“I’m really excited about starting internship next year at North Shore. After eight years at University, it is a wonderful feeling – and a paid job will be also be really good.”
When Professor Bill McCarthy graduated from Sydney Medical School in 1959, he had spent minimal time in hospitals or with patients throughout the course. For him and so many other graduating students in past 40 years, the excitement of graduation and work after so many years at university, was tempered with concern about feeling unprepared and unsure about skills and responsibilities. (See accompanying recollections).

In 2010, the story is the same – but different.

Sydney’s graduating students express similar excitement about the transition from student to junior doctor. In the graduate medical program, all have spent a minimum of seven years studying (many much longer) and are looking forward to the new responsibilities, greater autonomy, feeling like a useful member of a health team, and of course a pay check. They are older than previous medical students, and the average age of graduates this year is 27.

By and large, Sydney’s students also express nervousness about how they will cope when they meet the reality of the public health system as interns, and when they are asked to make decisions and take responsibilities.

“The challenge is going from being a student where you’re allowed to be not sure, to being in a position where you should have answers. It’s one thing to know everything academically, it’s another to apply it. I do worry about not having someone to fall back on, and certainly don’t want to make small mistakes on something that seems quite basic but does affect people,” said Aruvi Thiruvarudchelvan from Central Clinical School, graduating this year.

But students are also well prepared, including for interactions with patients. Since the first year of their course, they have been in hospitals and with patients. They have spent a day in their clinical school in stages one and two of the program, and are based in clinical schools full time in the two years of stage three. In their final term, pre-intern or PRINT term, they spend two months working in hospital as part of a team, and are introduced to the work they’ll be doing as interns. Under supervision, they play the more autonomous role they will have as an intern.

“PRINT has been great, it has given us a really good understanding of what we will be doing next year” said Kate Allan, based at Concord Clinical School. “Before I started, I didn’t really know what would be expected and it was a bit daunting. I’m working with the respiratory team at Concord, and they have been fantastic, I feel part of the team and I have learned such a lot in just a few weeks.”

Sydney’s graduating class of 2010 is the first to have benefited from changes introduced as a result of a major review of the curriculum in 2007. The changes have primarily affected their course in stage three (years three and four). For students completing their studies next year (2011), the review resulted in widespread change across the four years of the course.

The most significant change for the 2010 graduates has been to the timetabling of core medical and surgical rotations through stage three. Previously, the core medicine and surgery rotations were completed in the first year of stage three, with the specialist rotations of paediatrics, psychiatry, obstetrics and gynaecology, and community, all in the final year. Given that medicine and surgery are the core subjects, and the basis of much of the work of interns, the feedback from students and clinical staff was that they would prefer to have some more recent exposure. Medicine and surgery rotations, as well as the specialist blocks, are now spread across both years of stage three.

“For students, it was a smooth transition and it was better than having the core blocks all together, then specialty,” said Andrew Caterson, based at Nepean Clinical School. “It will be much more useful as far as next year is concerned, and the organisation allowed students to study properly and experience the specialties and core.”

In October, the 261 students in Sydney Medical School’s graduating class commenced their pre-intern or PRINT term in the School’s teaching hospitals. It is the final stage in what has been a long period of study on the road to medical professional. Next January, graduates will take up their positions as interns in hospitals around the country – excited, nervous but well prepared for the challenges ahead.

By Melissa Fagan
LOOKING BACK
LONG HOURS AND FINGER BUNS

PETER HAERTSCH
CLASS OF 1968, SYDNEY MEDICAL SCHOOL

Professor Haertsch is a burns surgeon and the founding Chairman of the NSW Severe Burn Injury Service and the Sydney Burns Foundation, and the founding head of the Department of Plastic, Burns and Reconstructive Surgery at Concord Hospital.

“I completed my junior residency at Concord Hospital. It was difficult transitioning from being a student to being a full time clinician. The difficulty arose by virtue of lack of confidence, and an ill-preparedness for the responsibilities involved especially on-call, out of hours, where it was just you initially, and a decision had to be made. Coupled with this was the fear of the unknown and uneasiness (fear!) when associating with the senior clinicians.”

BEN FREEDMAN
CLASS OF 1973, SYDNEY MEDICAL SCHOOL

Professor Freedman is a cardiologist at Concord Hospital and Deputy Dean of Sydney Medical School.

“I commenced work as an intern in 1973 at the tender age of 23 and lived in a room in the RMO’s quarters at RPA. Of course hospital medicine was different then, with Florence Nightingale wards, and a different pace to admissions. The main weekly consultant ward rounds in my first medical term of the Stan Goulston team started with a morning tea of finger buns, presided over by the ward charge nurse, with all of the main medical consultants present, the registrar (Alex Bune), the intern (myself) and an entourage of medical students, followed by the round itself at a respectable pace, with all of the patients seen and discussed by the large group, accompanied by the charge nurse (Sister Sales) wearing a starched cap.

I graduated in a small cohort and as a result we were able to form an action group to campaign for better conditions as interns. The group was called the IRA (Incoming Residents Association). For the first time we were able to achieve payment for working overtime. It signalled an end to the 1 in 2 rosters that had been de rigeur, and the start of night residents performing shift work, to reduce the overtime costs to the hospitals.”

