This is the published version:

Vujovic, Olga, Koehler, Nicole, Dendle, Claire and McMenamin, Christine 2013, Australian medical graduates and blood-borne viruses: how do knowledge and experience of occupational exposures relate?, in AMEE 2013: Colouring outside the lines: Proceedings of the Association for Medical Education in Europe 2013 conference, Association for Medical Education in Europe, Dundee, Scotland, pp. 66-66.

Available from Deakin Research Online:

http://hdl.handle.net/10536/DRO/DU:30061781

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2BB/13
Preparing for Employment

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Background: Despite the fact that the final phases of medical school curricula are usually about gaining actual clinical experience, commonly in hospitals, the move from student to F1 doctor remains a difficult transition. In Tomorrow’s Doctors 2009-GMC, a special placement - the student assistantship (SA) - was advised to be used to help the student do this.

Summary of work: A six week SA was designed to take place after finals assessment but before graduation and during which undergraduates would act as an assistant to the F1 doctor whose job they would be taking over at the start of their employment. Preparedness questionnaires were distributed to the undergraduates before and after the SA. The self assessment included preparedness for clinical tasks, administrative tasks, building relationships, managing own welfare etc.

Summary of results: The students indicated that they felt better prepared for employment after the SA than before and this was borne out in the detail across all points in the questionnaire. In particular, there was a much greater improvement in preparedness for the administrative tasks involved in becoming an F1 doctor.

Conclusions: The student assistantship, provided the placement is matched to the student’s first job, provides an excellent grounding for employment allowing the student to experience both the nature of working within the National Health Service and coming to terms with the detail of the post.

Take-home messages: A placement matched to the first F1 job is an excellent way to smooth the transition from undergraduate medical student to F1 doctor whilst still able to maintain appropriate supervision.

2BB/14
Australian medical graduates and blood-borne viruses: how do knowledge and experience of occupational exposures relate?

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Background: Medical students have high rates of occupational exposures to blood/bodily fluids (e.g. needlestick injury) with potential transmission of blood-borne viruses (BBVs). Little is known about the relationship between knowledge, including general disease-related BBV knowledge and specific knowledge of post-exposure prophylaxis (PEP), and behaviours in the context of occupational exposures.

Summary of work: Interns commencing at three Melbourne teaching hospitals were invited to complete an anonymous survey regarding knowledge of BBVs, including post-exposure prophylaxis, and rates of self-reported occupational exposures.

Summary of results: Seventy-nine interns participated. General knowledge regarding HIV and hepatitis B and C was accurate. However, awareness of PEP availability was variable, being highest for HIV (94% of interns) and falling to 58% for hepatitis B. Alarmingly, 37% of interns incorrectly thought that PEP is available for hepatitis C. Occupational exposures were common (40%), often not reported (39%), and frequently occurred (31%) in non-university associated settings.

Conclusions: Assessment of commencing interns’ knowledge revealed a mismatch between general knowledge and knowledge of PEP. In addition, interns were likely to have sustained an occupational exposure which was often not reported.

Take-home messages: Hospitals should not assume that commencing interns have adequate knowledge of occupational exposure management. Deficits in knowledge may translate into poor practices following occupational exposures. Future education and research needs to focus on translation of knowledge into practice and modelling professional behaviours. Finally, these data provide support for the concept of a national curriculum in infection control for recent graduates in healthcare disciplines.