



GUIDELINES ON ROLE OF INTERNS IN THE EMERGENCY DEPARTMENT

1. PURPOSE AND SCOPE

- 1.1 This document is a policy of the Australasian College for Emergency Medicine and relates to the role of interns in the emergency department, and their status within the primary service-provision workforce.
- 1.2 The policy is applicable to Australasian Emergency Departments
- 1.3 The variety of skills exercised, together with the large and varied patient load, make the Emergency Department a unique and valuable clinical training environment. Many of the skills learnt in Emergency Medicine are essential for subsequent independent medical practice.
- 1.4 While the majority of the internship is spent under supervision in the inpatient ward environment, the ED rotation presents particular risk exposure for the intern since within the ED there is a greater requirement for critical decision-making, including disposition and other therapeutic interventions, and less opportunity for senior staff to provide continuous supervision.

2. POLICY CONTENT

- 2.1 All junior doctors require a period of training in Emergency Medicine.
 - 2.1.1 The practice of Emergency Medicine requires the knowledge, experience and skill to rapidly assess and treat undifferentiated patients in a time-critical manner. This includes the requirement to make critical decisions rapidly and reliably.
- 2.2 All intern clinical practice in the emergency department requires direct supervision.
 - 2.2.1 The current structure of medical undergraduate training means that, in the vast majority of cases, new graduates have not had sufficient practical exposure and experience to function safely and effectively in an ED unless supervised.

3. PROCEDURE AND ACTIONS

- 3.1 In the interests of safe, high quality and efficient patient care, and a satisfactory working environment in the Emergency Department, it is essential that the important role of training junior staff does not compromise the clinical service provision role of the ED. Where there is a conflict between these two goals, patient care will take precedence.
- 3.2 Where interns are included among the ED medical workforce, the roster profile will be structured so as to allow direct supervision, case by case, by a medical officer in at least the third post-graduate year, at all hours of the day. There will be capacity for case-by-case supervision of technical skills, interpretation of tests (including XRays) and decision-making (in relation to both therapy and disposition).
- 3.3 Intern staff will not be calculated within the base EFT for staffing of emergency departments.