KIRSTY FOSTER
CLASS OF 1977, COLLEGE OF MEDICINE, UNIVERSITY OF EDINBURGH

Dr Foster is the Sub Dean (Education) and a senior lecturer in Medical Education in the discipline of Obstetrics, Gynaecology and Neonatology at the Northern Clinical School.

“When I turned up for my first day at work as a doctor I felt reasonably confident that I could cope with all the routine bloods, organising x-rays and the 101 other tasks expected of me in a ward full of patients. I was not as sure, however, about the average of over 100 hours a week I was expected to work; or of how I was going to find time to get to theatre to assist at operations along with everything else. There would certainly be no time for any social life! The ward sisters were warm, welcoming, supportive and very helpful, especially in the first few days. It turned out to be exhausting but at the same time fascinating, challenging and humbling. I loved it!”

WILLIAM McCARTHY
CLASS OF 1959, SYDNEY MEDICAL SCHOOL

Professor McCarthy is an Emeritus Professor of Surgery in Melanoma and Skin Oncology at the University of Sydney and Director and co-founder of the Melanoma Foundation.

“When I graduated, the undergraduate curriculum had no hospital exposure whatsoever, so we arrived at the hospital in January totally unknowing of what we knew, how good our skills were, with no significant contact with patients prior to that day, and thus feeling totally unprepared for what was to come. However, we all basically knew that we would be working with senior residents and registrars and expected that they would help us over any bad spots, which they did. It took very little time for us to become aware that we really did have enough knowledge and skill to get by at the level expected of us.”

BRUCE ROBINSON
CLASS OF 1980, SYDNEY MEDICAL SCHOOL

Professor Robinson is an Endocrinologist and Dean of Sydney Medical School.

“The 30 years since graduation have gone in a flash but I remember the incredible excitement of starting work at Sydney Hospital in Macquarie Street, shortly followed by a term at Balmain and then at the Royal Alexandra Children’s Hospital. Each one has provided memories. Sydney was a wonderful hospital and a great place to learn, and it is a real loss that it no longer provides the services of those days. It was an inner city hospital and we saw a lot of homeless people and alcoholics who were placed on low beds – literally beds just off the floor – while they sobered up. A really vivid memory is running across The Domain one day, summoned to a cardiac arrest in The Eye Hospital, then down in Woolloomooloo.

I spent a second internship at the Children’s Hospital, and thought at the time that paediatrics was a possible career. Three months in the “crying baby clinic”, and I realised paediatrics wasn’t for me. One of the strongest memories of that time was not related to medicine at all, but the ever present smell of biscuits being baked at the Peak Freans factory over the road.”
...continued from page 13

It was a busier program though. “You had to be organised. There were multiple tasks for each term so if you weren’t keeping up to date with it you could get to the last week and not be prepared. Constant updates from admin and fellow students helped but the major challenge was keeping on top of it.”

Assessment – a moot point – has also been increased. There are now assessments and barrier exams at the end of each year, as well as exams at the completion of each of the specialty and core blocks through stage three.

The new curriculum has been beneficial, according to Aruvi Thiruvarudchelvan. “There has been a greater emphasis on knowledge that is necessary in a clinical setting and it is good to have an idea of what they (the hospitals) think we should know,” she said.

Aruvi, who majored in French and Psychology at an undergraduate level, can also see the advantage in having more basic science training. “Just talking to students a couple of years below, they have learnt more anatomy and basic sciences. For us, there was a lot to learn in a very short space of time.”

The curriculum review was initiated by Dean, Professor Bruce Robinson, and conducted in 2007 by Emeritus Professors Kim Oates and Kerry Goulston. Recommended changes, including increased anatomy teaching and an emphasis on basic sciences in the early years of the program, have been phased in from early 2008.

INTERNSHIPS

All graduating medical students this year have been caught up in the stressful situation for international students regarding internships (see following article). With the number of medical students increasing at a greater rate than intern positions, there was no certainty that all international students would be able to secure an internship in NSW hospitals. For the future, there is general concern that the shortage of places for international students will extend to domestic students. Currently, the NSW Government has guaranteed domestic graduates an intern place.

Andrew Caterson is returning to Orange, where he undertook and enjoyed a rural placement during the course. “I can’t wait to be responsible, make my own decisions and get paid.” He’s not too concerned about being overworked. “I’m sure there are fall back mechanisms or people we can see about sharing the load.”

For Aruvi medicine was initially a means to an end – a pathway to becoming a psychiatrist. Ultimately it was a revelation.

“Medicine changed the way I looked at the world – it made me think about things and why they are the way they are. We all know that cancer is a foreign growth in your body but it never occurred to me that it’s our own cells growing in an unregulated way. I can remember sitting in a lecture and hearing this for the first time – it’s like when you’re a child and you learn the alphabet. One moment it’s just a series of letters and the next you’re reading whole words. The only thing difference is someone said put them together.”

Aruvi hopes to specialise in Anaesthetics, or perhaps Emergency Medicine. She is doing her internship at RPA.

Kate Allan has loved obstetrics and gynaecology, and considering that as her career. “I’m really excited about starting internship next year at North Shore. After eight years at University, it is a wonderful feeling – and a paid job will be also be really good.” radius