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7 Unique opportunities as an Assistant in Medicine during the COVID-19 pandemic

8

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31

32 **Character Summary**

33 This feature article is a reflection on my time as an Assistant in Medicine during the COVID-  
34 19 pandemic. It is also a review of similar pre-internship models and their outcomes for  
35 professional development leading into internship.

36

37 **Keywords**

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1 **Abstract**

2 *Introduction*

3 In Australia, the coronavirus disease of 2019 (COVID-19) pandemic led to the formation of a  
4 new and unique role within the medical system, known as the Assistant in Medicine. The  
5 Assistant in Medicine program involved a group of selected final-year medical students  
6 joining the workforce as a government initiative to expand and reallocate hospital resources.  
7

8 *Summary*

9 This reflection explores the unique opportunities in professional development as an Assistant  
10 in Medicine. Similar pre-internship models seen in New Zealand reported higher levels of  
11 competence and preparedness for internship compared to other final-year medical student  
12 placement models (92% in New Zealand, compared to 58% and 64% in the UK and  
13 Australia, respectively). These positive outcomes lead to an interesting question: could the  
14 Assistant in Medicine placement or a modified version be integrated into Australia's final-  
15 year medical student curriculum?  
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18

1 **Introduction**

2 The COVID-19 pandemic has had a devastating impact worldwide, with over 3.9 million  
3 lives lost. In anticipation of a COVID-19 outbreak, the Australian government implemented  
4 many strategies to protect and support our healthcare system. These included international  
5 and interstate border closures, lockdowns, health education, and reallocation of hospital  
6 resources, including the ‘Assistant in Medicine’ (AiM) program. The Australian government  
7 implemented the AiM role as part of the COVID-19 medical surge workforce to supplement  
8 existing junior medical officers (JMOs). The purpose of the position was to provide medical  
9 care and support as part of the multidisciplinary team (MDT) while working under  
10 supervision. This reflection explores the unique professional development opportunities that  
11 the AiM position provides and its comparison to other pre-internship programs. In particular,  
12 New Zealand’s ‘trainee intern’ program leads to higher rates of preparedness for internship  
13 compared to current Australian and British medical schools.

14

1 **The Assistant in Medicine role**

2 Final-year medical students were selected based on a combination of medical school grades,  
3 an AiM specific exam, and a written expression of interest. A training intensive boot camp  
4 was conducted before selection; this covered standard ward calls, training in basic and  
5 advanced life support, and everyday JMO tasks. Roughly 200 candidates across New South  
6 Wales (NSW) were selected.  
7

8 I was assigned to the radiation oncology team within a regional hospital and assisted in  
9 outpatient and inpatient medical care. The AiMs worked at a similar level to a JMO under the  
10 supervision of a placement supervisor and had most privileges of a JMO, excluding  
11 prescribing and admitting rights. A typical day would include ward rounds, reviewing sick  
12 patients and completing ward jobs (for example, ordering investigations, scripts, consulting  
13 teams). The AiM would complete documentation (such as discharge summaries, consult and  
14 admission notes) and procedures (for example, cannulas, venepunctures, nasogastric tubes,  
15 and catheter insertions). I worked closely with my supervising doctors, other JMOs,  
16 registrars, and the multidisciplinary team (MDT). We worked 32 hours a week in 12-week  
17 rotations for up to six months while also studying for our final-year examinations.  
18

19 *Personal and Professional Development Opportunities*

20 My clinical experience before the AiM program was similar to many other medical students,  
21 mainly observational learning. As we progressed through medical school, there were more  
22 opportunities to get involved in ward rounds, including writing notes and helping with simple  
23 procedures. However, there was minimal interaction with the consultants, other members of  
24 the MDT, and the patient's follow-up. The AiM program provided added responsibilities and  
25 the opportunity to be a valued member of the patient's healthcare team.  
26

27 My responsibilities as an AiM included working with consultants and registrars to document  
28 ward rounds, requesting consults, and performing handovers. As a medical student, I  
29 occasionally performed a handover, but this was usually only once a week under strict  
30 supervision. However, as an AiM, I communicated regularly with JMOs, registrars, and  
31 consultants regarding patient progress and outcomes. This process allowed me to refine my  
32 handovers and improve my clinical communication skills, an opportunity that was not as  
33 readily available as a medical student.  
34

35 The AiM program also allowed me to work more closely with members of the MDT,  
36 including Aboriginal Liaison Officers, Nurses, Social Workers, Physiotherapists,  
37 Occupational Therapists, Speech Pathologists, and Psychologists compared to my previous  
38 medical student placements. I attended MDT meetings, where we reviewed patients' goals of  
39 care, and addressed medical and allied health staff concerns. This experience gave me a  
40 better understanding of the importance of working within an MDT to develop holistic patient-  
41 oriented care plans and help patients be discharged safely.  
42

