

# Intern survival tips and tricks

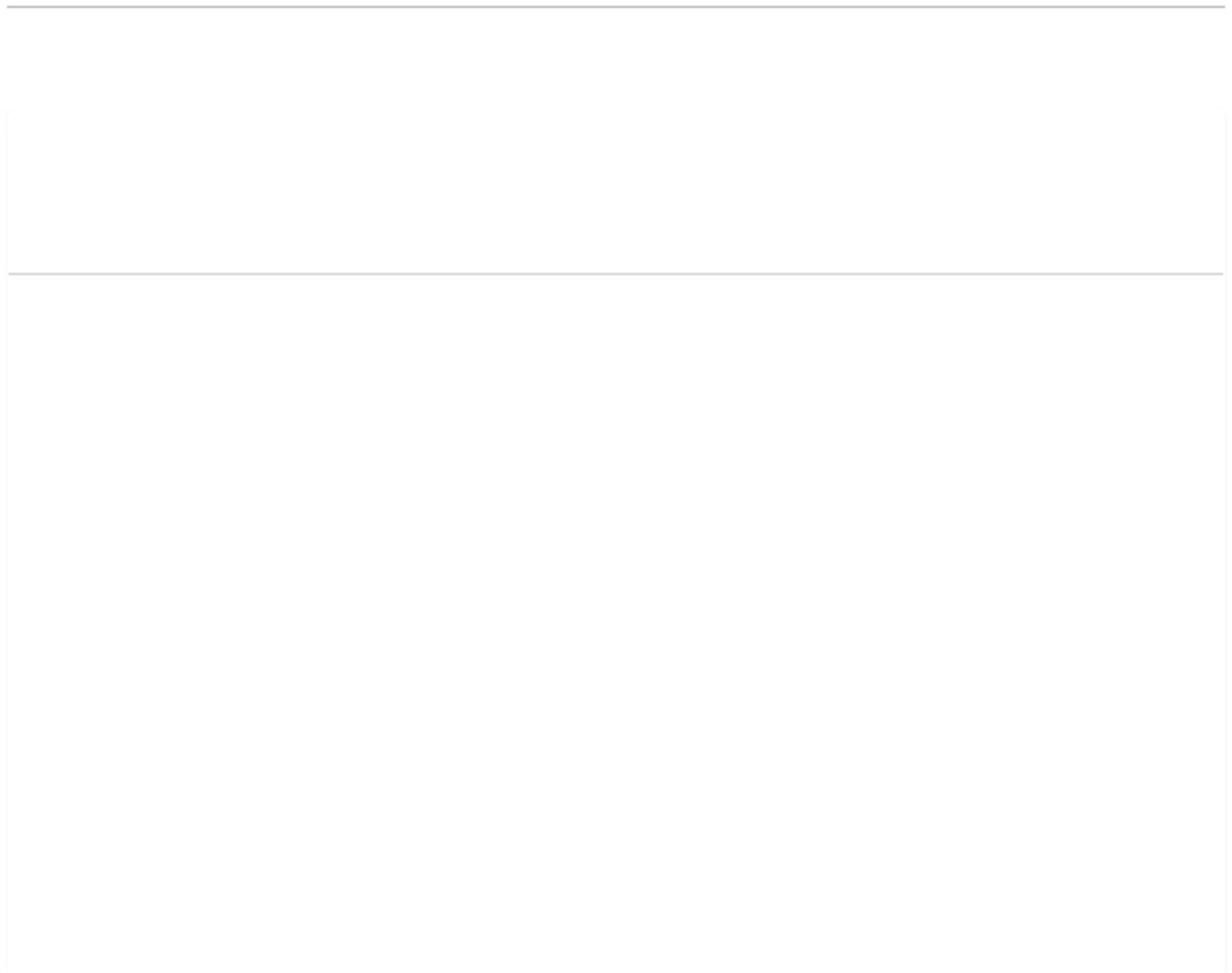
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| [ontheopods](#), [tips for internship](#), [Working & training in healthcare](#)

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- If you have them, use your medical students. They can get the next files or the bedside chart ahead of time.
- If nothing else, on a manic consultant ward round, just write the plan!
- Finding the NUM after the round and discussing the plan with them is also a good idea. Everyone is on the same page, and often they will bring up things that you had forgotten or might not have thought of.

### **Prioritising Jobs**

1. Anything that is time limited. For example, investigations that have to happen that day, things that need to happen before a procedure.
2. Patients to be discharged. Make sure that your discharge is complete and the meds are in. Hopefully, your discharge is almost done and the meds ordered the night before so this shouldn't take long.
3. Consults. Get your consults in before lunchtime.
4. After this work on any discharges planned for the next day. Try to at least get the discharge medication list to pharmacy.

### **Discharge Summaries**

Autotext. You can save a bit of time by saving the skeleton of a discharge as a piece of autotext in powerchart, meaning that every time you don't have to write "Dear doctor..."

### **Issues**

If you have time, try to read through the notes page by page and pick up any issues that occurred during the admission.

During the ward round if you have time, try to create an issues list. What the patient came in with, what the complications were and plans for management. It will make coming back to do the discharge much easier.

### **Escalating**

#### **When to escalate**

- It can be difficult to balance wanting to prove yourself and knowing when to ask for advice. Your main consideration should always be patient safety.
- The best way to impress your consultants is to try and anticipate problems (like needing rehab, or preop outpatient cardiology).

