that you have made some challenging decisions, here are some resources to help make strategising easier for you.

- Consider the future need for your specialty when you qualify – for example, general

Support for doctors

Doctors Health SA

Phone advisory services call 08 8232 1250 or 08 8366 0250 for urgent support

DRS4DRS

24/7 Mental Health Support Line - 1300 374 377 - Answered by counsellors and psychologists.

Hand in Hand

Peer Support for Health Professionals <https://www.handnhand.org.au/> Free, confidential peer support for health professionals in Australia and New Zealand.

Lifeline

Phone 13 11 14 Free, confidential telephone counselling. Available 24 hours, 7 days a week.

do we go?' by Dr Ekta Paw

practice is an under-subscribed specialty, even though GPs provide important long-term primary care

- Look at the AMA member section of the website:
 - The Specialty Training Guide helps you compare different pathways here: <https://www.ama.com.au/careers/pathways/select>
 - The Doctors in Training Section can help you stay aware about current issues in training <https://www.ama.com.au/members/doctors-in-training>
 - Check College websites for training requirements and prerequisites
 - Talk to people in the fields you're interested in
 - College applications change year to year, so talk to people who have applied recently as well as in previous years
 - Think about timing - if you need to sit exams or complete assessments, when would work best for you

Postgraduate degrees

There are many reasons to consider a postgraduate course or degree. Further study may be mandatory for your pathway, or you may feel it will further your career and assist with applying to training. If this is the case, be cautious as requirements can change. You may wish to develop new skills or gain

experience in new areas. You should consider the time commitment, cost and learning value to you, i.e. how the course contributes to your vision for your career.

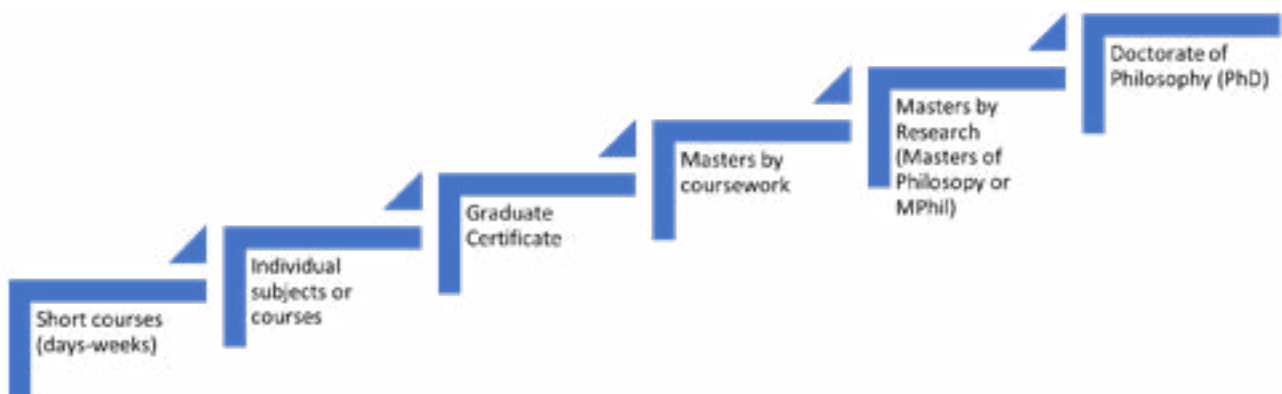
Execution

Now that you have put your plan together, it's time to execute it. Plans almost always change, so don't be afraid to revisit your vision or rework your strategy. Frequently reassess how things are working for you. Remember that you're not alone in trying to figure things out and that there are organisations and resources to help you. In addition to the AMA, these include:

- local mentoring programs to speak with other doctors
- doctors' health services such as Doctors Health SA
- career counselling and planning services
- Facebook groups such as Creative Careers in Medicine.

There are so many fascinating and different pathways to take. Aside from the clinical careers there are teaching, academia, policy, medical technology, and business options. It can feel overwhelming, and you can feel pressured to decide – but don't forget your vision. You can always seek support if you are struggling, whether it's a friend to debrief with or more formal counselling and support services such as the ones listed below. Hopefully, this basic framework, coupled with your support systems, will lead you to a happy career decision.

Further study - steps to knowledge



Starting internship - 20 helpful habits

You'll soon learn the value of practising some helpful behaviours and making them habits early in your internship.

