

# Survival Guide for Medical Interns

Reading time:

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No one cares if you know the Krebs cycle. No one cares if you've memorised Harrison's or can do a lap appy by yourself, although those skills will eventually prove useful. (Except for the Krebs cycle. No one in the history of the world except Krebs himself has ever been glad that they knew the Krebs cycle).

The skills you actually need to survive and thrive as an intern are the soft skills...the ones that you don't get taught at medical school. Communication, negotiation, conflict-resolution, and time-management are all essential and if you can master them, all will be well.

## Competing for scarce resources

As an intern, you'll spend most of your time competing for scarce resources. There are only so many consults cardiology can do in one day, and there are only so many scopes that can be booked for tomorrow.

Your consultant and your registrar are responsible for identifying what needs to be done, but it's your job to get it done. That involves persuading someone to prioritise your needs ahead of someone else's. To succeed at this, you need to be able to articulate exactly why you need something done, and to argue coherently about why it should be done within the timeframe you're suggesting.

Never, ever ask for a consult or scan without reviewing the patient's clinical details and being clear on the clinical justification. You can't build a reputation in a day, but you can certainly ruin one because you didn't have all the facts at your fingertips.

## Everyone in the hospital knows who you are

This may seem impossible— I was one of 95 new interns when I started—but I can guarantee it's true. And people will talk about you, just as you will talk about your bosses and registrars. So if you ever find yourself thinking you can coast through a term you're not interested in, just remember that your consultant probably went to medical school with each of the people who sits on the panel of your chosen speciality and they tend to look quite unfavourably on people who don't commit 100% to every term.

## Keep track of each of the jobs you need to

## complete during your day

On a more practical note, one of the most important things to do is figure out a system. As the saying goes, there are a many ways to skin a cat, but most people eventually end up with the old fashioned, pen-and-paper 'To Do' list. Side note - Remember not to lose it.

**Effective hack:** every task on your list needs two ticks—one tick when the task has been requested but not yet completed, and a second tick once the job has been done. So, if your job was to get a CTPA, you would tick the box when the radiologists agreed to perform the task, and you'd tick it again once the scan had been reported. Until you've got two ticks, the job's not done.

It's also important to prioritise your actions. The sickest patients and the most time-critical tasks get done first. You can sort out the rest later. It's also smart to work out which things are more likely to succeed if you ask for them early. The classic example here is consults.

People are generally not as receptive to being phoned about a consult in the afternoon, so the earlier you get your consult request in, the more likely it is to be done that day.

At times during your internship, you'll feel like you're being overwhelmed with menial, administrative tasks, but I guarantee that you'll never learn more in one year again. I often look back and think that I learnt more in my internship year than I did in all my years of medical school put together. So when it all seems a bit much, just remember that the soft skills you learn this year will be absolutely critical to your future success as a doctor; unlike your knowledge of the Krebs cycle.

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