



GUIDELINES ON THE ROLE OF INTERNS IN THE EMERGENCY DEPARTMENT

Policy Nr: G19

1. PURPOSE AND SCOPE

This policy relates to the role of interns in Australasian emergency departments, and their status within the primary service-provision workforce.

2. POLICY CONTEXT

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. While the majority of the internship is spent under supervision in the inpatient ward environment, the emergency medicine rotation presents particular risk exposure for the intern since within the emergency department there is a greater requirement for critical decision-making, including disposition and other therapeutic interventions.

All junior doctors require a period of training in emergency medicine. 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.

All intern clinical practice in the emergency department requires direct supervision. In general new graduates have not had sufficient practical exposure and experience to function safely and effectively in an emergency department unless directly supervised.

3. PROCEDURE AND ACTIONS

- a) 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 emergency department. Where there is a conflict between these two goals, patient care will take precedence.
- b) Where interns are included among the emergency department medical workforce, the roster profile will be structured so as to allow direct supervision, case by case, by a medical officer of at least registrar grade, at all hours of the day. There will be capacity for case-by-case supervision of technical skills, interpretation of tests (including x-rays) and decision-making (in relation to both therapy and disposition). During clinical handover an intern should always hand cases to a more senior doctor and consequently should not receive cases at clinical handover.
- c) Intern staff shall be considered supernumerary to workforce and will not be calculated within the base EFT for staffing of emergency departments.

4. DATES AND NOTES

Approved by Council: *March 1999*

Reviewed and approved: *July 2004*

Last reviewed and approved: *July 2013*

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