UQ PRINT- Pre-intern Placement

The PRINT term is the final phase of the medical program, designed to support students' transition from medical student to intern. Students undertaking their Internship at UQ affiliated hospitals can express interest in completing PRINT in their Intern hospital

To commence PRINT, students must successfully complete the *Preparation for Practice* phase of Year 4.

- A UQ Learning and Development Week precedes PRINT, featuring workshops, panel discussions, and lectures by UQ staff and external experts. Students will also complete the Prescribing Skills Assessment.
- PRINT Placement involves 8 weeks of clinical immersion in PGY1/PGY2 accredited or other pre-intern suitable placement at UQ-affiliated hospitals (or 2 x 4-week combination of appropriate terms for a pre-Intern as determined by the hospital). PRINT placements will depend on hospital capacity and workflow needs.
- UQ Structured Teaching - during the 8 weeks of clinical immersion, UQ staff will facilitate regular face-to-face small group teaching including regular debrief opportunities for students, ongoing clinical reasoning practice and focus on intern tasks & skills, and junior doctor priorities.

Pre-interns are students about to become Interns.
(Not yet employees. Not yet provisionally registered medical practitioners)

Placement	Experiences
Clinical Immersion	The Pre-intern will work within a clinical team and carry out intern-like duties as requested by their clinical supervisor with all tasks checked and documentation cosigned where relevant.
	Day-to-day duties may include the initial assessment of a patient including initial history and physical examination, participation in diagnostic and therapeutic planning, performance of simple procedures, interaction with family and health professionals caring for the patient, assisting with clerical work, providing clinical updates on ward rounds and contributing to the work of the team.
	As the Pre-intern is a member of a medical team they will participate in the rosters and duties of that team, for example admitting days, shifts, keeping with the team to maximise their learning about the role and work of an intern.
Clinical Education Opportunities	Pre-interns will attend educational sessions or meetings available within their unit and hospital, for example: journal club, Grand Rounds, Morbidity & Mortality meetings, Intern/junior doctor education sessions as recommended by their supervisor and year 4 Deputy Head of Learning Community. The Director of Clinical Training may also wish to provide recommendations for learning opportunities for pre-interns.
Near–peer mentoring	Some hospitals will facilitate near-peer mentoring where an intern or junior doctor is assigned to support the pre-intern in social integration and orientation to their future role. A guide for the near peer mentor is available.

ASSESSMENT	Details	Due
Supervisor meeting and Report	Completed by the student's **PRINT Term supervisor** • **Mid-term** • **End-of-term**	• **End of week 4** • **End of week 7**

The Supervisor report is the final appraisal of a student - the PRINT Supervisor should be a CONSULTANT or ADVANCED TRAINEE who will draw on feedback from the whole team to complete this assessment

Work-readiness tasks	See below	• **End of week 6**

WORK-READINESS TASKS **Pre-interns will need to be observed and signed off (at least 8)**

COMMON TASKS– complete at least 2 (to be signed off by Clinical Supervisor or delegate)

❑ Prepare for ward round-patient list, location of patients	❑ Present patient during ward round/clinic/ED
❑ Post ward round documentation in medical record	❑ Medical record entry
❑ Prioritise list of daily tasks considering importance and time efficient factors	
❑ Request an investigation(s) under supervision	❑ Complete an admission
❑ Review an investigation, explain findings to supervisor	❑ Complete a discharge summary

PRESCRIBING SKILLS – complete at least 2 (to be signed off by clinical supervisor or delegate)

❑ Draft admission medication chart - for checking by supervisor	❑ Chart insulin under supervision
❑ Draft discharge prescription - for checking by supervisor	❑ Chart analgesia under supervision
❑ Rechart medications – under supervision	❑ Chart opioid analgesia under supervision
❑ Complete a simulated transfusion request	❑ Fluid prescription under supervision
❑ VTE prophylaxis under supervision	❑ Prescribe oxygen under supervision

OTHER TASKS– complete at least 2 (to be signed off by Clinical Supervisor or delegate)

❑ Simulated blood transfusion consent–near peer mentor as patient	❑ Complete a referral
❑ Under supervision, practise obtaining consent from a patient (within intern-scope of consent practice*)	
❑ Request a specialist consultation–phone the Registrar	❑ Book patient for theatre under supervision
❑ Contact a General Practitioner to obtain information about a patient or provide information to the GP	
❑ Provide clinical handover	❑ Participate in a ward-call shift
❑ Confirm death of patient with supervisor/delegate	❑ Attend and observe a MET call
❑ Observe an advance care planning conversation	❑ Attend and observe a CODE Blue
❑ Observe a senior medical practitioner discuss and complete an Acute Resuscitation Plan	

GENERAL SKILLS – complete at least 2 (to be signed off by staff for which the task is within scope of practice)

❑ Venepuncture	❑ Peripheral Intravenous canulation	❑ Urethral catheterisation – female
❑ Blood culture (peripheral)	❑ Arterial/venous blood gas interpretation	❑ Urethral catheterisation – male
❑ Initiation of oxygen therapy	❑ Scrub, gown & glove in operating theatre	❑ Infection control—PPE ward/clinic
❑ Review blood glucose level	❑ Electrocardiogram (ECG) interpretation	❑ Wound closure – suture
❑ Glasgow Coma Score	❑ Review nasogastric tube safe placement	❑ Plaster of Paris cast/back slab