Organisational

1. Receive a good rotation handover from the outgoing intern (see the AMA handover guide on page 11).
2. Obtain your pager and page yourself to check it's working.
3. Make sure you are a member of the team group chat (e.g., Whatsapp, Teams, etc.).
4. Ask your team for time to complete your mandatory training during work hours.
5. Claim unrostered overtime if you've worked it (and find out how to get it approved). Talk to your team early if you're regularly needing to stay back for more than an hour and see how you can better distribute the workload.

Networks

6. Meet and get to know your allied health staff! They will be incredibly helpful with navigating complex systems.
7. Get to know your TMO (Trainee Medical Officers) Unit/Post-gradual Medical Education Unit as helpful 'first port of call' with internship issues.
8. Remember your medical students and organise teaching for them if you can. You are best placed to know what is useful for them.
9. Think about who you want to be your referee and update your CV.

Wellbeing

10. Try and take lunch breaks away from your computer. Ideally prepare the meal ahead of time and take the time to eat well. Meal services can help when you are time poor.
11. Leave on time.
 - Don't feel guilty about handing over tasks – leave a clear plan for what the next doctor should do.
 - Prompt your team for a paper round early in the afternoon to go through the patient list, new test results and outstanding jobs.
 - Be prepared to ask nurses to page cover rather than doing jobs 'while you're here' when you should have left an hour ago.
 - If you've left and forgotten something, call

cover to check instead of opening EPAS mobile. Leave work at work!

12. Give your resident your pager during your protected teaching time.
13. If you are sick, take a sick day. Your team can manage without you. Your patients also don't need your infection!
14. If you receive a call about your patients on a rostered day off, interrupt the person and redirect them to whoever is working that day (or don't answer the call).
15. Ask another intern to co-certify with you for your first death.
16. Ask to debrief about distressing cases. Registrars may forget that you could need debriefing after an incident with an aggressive patient or after your first patient death. Seek outside help if you think you may need it, from your GP, Hand-n-Hand or Doctor's Health SA.

Clinical

17. Ensure discharge summaries have up-to-date lists of medications on discharge.
18. Find out to whom you should escalate difficult cannulas and how to organise midlines/PICCs.
19. Ensure you're comfortable donning/doffing for COVID precautions.
20. If you are at an EPAS site, learn these quick tricks:
 - Save all the COMMON. CORE. ED. GAST. HAEM. NEUR. RESP. and SURG. Pre-Operative order sets to your favourites list. Set this as your default ordering screen.
 - Import a list of 'common discharge diagnoses' as favourites, along with useful cover acronym expansions from the previous intern.
 - Set up an 'advanced' EPAS list to display 'incomplete' and 'not started' discharge summaries for your rotation dates.
 - Know the different ways to recover a ward round note on EPAS (including a drop-down box called 'document recovery' when entering a new document).
 - You can also add a column, for 'Physio/Social Work/etc.' assessment status that tells you if they have been referred.



Opportunities to learn

A message from the Chair of the AMA Council of Doctors in Training, Dr Hannah Szewczyk

Congratulations on completing medical school and becoming doctors! It is a huge achievement and opens so many doors. No matter which career path you take from here, you have the opportunity to create a bright, fulfilling, interesting and meaningful future.

I would also like to welcome you as colleagues. The medical profession is a community in which knowledge and experiences are shared. It will seem like yesterday that you were shadowing other doctors on the wards; now it will be you who is teaching the medical students who will look up to you and be inspired by you.

The learning isn't over, though. There is so much to learn in medicine, and you are not expected to know everything. Each day of your internship will be an opportunity to learn something new. Never feel embarrassed to ask 'silly' questions. Now is the time to ask all the questions you can, to build on the foundations of your knowledge that were laid in medical school, so you don't need to ask those same questions later. Some days will be challenging and exhausting, but take a moment at the end of every day to reflect on what you did well and something new that you learned.

You will make mistakes – but that's okay, we all do. Your consultants will have stories of similar mistakes they made. Don't be afraid to ask for help and support. The other doctors on your team will remember what it was like when they started as interns. It's always better to ask for advice or help in advance, rather than doing something incorrectly and having to fix it later. Having said that, remember that you passed medical school and have the skills to be an intern. You can provide a high level of patient care and contribute to the team.

Working as an intern can be challenging. The work can be difficult and the hours can be long. Make sure to look after yourself. Remember, if you are burned out you can't provide your patients with the best care. Take opportunities to chat and debrief with your fellow interns. You're all in this together.

