

Phase 3

Phase 3 of the study is currently under way. One hundred and twenty students from the University of Sydney are being tested at six different times across their final medical school year (Year 4) and the internship year. The core measurement tools have again been administered and, in addition, the General Health Questionnaire,⁴ the International Personality Disorder Examination (IPDE, ICD-10 module) screening questionnaire⁵ and the Sheehan Quality of Life questionnaire.⁶ A key difference from previous studies is the inclusion of a one-on-one Life Events and Difficulties Scale (LEDS)⁷ interview at six-monthly intervals over the two-year period.

Preliminary findings from the mid-internship LEDS interview indicate some issues that appear to promote stress mid-internship. Poor-quality supervision is a common issue and appears to relate to the unsupportive, "burnt-out" or overworked registrar or term supervisor providing inadequate supervision. Similar issues arise in situations where appropriate levels of supervision are lacking, including at some rural allocation centres, and particularly in emergency situations or at night. Lack of debriefing measures after a critical incident was another common theme, as was dealing with emotionally difficult situations, such as giving bad news. Above all, administrative support issues appear to be very significant. A sympathetic administration ameliorates many of the other problems, but an unsympathetic one heightens the level of stress experienced.

Summary of findings

It would appear that the performance of new medical graduates is affected by their personal responses to the experience of internship. A supportive environment potentially ameliorates this performance effect.

To help students progress into the internship and minimise stress we need to:

2: Presence of alexithymia* at orientation and mid-year during internship, and related performance and burnout

| | Orientation | Mid-year | | |
|-----|-------------|----------|-----------------------|--------------------------------------|
| NO | No | 83% | Non-alexithymic | High performance Moderate burnout |
| | Yes | 8.5% | Secondary alexithymia | Moderate performance High burnout |
| YES | No | 5.3% | Non-alexithymic | High performance Moderate burnout |
| | Yes | 3.2% | Primary alexithymia | Low performance High burnout |

* Not being emotionally sensitive or expressive, and having externally oriented thinking.

- Provide good registrar and supervisory support;
- Have a sympathetic medical administration; and
- Promote awareness of burnout and personal emotional needs.

Acknowledgement

This study was supported by grants from the Postgraduate Medical Council of NSW and the NSW Medical Board.

References

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Registration of medical students by medical boards

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MEDICAL BOARDS THROUGHOUT AUSTRALIA are considering amending their respective Medical Acts so that all students in each State or Territory are required to be registered with their Medical Board as a prerequisite for studying medicine. Such amendments have arisen from the increasingly litigious environment, the growing role of clinical

education in traditionally preclinical years, and the recognition that medical students enjoy many of the doctor-patient privileges of fully qualified medical practitioners and must therefore assume appropriate responsibilities.

■ *New South Wales* was the first State to introduce this requirement, having done so in 1992 after broad consultation. The Board's sole concern is with impairment, not misconduct or improper behaviour. In NSW this requirement has been well accepted and is perceived as an additional support mechanism for students.

■ *Victoria* passed legislation in 2000 for registration to start in 2002, but precise details are not available (at the time of the Conference). This followed extensive consultation with students over the preceding years. The model is not dissimi-

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lar to the NSW model. Again, the Board's role relates solely to impairment.

■ In *South Australia*, at the time of the Conference, legislation is before the upper house of parliament. There is a perceived lack of recent student consultation on the proposal. The proposed model possesses somewhat stronger teeth than the NSW or Victorian models in that it applies to medical students the same conditions of registration as currently exist for doctors. [This Act has lapsed. There was a change of government in South Australia before the Act was passed.]

■ In *Western Australia*, there is strong student opposition to universal registration. The current proposal is that the Medical Board would have jurisdiction only over students referred by the University of Western Australia Faculty of Medicine, but negotiations are continuing.

■ The concept has been mooted in most other States and Territories. Specific time frames are unknown.

The aim of registration is to facilitate early detection of impairment that would compromise patient welfare; to encourage impaired students to seek support; to facilitate alternative arrangements for medical students to enable disabled or impaired students to complete their degree; and to minimise risk to the public.

The Australian Medical Students' Association (AMSA) recognises the potential value of registration of students. It should be viewed as an additional support mechanism, as a way of supporting impaired medical students through their course, or assisting them in finding another career path should medicine prove to be unsuitable. If it is perceived as punitive or adversarial, it will not be accepted by students.

AMSA believes that the precise purpose of medical student registration needs to be very clearly defined given the significant additional powers that such an initiative would bestow upon State medical boards. Recognising the scope for its misuse, it is vital that the registration of medical students only be used for the initially intended purpose:

- to minimise risk to patients;
- to develop an impartial mechanism of notification and investigation of complaints against students, independent of the university; and
- to allow recognition of medical students by any public hospital, teaching or non-teaching, in that State.

The medical boards should only initiate investigations if they believe that the ability of a registered medical student to have direct patient contact may be affected by the student's physical or mental health; if the student has an impairment; or if the student has exhibited unethical conduct. Complaints made on other grounds, such as academic perform-

ance, should not be investigated by the Board, but should instead be referred to the university.

AMSA recommendations for medical board registration of medical students

■ Medical student registration should be introduced only after a thorough consultative process, with endorsement from local student bodies and medical faculties. NSW and Victoria did this, and it should also be done in other States.

■ The medical boards' role should be passive, so that they only have the right to investigate a student in the event of a complaint. In most circumstances, complaints about a medical student should only be made to a medical board when all other appropriate avenues have been exhausted. This represents a significant difference from the registration of medical practitioners.

■ Medical board registration should not require students to prove their capacity to undertake clinical studies; this would be an unnecessary burden and an invasion of privacy.

■ Medical board registration should be contingent solely upon enrolment in an Australian Medical Council accredited medical school.

■ Any changes to medical board registration, such as conditions or suspensions, should only be brought about as a consequence of an investigation into a complaint or the cessation of enrolment in a medical school. Most people likely to make complaints against students will have several other avenues open to them. Academics and clinical officers can use existing university procedures in the first instance, and would only need to progress to the medical board in exceptional circumstances. On the other hand, a patient in a rural setting who identifies an impairment in a medical student, and feels obliged to report it, has few options but to approach the medical board directly.

■ Any changes to medical board registration should have an appeals process that should not involve any financial cost to the student, and should be conducted promptly.

■ Medical board registration should be nationally recognised by boards in other States. There is potential for the national registration of medical students in line with current proposals for practitioners.

■ Medical boards should not charge for medical student registration, counselling or investigation or make medical indemnity a condition of registration.

■ Finally, there is a profound need for confidentiality. Personal data should not be publicly available in that part of the register open to the public. □