

# Standard in Focus

## Standard 4: The Intern Training Program – teaching and learning

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- **4.1a** Interns have access to formal clinical teaching and structured clinical and non-clinical learning activities at the health service level
- **4.1b** Interns have access to structured clinical learning activities in addition to informal work-based teaching and learning at the unit/rotation level
- **4.2** The intern Training Program provides for interns to attend formal education sessions, and ensures that they are supported by senior medical staff to do so
- **4.3** The health service ensures dedicated time for the formal education program
- **4.4** The health service reviews the opportunities for work-based teaching and learning

This standard requires the provider to demonstrate that they are providing both a Formal Education Program and ensuring that interns have access and support to attend the program as well as providing informal work-based teaching and learning opportunities.

The Australian Medical Council's *National Standards for Programs* requires that the intern education program is guided by the *Intern Training – Intern Outcome Statements*. The Australian Curriculum Framework for Junior Doctor Education is also used to map programs. The Formal Education Program should ensure that interns are adequately prepared to work safely within the systems of the health service and under the supervision of senior leaders while stretching them to expand their knowledge base. The provider is required to show that the education program is responsive to feedback and flexible enough to respond to changing needs and circumstances through evaluation and summary reports. It is imperative that the barriers that may prevent interns from attending the program are reasonably managed by the Medical Education Unit. These barriers may include but are not limited to heavy workloads, effective rostering and supportive senior supervisors.

The provider is also required to ensure that adequate work-based training opportunities exist for interns. This can include bed-side teaching, teaching rounds, mortality and morbidity audits, journal clubs, case presentations, multi-disciplinary meetings, etc.

Throughout both formal and informal learning opportunities, interns should have exposure to more than just clinical topics. Ample opportunities need to be provided for interns to learn about self-care, peer support, professionalism, and managing stress and burn out for example. Evidence to show purposeful design of education programs within the context of the Program is required.

All providers should have comprehensive processes in place to evaluate and ensure the adequacy of both formal and informal teaching and learning opportunities using multiple data points. Interns need to be able to provide feedback in a way that is safe and de-identified, and the provider is required to show how this feedback is used to improve Program outcomes. Medical Education personnel, as the managers and administrations of the Intern Training Program should provide oversight to the Program as a whole, ensuring that interns across the Program have equitable opportunity for access to education and are prepared to move to the next stage of their medical careers upon completion of the intern year.