Your wellbeing is important - for you, your colleagues and your patients. Try to prioritise sleep, restful time, social time with friends, exercise and nutrition. Do things that bring you joy and those that give you a sense of calm. Now is also a great time to find your own GP if you don't already have one. It

is beneficial to have another doctor who is there to listen and to provide care and support to you.

The medical training system is far from perfect. There are training bottlenecks and issues with workplace culture. But things are changing, and you have the power to contribute your voice to advocate for improvement. Your junior doctor years are a great time to get involved with your local AMA, RMO society and other committees. Being involved in these groups allows you to share your perspective and opinions, to advocate for what you are passionate about, and to network with other doctors. You'll gain a better understanding of how the broader medical system works and develop leadership skills. Don't feel as though you are too junior to contribute. You are the expert at what it is like to be an intern now, and that viewpoint is valuable.

I wish you all the best as you start out on your medical careers. Look after your patients, yourself and each other. You will grow so much over the next year. Your career may not take the path you expected. Stay open minded, take every opportunity to learn and remember that there are people who support you. We are grateful to have you join our team!

Hannah's hints

- Carry a small notebook with frequently-used drug doses so that you don't waste time looking these up and can refer to the doses in an emergency
- Be helpful and reliable
- Ask questions
- Know and respect your limits
- Look out for each other
- Be compassionate towards yourself
- Embrace every opportunity
- Reflect on your successes

Your health matters!

‘A line in the sand’

New laws describing how workforce safety and culture are managed in South Australia are a direct result of AMA(SA) advocacy – and an example of what AMA members can do when they work together for change.

The AMA(SA) Culture and Bullying Summit in February 2020 led to nation-leading legislation to provide safe workplaces for South Australia’s health care workers. Now the South Australian model is being heralded across the country, with state AMA associations examining how they can work with their governments to enact change.

The Summit staged by AMA(SA) at the University of Adelaide was announced during the September 2019 appearance of then-AMA(SA) President Dr Chris Moy at the Parliamentary Committee into Workplace Fatigue and Bullying in South Australian Hospitals and Health Services, where he said it was time to ‘draw a line in the sand’ and stop bullying.

Dr Moy’s statement described ‘toxic’ work environments in which doctors and other health practitioners were subjected to bullying and harassment that led to stress, anxiety and fatigue.

It was not only doctors and other health care workers who suffered through such treatment, Dr Moy said: tired, stressed doctors make mistakes that have serious effects on their patients.

The comments were repeated in front-page newspaper articles and television news reports. The concerns regarding poor culture and bullying highlighted by the AMA(SA) Doctors in Training Committee Hospital Health Check (HHC) surveys and reports had reached a point that no one could ignore them.

On 29 February 2020, more than 100 of the state’s leading health and medical minds and leaders in South Australia attended the Summit. They heard Dr Hannah Szewczyk, then chair of the AMA(SA) Doctors in Training Committee – and now chair of the Federal AMA equivalent – report that South Australia’s HHC results mirrored those of other states in relation to workforce factors such as access to leave and professional development opportunities, rostering and overtime, and bullying and harassment.

Dr Szewczyk said most junior doctors reported concerns about making a clinical error due to fatigue, and fatigue had caused some to crash their cars. However, she said, the issue that concerned most junior doctors was their ability to claim unrostered overtime, with more than a third of the doctors surveyed reporting they had been told not to claim it.

The Health Care (Governance) Amendment Act 2021 includes recommendations from Dr Moy and AMA(SA) Council for language that explicitly attributes the responsibility for staff psychosocial safety and wellbeing to Local Health Network (LHN) leadership.

Dr Moy says the law brings LHN Boards into line with corporate counterparts by bringing clarity and balance to their imperatives – not only the need to provide good quality health care and to maintain budgets, but also to care for their greatest asset: their workforce.

‘This reform demonstrates the power and influence of the AMA in changing the world to benefit ourselves, our current and future colleagues, and our patients,’ Dr Moy says.

‘Healthy doctors heal. We must be able to perform our roles in workplaces we know are safe and supportive, and that bad behaviour will be addressed.’

The *Health Care (Governance) Amendment Act 2021* reads that each LHN Board, which reports to the SA Health Chief Executive, is responsible for ensuring that a hospital in its jurisdiction:

- i. *(promotes a healthy workforce culture for and among staff employed to work within the incorporated hospital; and*
- ii. *implements measures to provide for and promote the health, safety and wellbeing of those staff within the workplace (including the psychosocial health, safety and wellbeing of staff); and*
- iii. *implements policies issued by the Chief Executive on workforce health, safety and welfare (including policies on workforce harassment and bullying), so far as those policies apply to the incorporated hospital.*

Navigating the Junior Doctor Landscape

The AMA(SA) Doctors in Training Committee have developed a resource to help you understand the different committees, networks and forums in junior doctor workplaces.

