Pre-internships in medical school

2017

Introduction

In Australia, the preparation of medical students for transition to internship is primarily the responsibility of medical schools, with teaching hospitals providing other necessary knowledge and orientation once internship commences. Many Australian medical schools have developed a specific clinical placement in the final year of medical school known broadly as a pre-internship. The structure of pre-internships amongst medical schools; some medical schools have a specific clinical placement, while others have 6 months or a full year of preparation for internship course.

This position statement outlines the AMA's position on pre-internships in medical school.

1. **Key points**

1.1. The AMA supports pre-internship placements in the final year of medical school to better prepare graduates for the transition from medical student to internship and increasing levels of workload and clinical responsibility.[1 2]

1.2. The AMA does not support transferring the intern year to the final year of medical school because of a lack of evidence that this would benefit training, the extensive restructure to curricula that would be required, inadequate training and supervisory capacity, and funding limitations.

1.3. Pre-internship placements must maintain their educational focus and should not be used by health departments as an avenue for accessing cheap labour or as a solution to a workforce shortage. It is important that evaluation and feedback mechanisms are in place to facilitate continual program improvement.

1.4. Pre-internship placements in the final year of medical school should aim to consolidate and further develop clinical knowledge and skills, whilst providing students with the strategies and skills to transition to hospital practice as an intern professionally and personally.[3 4] They should be clinically oriented, address relevant skills, use experiential learning and focus on practical tasks.

1.5. Early meaningful, sustained and carefully structured patient contact throughout undergraduate medical education, which provides opportunities to act in the role of an intern[5], and for reflection and integration of learning, will support a better experience of the transition to real work as a doctor. Better collaboration and coordination between medical schools and teaching hospitals will assist in reducing the stress and improving the transition from medical student to doctor.

1.6. Medical school curricula should strive to provide cumulative exposure to clinical environments in the undergraduate curriculum, culminating in opportunities for the student to act up as an

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[1] Eley DS. Postgraduates'perceptions of preparedness for work as a doctor and making future career decisions: support for rural, non-traditional medical schools. *Education for health* 2010; 23:1-13.

[2] Gome JJ, Paltridge D, Inder WJ. Review of intern preparedness and education experiences in general medicine. *Int J Med* 2008; 38: 249-253.

[3] Kelly C, Noonan CLF, Monagle JP. Preparedness for internship: a survey of new interns in a large Victorian Health Service. *Aust Health Review* 2011; 35:146-151.

[4] Scicluna HA, Grimm MC, Jones PD, et al. Improving transition from medical school to internship – evaluation of a preparation for internship course. *BMC Medical education* 2014; 14:23.

[5] Brennan N, Corrigan O, Allard J, et al. The transition from medical student to junior doctor: Today's experiences of tomorrow's doctors. *Med Educ 2010*; 44(5):449-58.

intern in the final year through a pre-internship or similar. Such work based learning should be planned, structured and scaffolded and should incorporate appropriate support and challenge through feedback and integration.

1.7. Students undertaking pre-internship placements must be appropriately supervised at all times and have a designated senior doctor who is responsible for monitoring their progress and overseeing their integration into the clinical team. The lines of reporting to be followed by students should be clear from the outset of the placement.

1.8. Training and support must be available to staff who are involved in teaching and supervising medical students undertaking pre-internship placements to assist them to develop their skills in these areas.

2. Background

2.1. Reports suggest that some medical students feel unprepared for the transition from medical school to internship. Common themes are feeling burdened and fearful about taking responsibility for decisions, not feeling prepared to take on additional responsibilities, and lack of support.[6] [7]

2.2. A number of factors are thought to contribute to a better transition for medical students including the level of clinical experience gained in the undergraduate years, and early exposure to clinical environments that provide for continuing and meaningful contact with patients as well as the opportunity to act up in the role of an intern.

2.3. Pre-internships placements have evolved to better facilitate the transition of final year medical students into their internship year from a clinical, professional and personal perspective. This is most often achieved through students observing and performing appropriate parts of an intern's role under supervision, commonly by way of the medical student 'shadowing' an intern.

2.4. Research indicates that the most productive clinical placements occur when medical students are included as members of the hospital/clinical team, are assigned an appropriate level of responsibility for patients and tasks, and are actively included in the team's educational and review activities. This is particularly relevant for final year medical students. Not only does this provide students with the learning opportunities that they need to develop their clinical knowledge, it also demystifies the function of the unit team, better preparing final year medical students for their future careers.

2.5. In addition to providing exposure to clinical environments that allow for meaningful patient contact, research suggests that final year medical students would benefit from opportunities that provide experiences in dealing with uncertainty, traumatic situations such as death and dying, and working as part of a professional, multi-disciplinary team.

2.6. The integration of final year medical students into the clinical team should be encouraged, and clear boundaries need to be set to ensure that patient safety is maintained, the health and safety of the student is assured, and the workloads and educational needs of team members are also considered.

2.7. While final year medical students provide an additional resource to the clinical team, it is important that pre- internship placements focus on learning rather than fulfilment of any employment-type obligations. Medical students should not be used as substitutes for any type of Medical Officer and monetary payments provided to students in exchange for their participation in a pre-internship placement are inappropriate.

2.8. Doctors in training, including interns, are often involved in supervising medical students on pre-internship placements. This role should be recognised and supported by universities,

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[6] Scicluna et al. BMC Medical Education 2014, 14:23

[7] Kelly et al AHR 2011, 35, 146-151.

hospitals and the unit team to ensure that doctors in training are adequately prepared, supported and resourced to undertake this role. To prepare students for a future teaching and training role, medical school curricula should include guidance and training in performance management, giving and receiving feedback, unconscious bias and cultural safety.

Related AMA content

AMA Position Statement on Prevocational medical education and training. 2011. Revised 2017.

AMA Position Statement on Competency-based training in medical education – 2010.

AMA submissions to the Review of Medical Intern Training 2015.

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