#### **How to Escalate**

When you do ask for help, don't just state the problem, you'll look much better if you say "my impression is this" and suggest a possible management plan.

On surgical terms it can be difficult to get input from your registrars if they are all in theatre or not answering. Things to try:

- Speaking to another registrar. Often there will be more than one team in the same specialty and the other team's registrars may be available.
- Go to theatres and speak to them directly.
- If you are worried, you can call the consultregistrar of that particular specialty.



- When you start someone on antibiotics, it can be helpful to write on the medication chart why you are starting them and how many days they have had it. Then when people rechart the medications you can review the need for ongoing antibiotics.
- If you get home and are jolted wide awake by the realisation that there was something you had to do, but haven't done - don't just put it out of your mind, call the person who is on. Call switch, and ask to be put through to the night or evening intern.
- When speaking with family members, even if you feel that you know nothing, you have had at least 4 years of medical training and even the act of translating what is happening to simple language can be very reassuring. If you aren't sure of something - say so, don't allow yourself to contradict the consultant; it's confusing to the family.
- Always chase what tests you order. Your name is on the order, and when you order at test it becomes your responsibility to chase (or handover the test to the person on the next shift).
- Recharting medications is a prime time for mistakes to be made. When you are done, count the number of active medications on the old chart and make sure that it matches the number on the one you have just written. Leaving instructions on the med chart can also be helpful, e.g. Give antihypertensive if SBP>140.
- Finally, internship is a high pressure year but it is significantly better than being a medical student; you are an essential and valuable part of the team. Work hard, but look after your mental and physical health and each other.

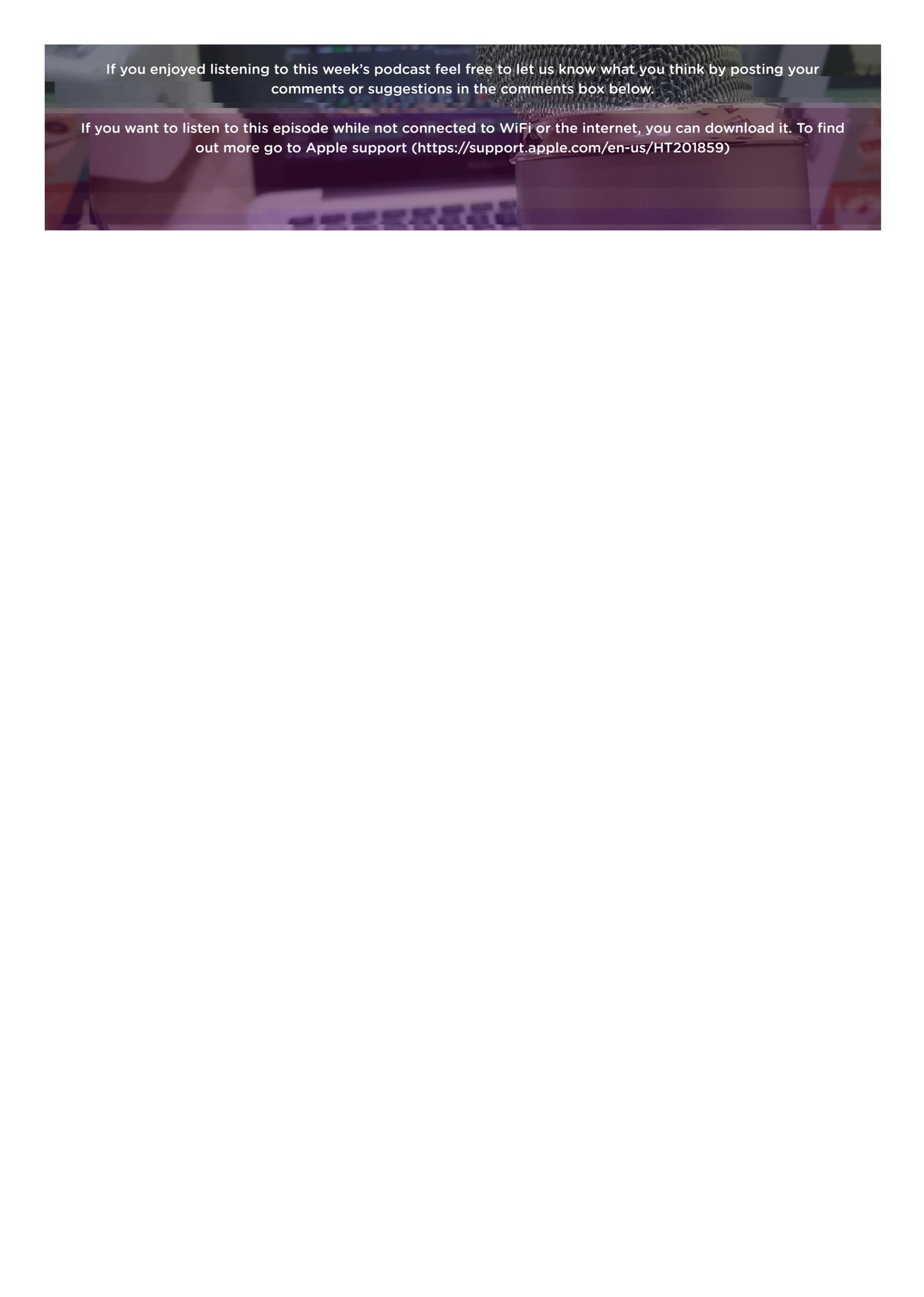
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