Scan the QR code to view or download a copy from the AMA(SA) website.





Changes to internship

The AMA(SA) Doctors in Training committee has been keeping tabs on the changes to the national internship model, as well as providing feedback throughout consultation and into implementation. We want to ensure that the changes to internship are positive and provide additional support without extra stress.

Your graduating class will be the last to have a one-year internship, so you won't be affected by the changes – but you may still want to understand what will and won't change.

The Australian Medical Council (AMC) currently sets standards and assessments for interns, which are linked to the registration standards. Currently in intern year you are registered provisionally and when you pass your rotations for the year you can apply for general registration. This will not change with the two-year program.

Each intern placement is accredited by the AMC, to ensure it provides adequate training, supervision, and support for interns. Currently, and until 2024, PGY2 terms do not require specific accreditation to meet these requirements. By introducing this, the AMC hopes to provide a better experience to PGY2s, particularly in terms with reduced supervision such as nights or relieving. There will not be specific terms required for internship, but PGY1 and 2 terms will focus on the breadth of

experience. This could be in different environments (inpatient, outpatient, community) or patient groups (acute or chronic illness) with a balance of specialty exposure.

The final part of the framework is the E-Portfolio. This is where your assessments for PGY1 and 2 will be accessed and collated. The data will be reported externally to the Medical Board of Australia as well as the AMC and could be subpoenaed. Ideally this will help streamline your progression and make it easier to record clinical assessments. Similar portfolios are used internationally.

At both South Australian and federal levels, the AMA will continue to be involved with external feedback on the changes to internship, and we always value your feedback.

AMA Doctors in Training Committee:

- supports that general registration continues to commence after PGY1
- supports assessments that are not too onerous, and a well-designed E-Portfolio
- supports that PGY2s should still be able to commence training
- supports improvements in teaching and supervision in nights and relieving terms.



INTERN HANDOVER GUIDE

What does the weekly timetable look like?

- What time should you arrive to prepare for the ward round/day ahead (e.g. printing notes)?
- Timing of ward rounds, consultant ward rounds, huddles, pre-admission clinics, OPDs, theatre sessions, allied health meetings
- General idea of weekly hours
- What are the weekend/after-hours requirements for the rotation?
- When are the MDT/unit meetings?

What are your clinical responsibilities?

- What is your role required to do on the ward round?
- Is there a requirement to participate in pre-admission clinics?
- Post-operative reviews?
- Are there any weekend ward rounds you have to do alone/without direct oversight?
- Participating in MET shifts?
- Where do you drop off forms for morning bloods?
- Where/how do you hand over for COVER and NIGHTS?

What details should you know about patients you are taking over care for?

- Request a copy of the OACIS/EMR sheet with all current inpatients
- Discuss each patient making sure to take note of:
 1. Patient name/location
 2. Current diagnosis
 3. Key preceding/current events
 4. Past medical history/current problem list
 5. Outstanding tasks requiring completion in order of priority
 6. Expected length of stay (e.g. 24 hours, days, weeks, months)

Medical admin specific:

- Timesheets
 - Where and when to drop off/who to email
 - Process for applying for overtime approval
- Rosters
 - Who organises the roster?
 - When is it sent out?
 - How to arrange shift swaps?

What to do in preparation for a handover?

- Where can you find the handover docs/term descriptions?

What do we need to discuss regarding unit structure?

- Who is the term supervisor?
- Names and contact details of Consultants, Registrars and Residents on the team
- Names and contact details of specialty nurses and outline their role
- How does the team communicate e.g. WhatsApp or another messaging platform? Ask to be added as applicable!
- Name of the Nurse Clinic Unit Manager
- Introducing yourself prior to commencing or at the start of your rotation is highly recommended

What are the administrative responsibilities?

