

Term selection preference tips

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It is currently term selection preference season across many hospitals in NSW. Final year medical students are selecting terms for internship, interns are selecting which terms and the timing of these terms for residency and residents going into registrar training next year need to select which [regional or rural rotations](#) they prefer as well as subspecialty training terms.

Not all hospitals may give JMOs the luxury of selecting and preferencing terms, depending on the size of the hospital, range of placements and how easily different preferences can be taken into consideration. However, for those of you faced with a 'term selection preference' form here are a range of things you may want to take into consideration when choosing terms:

Specialty of interest

If you have a specialty or two of interest it is advisable to select those terms at a time which makes gaining relationships with supervisors (for job applications and referee reports) easier. These are generally later in the year for internship and earlier in the year for residency, allowing enough time prior to CV submission and interviews. See [NSW HETI website](#) for dates for 2016.

Pre-requisite and complementary terms for your specialty of interest

JMOs interested in ICU may choose to gain extra experience in ED and anaesthetics. Those interested in a surgical subspecialty e.g. cardiothoracics may find the corresponding medical term e.g. cardiology useful. Those interested in general practice frequently choose paediatric and obstetric and gynaecology terms which are pre-requisites for including the resident year in [GP training](#). ICU is also a popular term for physician trainees to gain additional experience in critical care and resuscitation required in running of [arrest calls](#) after hours especially in peripheral hospitals.

JMOs should read college guidelines (for example, see Royal Australian College of Surgeon's entry criteria to training at [Selection Requirements and SET Application](#)) and talk to registrars in their chosen specialty of interest to determine which terms in internship/residency are useful experiences for your specialty of interest.

Ease of gaining referee reports

Some terms are notoriously busy or filled with paperwork with limited exposure to consultant rounds or teaching. These terms may be more difficult for gaining

relationships with consultants and obtaining referee reports in the lead up to job applications. Having a chat to colleagues who have done the term before is useful if you are a JMO going into residency in need of referee reports for job applications in 2016. See the onthejobs guide to picking references - [The Referee](#).

Job applications in the coming year

Increasingly job applications are accompanied by the need to attend information evenings, pre-meets and availability to attend the job interview itself, see onthejobs - [The Interview](#). Considering how you want to place your terms and their workload to make it feasible to attend these extra activities will make your life in residency much easier. For example, if you are needing to do pre-meets and information evenings in Term 3 in a metropolitan city it may be wise to place preferences for rural terms at the start or end of the year instead.

Having done terms which 'push you out of your comfort zone' e.g. rural terms with less supervision, is not necessarily a bad thing prior to interviews as these opportunities provide lots of excellent experiences which you can discuss at job interviews. Rural terms provide excellent fodder for 'Tell us about a stressful situation.... Tell us about a time you went beyond your call of duty...' type questions.

Term workload

Different terms have differing workloads - sometimes this is dependent upon the time of year (e.g. respiratory or geriatrics in winter). High workload terms can be extremely useful educational experiences, particularly for those JMOs keen to upskill quickly. However, for JMOs who have children or other personal commitments e.g. competitive sports, it may be in their better interest to choose terms with lower workloads (less unrostered overtime and rostered overtime). Talk to term supervisors, previous JMOs who have done the term or the Director of Prevocational Education and Training and JMO manager at your hospital if you have specific concerns about workload at certain times of the year.

Trying something new

Internship/residency is the perfect time to try a specialty or term you have never had experience in as a medical student e.g. anaesthetics, radiation oncology, dermatology. You might just find the perfect balance of procedures, patient contact, [work-life balance](#), and subspecialty technical expertise you were looking for in your career! Working on different terms can give you insight into what a career in another specialty might be like, and it is important to be open-minded and flexible as career aspirations may change (and frequently do!) with time.

For those who have had some experience in terms as a medical student, working in the term as a JMO can provide new insights as you may have closer contact with patients and their families on the wards, opportunities to attend theatres, clinics and [MDTs](#) due to the longer time you are attached to the term as a JMO.

After hours and on-call requirements

Some subspecialty terms may be staffed by their own JMOs after hours, and depending on the number of JMOs rostered, these terms can be associated with higher after hour shifts. If you are sitting exams requiring lots of study, or attending many courses at the time this can make the term very stressful, so take this into consideration when choosing terms and the timing of those terms.

Rural/regional placements

Rural placements provide a myriad of experience for JMOs in areas of medicine e.g. [indigenous health](#), [infectious diseases](#)/tropical medicine which JMOs may get limited experience in the equivalent metropolitan settings. JMOs are often given additional autonomy in rural/regional settings and these experiences are highly advantageous in terms of getting procedural experience, decision-making/prioritisation skills and communication skills compared to highly supervised tertiary metropolitan hospitals (big generalisations here).

The rural hospital community is often more tightknit and many JMOs find the rural experience extremely bonding. However, it is often difficult for annual leave to be rostered when on a rural secondment, and the logistics of travel and living away from home can be challenging for those JMOs with young family or personal commitments in metropolitan settings.

Personal life events

Most importantly consider when major life events like the arrival of a baby in the family, weddings, visiting relatives from overseas, etc. are likely to occur in the following year and consider these when requesting annual leave and relief term preferences.

In summary, be strategic in your term selection preferences. Talk to your peers and find out how popular different terms are – they vary year to year depending on the cohort. It is unreasonable to expect to get all popular subspecialty terms with no relief or ED terms, so help your JMO manager out and let him or her know which you would rather do (relief or ED) and which service terms you would be happy to do in return for an extremely popular term at an ideal time for you. Planning ahead and talking to your seniors is the best way for making informed term selection preferences.

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