

Induction down under

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An Australian hospital revamped its induction arrangements for new interns (the equivalent of pre-registration house officers in the UK) in response to negative comments about the traditional programme. The programme was rebuilt to meet their challenge — the result being both more practical and more enjoyable. The three major components of the new programme were skills stations, intern shadowing and a treasure hunt.

Upon analysis of intern debriefing interviews, it became evident that our hospital orientation programme needed improvement. It was no longer acceptable to trundle out the same old programme each year as had been a long standing practice.

Our programme had consisted of multiple doses of ‘talking heads’ involving each department in the hospital, introductory visits to these same departments and a morning with the retiring interns. Rather than tinker with this programme we determined to start completely afresh, although by so doing we ran the risk that some departmental heads would be upset when their annual introductory talk to the interns was removed.

In direct response to the intern comments, we set about developing a programme that was relevant to their needs in the first week of their employment (*Figure 1*) so that they ‘hit the wards running’. It is interesting to note here that the nurse orientation programme at our hospital runs for 5 days while the new interns are given only 2.5 days.

DAY ONE

The most important segment of this introductory day were the skill stations which were set up to make use of a number of readily available medical educational models. We used medical staff, nurse educators and medical scientists to run these stations. The interns were formed into groups of two

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and three and then rotated through each of the stations. This enabled a ‘hands-on’ approach and also served to bring together interns who may never have met before.

The various stations are outlined in *Table 1*. This first day was completed with a debriefing sessions.

DAY TWO

The second day started with a session looking at the intricacies of the hospital paging system and the intern ‘beepers’ followed by a brief introduction by the Medical Director of a country hospital where all of our interns would rotate through during the course of the

Wednesday	12.30	Welcome	
		Medical Support Services	
		Intern Supervisor	
	12.50	Car Parking Procedures	
	13.00	Skill Stations	
	15.00	Afternoon Tea	
	15.30	Skill Stations	
Thursday	17.30	Close and Debriefing	
	09.00	Communications Centre	
	09.30	Medical Director Country Hospital	
	10.00	Day with Interns	
	12.30	Resident Quarters for lunch	
	13.00	Day with Interns	
	17.00	Close	
Friday	0900	Admission/Discharge Policy	Admission Manager Coordinatory Hospital-In-the-Home Discharge Manager Managed Care Planner
	0930	Photos	
	10.30	Morning Tea	
	10.45	Fire Safety/Emergency Procedures	
	11.15	Time Management Video	
	11.45	Time Cards/Salary Packaging	
	12.15	Lunch	
	12.45	Treasure Hunt	
	16.00	Plenary Session	Clinical Support Director Supervisor Interns

Figure 1. Intern orientation (new programme).

TABLE 1.
Skill stations used in the induction course

Skill	Tutor(s)	Equipment
'Hand-washing and other social niceties'	Infection control nurse	'Glo-germ' which shows up areas of hand-washing oversight in ultraviolet lamp
Catheter insertion male and female	Surgical registrar Nurse educator	Male/female educational models of pelvis, Foley catheter, etc
Medical emergency response (cardiac arrest)	Intensive care specialist	Resuscitation 'Annie' plus ward 'crash trolley'
IV insertion and blood gases	Surgical registrar	Educational model of arm with venous and arterial access
Blood cultures (without <i>Staph epidermidis</i>)	Nurse educator	Educational model of arm with venous access
Prescriptions, etc	Hospital pharmacist	IV charts, drugs charts, discharge prescriptions
Radiology request/results	Chief radiographer	Processing of radiology requests and retrieval of computer stored results
Pathology request/results	Medical scientist	Request slips and accessing of pathology reports off computer

year. The remainder of the day was spent shadowing ('tagging') an intern — wherever possible this would be in the unit of their first rotation. We have now included an hour long attachment to one of the ward nursing staff which has worked very well indeed.

DAY THREE

The final day is spent learning some 'obligatory', and often less digestible facts, — admission/discharge policy, fire safety and emergency procedures, and the very important timecards of the human resources department!

The afternoon of this last day was advertised as a treasure hunt. The idea being to have a fun afternoon exploring the hospital, meeting various pivotal staff members, learning some hospital processes and critical local hospital information.

Some 30 different 'ports-of-call' were generated around the hospital and for each there would be a piece of information that was required before the cryptic clue to the next port-of-call was available. Thus there was a circle of clues (Table 2) which allowed each pair of interns to commence their treasure hunt at a different point. The clues would use local vernacular, acronyms, as well as personality names — this of course meant that the hospital staff would need to be approached for help for directions, thus breaking the ice for the new staff

as well as introducing them to a number of campus-based practices and key-people. Some items included were: Pay Office, the hidden back stairwell which is a little known short-

cut, access code for the theatre change room, the best person to find a missing X-ray, and the supervisor intern training office.

Each pair had an 'emergency only' envelope in case of complete failure, as well as a 'final clue' envelope which had them all meeting at the local pub for a wind-down at the end of the programme.

CONCLUSIONS

Having run this programme twice now it is very clear from the feedback reports of the new interns that the major content changes we made have been very well received indeed. The skill stations, treasure hunt and day with the interns scoring highest of all. Interestingly, and importantly, feedback from the wards and departments reflects similar results with fewer problems being encountered with pathology and X-ray requests, pharmacy prescriptions and IV fluid orders, etc. HM

TABLE 2.
Examples of some clues and answers used in the treasure hunt

Question	Clue to next station	Explanation
In which room is the IV trolley kept? Where is the sharps bin?	Code Blue on 3 North	Code BLUE the cardiac arrest call
Where is the 'Resus. trolley'? What drugs are on board?	Admission on Carolyn's ward	Carolyn is the Nurse Unit Manager
Tell something interesting about the patient you visited	Visit Pharmacy's 'Sputnik'	The 'Satellite' Pharmacy on the Wards
What is the recommended serum gentamycin level?	Where is the PAC man?	PAC = PreAdmission Clinic
Witness a consent for a Lap chole	'DPU' does not mean 'did pass urine'	DPU — Day-Procedure Unit 'DNPU' does mean 'did not pass urine'
How many scopes in DPU?	'I see you'	ICU = Intensive Care Unit

* Explanations for readers' benefit only — not part of original clue

KEY POINTS

- Every hospital should inspect its induction arrangements for new doctors and seek honest feedback from its 'consumers'. A successful programme will:
 - Address the needs of the new intern.
 - Strike a balance between helpful and necessary information.
 - Make full use of 'retiring' interns as role models.
 - Serve as a springboard for further education programmes (it can't all be done in 3 days!).
 - Be submitted to constant review and refinement.
 - Be an enjoyable experience for all concerned.
- The needs of every hospital and different groups of new doctors will differ, but liaison with colleagues running programmes elsewhere provides a constant source of innovations to promote development and refinement of any established programme.