- What is your role in discharge planning?
- Do you have to chase any results for recently discharged patients?
- How to book outpatient appointments for patients being discharged both for your unit and other specialties
- Are there any meetings you are required to organise/book rooms for?
- Are there any outstanding discharge summaries not yet completed?
- Expectations regarding discharge summaries: patient leaves with summary in hand or within 24/48 hours?
- **Hot Tip:** does the unit have a specific template for D/C summaries

Unit Specific requirements:

- Does the unit prefer to use EMR/OACIS sheets for handover? Is there any specific information the unit needs included?
- If you're unfamiliar with how to set up lists, request your predecessor to show you!
- In your role, are you required to give any presentations at meetings during the rotation?
- Where is the morning bloods tray, what time is the bloods round, is there a weekend bloods round?
- Do a walkthrough: Where is the team office, the meeting rooms and where does the team meet for ward rounds etc.
- Assessments
 - Who is your supervisor?

Anything you feel is important:

- The team's favourite coffee spot
- Is food provided at unit meetings?
- Common patient problems/calls specific to the unit
- Acronym expansions (for Sunrise users)



- membership@amasa.org.au
- 08 8361 0100



Expectation v reality

Intern year has been a rollercoaster for former AMA(SA) Council student representative Dr Emerson Krstic

As the month of January approached after a blissful summer holiday (spent at home), I was excited, with a strong sense of trepidation. I could feel how nervous I was as my friends and I began our first days of introductory orientation across Adelaide's Local Health Networks with only one true question in our minds: what was it going to be like to be an intern? We had all witnessed the hurried scurrying of the interns in our final year of placement, seen the stress build during the ward round and the relief at the day's end. But this time it would be our turn; were we ready? Was I ready?

Now I can say the year has been a rollercoaster of moving parts, including email chains, mandatory teaching, preadmissions clinic, and online modules, all on top of the day's ward duties. My terms this year have been as follows: beginning on relieving, I had my head whipped around every one or two weeks moving between medical and surgical rotations; next, I moved to general medicine and began to learn the art of the complex discharge; after this came a general surgical rotation, in which my understanding of the term 'surgical ward round' reached new heights; and now I am finishing my emergency term. Understanding my role in the team and how to work as a junior doctor is an ongoing process, and each team is unique. I learned very quickly that strong and continuous communication is essential, as is the willingness to ask what may seem like silly questions: 'what exactly do you mean by...? In what order do I need to...? Can I confirm that you want...?' were a few queries that when answered by helpful medical and other health colleagues made my life much easier.

I have had good times, great times, and difficult times this year, in even proportions. I have thoroughly enjoyed the year and its challenges, and the variety that each day can bring through an interesting mix of medical and non-medical problems. It has been rewarding to work with the medical and allied health staff to feel that I am contributing to patient care in a meaningful way. I have found that the challenges of this year came

principally in having enough energy and trying to manage my time, both at work and in life at large. Internship is heavily demanding, and if you are not careful it has a way of convincing you that you do not have time for hobbies, friends and family. This year, and probably each year of our careers if I guess correctly, is a marathon and must not be treated like a sprint. This means that as hard as it can be in our already busy lives, we must make time for those hobbies, friends and family that keep us smiling, sane, and ready and able to go on.

With three-and-a-half rotations behind me, I feel I have a good grasp of what it means to be an intern. The reality is that being an intern, much as it was to be a student, means to constantly learn: learn how to take on the responsibility of the junior medical officer role and how to function as an integral part of a medical team. It means learning how to communicate well across a multidisciplinary team, learning how to take initiative and advocate for your patient's care, and, most importantly, learning when you need to ask for help. And, again as it was as a student, it means learning these things all over again when a new term rolls around.

My advice to incoming interns, first and foremost, is to engage yourself in the care your patients receive and learn how to work in a team to give them the best care you can. Prioritise 'best care' and you will ask the right questions and know when you need to ask for help.

Be kind to everyone around you, most of all to yourself – there will be countless mistakes and inefficiencies before you begin to feel comfortable, and that is okay.

Keep an eye out for each other, and step boldly into the next part of your medical journey. You may not feel ready as you begin to walk, but before you know it, you will be running with the wind.

Dr Emerson Krstic was an intern in 2022 at Flinders Medical Centre, and will be starting a general trainee year at CALHN in early 2023.

Financial tips for interns

You've completed years of study and are starting out as a Resident Medical Officer (RMO): you are at the beginning of your earning journey and there are things you should know to prepare for the road ahead.

Helen Hadjisavva, Health Team Manager in Accounting & Business Advisory at Hood Sweeney outlines some of things you will want to consider.

It's different for every intern, so we would always suggest you ask your accountant for guidance specific to your situation.

The first thing each intern will need to understand is income tax and the deductions that you can claim. Here are a few tips on what's important once you start receiving your fortnightly salary.