43 Understanding medical uncertainty and developing coping strategies is a core clinical  
44 competency for medical graduates and trainees. Intolerance to uncertainty can increase stress,  
45 lead to burnout, and affect patient safety. The AiM program gave me more independence in  
46 managing unwell patients, including attending clinical reviews, participating in after-hours  
47 shifts, and acting as the first responder to rapid response calls.  
48

49 I have now completed my first term as a medical intern, and my transition into the role has  
50 been extremely smooth. I feel comfortable assisting in ward rounds, consulting other teams,

1 communicating with the MDT, and assessing unwell patients. Upon reflection, I believe the  
2 AiM program was very similar to my current role as a JMO, except for prescribing rights.  
3 The AiM role allowed senior medical students to practice working at the level of a JMO in a  
4 supported environment.

### 6 *Challenges as an AiM*

7 As one of the first participants of the AiM program, the most significant challenge was trying  
8 to fit into a new and undefined role. By communicating my abilities and limitations with the  
9 team, I clearly defined my professional and personal boundaries which allowed me to  
10 provide an appropriate standard of care to patients. As the team developed, we became more  
11 comfortable and confident about the AiM role, leading to more responsibility and autonomy.  
12

### 13 **A similar ‘trainee intern’ model**

14 Transitioning from medical school to internship can be a challenging time in junior doctors’  
15 training. Many medical schools across Australia have tried to ease the transition by offering  
16 short ‘pre-internship’ placements. However, more can be done to help final-year medical  
17 students prepare for this transition. Pre-internship placements are only for a few weeks and  
18 mainly involve passively shadowing interns rather than taking responsibility. Enabling  
19 students to engage authentically in clinical environments will increase their preparedness for  
20 internship by promoting understanding of their role and responsibility. I believe the AiM role  
21 allowed for independence, autonomy, and responsibility while being supervised.  
22

23 Interestingly, New Zealand has a transitional year within its undergraduate medical  
24 curriculum known as a ‘trainee intern’. Introduced in 1972, final year medical students are  
25 employed to work in the hospital under the supervision of the medical team [1]. An  
26 evaluation of the program found that in comparison to year five medical students, (year six)  
27 trainee interns reported significantly greater competence and improvement in procedural  
28 skills (trainee interns: 77%, year five: 35%) and clinical tasks (trainee interns: 94%, year five:  
29 56%) [2]. This evaluation also found that trainee interns felt significantly more prepared to  
30 work as junior doctors (trainee interns: 92%, year five: 53%) [1]. New Zealand trainee interns  
31 reported substantially higher levels of preparedness to work as a JMO than other pre-intern  
32 placements, with 92% of New Zealand trainee interns reporting adequate preparedness for  
33 internship compared with 38% in Ireland, 58% in the UK, and 64% in Australia [1,2].  
34

35 There are many similarities between the Australian AiM program and the ‘trainee intern’  
36 program in New Zealand. Both programs provide students with an increased level of  
37 responsibility and autonomy in appropriate clinical settings, a greater focus on MDT  
38 involvement, and direct patient care, albeit without prescribing rights. The program’s main  
39 difference was duration, with New Zealand’s program running for 12 months while the AiM  
40 ran over three to six months.  
41

42 Ultimately, most students in medical school will become doctors. However, it is important to  
43 explore how to best prepare medical students for the transition into the workforce. An  
44 Australian study found that more hands-on experience, patient contact, and responsibility as  
45 medical students lead to greater confidence as JMOs [3]. Greater student participation,  
46 ownership, and responsibility for patient care and decision-making are vital for preparing  
47 junior doctors [4].  
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49

1 **Conclusion**

2 The AiM program was a COVID-19 initiative to increase medical resources by deploying  
3 final-year medical students into the medical workforce. This provided a unique opportunity  
4 for students to engage authentically in clinical environments while working under  
5 supervision. This program developed students' independence, autonomy, and responsibility  
6 while increasing their preparedness for internship. The AiM program has many similarities to  
7 the New Zealand pre-internship model, which reports a higher level of preparedness amongst  
8 JMOs compared to other countries' JMOs. Perhaps Australia can mirror the New Zealand  
9 initiative of employing final-year medical students to bridge the gap between students and  
10 effective, prepared doctors.

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6 The author of this reflection declares no conflict of interest.

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12 The content of this case report was written by the first author Dr. Madison Boot and was  
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14  
15 **Consent**

16 N/A

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18 **Ethics**

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