1. You will need to lodge an income tax return for the financial year ending 30 June. Your return is due for lodgement by 31 October, or later only if a registered tax agent prepares your return.
2. Your tax return includes taxable income, which is assessable income less allowable deductions.
3. Assessable income includes:
 - o Salary & wages
 - o ABN (private practice) income
 - o Dividend & investment income
 - o Interest income
 - o Net rental income.
4. Allowable deductions are expenses that are directly related to earning your income. Some examples are:
 - o Membership fees and subscriptions
 - o Uniform expenses
 - o Professional indemnity insurance
 - o Income protection insurance
 - o Asset purchases
 - o Telephone and internet
 - o Home office
 - o Donations
 - o Self-education expenses.
5. Make sure you keep a record of these expenses.
6. Tax is paid on your taxable income and your tax bracket will be determined by how much you are earning. The more income you earn the more tax is required to be paid.
7. Higher Education Loan Payment/HELP Debt - once you lodge your tax return you may – depending on your level of taxable income – be required to start paying down your HELP debt.
8. Protect your income - your biggest asset is your ability to earn an income so you will want to protect it if you are unable to work because of a disability caused by illness or injury. Income protection insurance is something to consider.
9. myGov - we suggest you create a myGov account and link it to the Australian Taxation Office (ATO) to keep track of ATO notices and lodgement requirements and login regularly.
10. Private Health - do you have private health insurance? If you do not have an appropriate level of private health insurance, you may be required to pay the Medicare Levy Surcharge, which can be up to 1.5% of your income.

These are a few of the important things to know when you are starting out. With the help of good tax advice, you can have a much better understanding of your financial situation.

As an AMA partner, Hood Sweeney can provide a complimentary tax consultation with an Accountant or one of Hood Sweeney Securities (AFSL 220897 | ABN 40 081 455 165) Financial Planner Representatives.

Disclaimer

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Preparing for internship

There will be many things on your mind when your internship begins. Relieve some of the pressure with these preparatory steps from 2020 intern Dr Tom Gransbury.

Useful apps/tech

- Download these apps to your phone:
 - MedApp for CALHN users can access local guidelines (OWIs Organisational Wide Instructions)
 - Induction for hospital pagers and phones
 - Register with SALUS to get mobile access to ETG and UpToDate
 - Sunrise Mobile app (but remember to leave work at work)



- Obtain a copy of *On Call* by Marshall and Ruedy – outgoing interns may be happy to sell theirs to you! (it also has an associated app).
- Consider salary packaging. Go to the Maxxia website (www.maxxia.com.au) for information and advice.
- Sign up to SASMOA and the AMA – they can support and advocate for issues you experience at hospital. (NB. These are tax deductible so don't pay for these on Maxxia).
- Prepare to use electronic timesheets. Most units will accept emailed timesheets and will provide an Excel version of your hours (it will automatically add them up) then save as a PDF and set up an electronic signature.

Organisational

- Buy a small notebook or print copies of a template to keep track of cover jobs.
- Ensure you've been PPE fit-tested, have an ID card and that your pre-employment paperwork is complete.
- Make sure your phone provider has reception at your hospital (for example, Telstra has no/poor reception at the Lyell McEwin).

Location	Unit Name	Time & contact number	Background	Notes	Priority / Specific Time
18.1 Room 6	000123456	18.1 Unit Reg - 0400 113 222	18.1 (2017), admitted with CAP BGA, SA, E & S Intra-Infusion DKA Protocol	<input type="checkbox"/> 18.1 <input type="checkbox"/> 18.1 <input type="checkbox"/> 18.1 <input type="checkbox"/> 18.1 <input type="checkbox"/> 18.1	20.1

- Organise a carpark (free at most sites during COVID) and/or access to the bike lockers.
- If teaching appeals, consider signing up as a university associate lecturer.

Wellbeing

- Organise a regular social catch-up with your best mates. Pick a night (e.g., the first Wednesday of the month) and go whenever you can. If it's not regular, it's difficult to organise and you might not see your friends for weeks.
- Find an exercise regime you enjoy that can be flexible around shift work.
- Book an appointment with a GP if you don't have one and consider a psychologist (the Employee Assistance Program offers free, confidential counselling for SA Health staff).
- If you're dreading a rotation, contact the Medical Education Office/TMO Unit to discuss your concerns and consider a swap.
- Take it easy during your first week (you'll likely be exhausted after your first days).



University of Adelaide graduating medical students 2022

(photo courtesy of University of Adelaide)

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