



THE UNIVERSITY OF
SYDNEY



Western
ICTN
Interdisciplinary Clinical
Training Network

Residents as Student Teachers (RAST)

Administrative Support Documents



This Project was possible due to funding made available by Health Workforce Australia

RAST SEMINAR PROGRAM 2013

TOPIC	DATE	TIME	MODERATOR	VENUE	THEME
1.	Tues 19 March 2013	5.30 – 7.30 pm	Bernard Champion	62 Derby St, Auditorium Level 2 Clinical School	Meet and Greet Introduction to 2013 RAST Program Principle of Medical Education: A Crash Course
2.	Wed 27 March 2013	5.30 – 7.30 pm	Bernard Champion	62 Derby St, Auditorium Level 2 Clinical School	Written Assessments
3.	Wed 3 April 2013	5.30 – 7.30 pm	Stuart Lane/Bernard Champion	62 Derby St, Auditorium Level 2 Clinical School	Clinical Assessments
4.	Tues 9 April 2013	5.30 – 7.30 pm	Stuart Lane	62 Derby St, Auditorium Level 2 Clinical School	Professional Development
5.	Wed 17 April 2013	5.30 – 7.30 pm	Emily Hibbert/Bill Croker	62 Derby St, Auditorium Level 2 Clinical School	TOTR Workshop 1
6.	Tues 30 April 2013	5.30 – 7.30 pm	Sarah Whereat	62 Derby St, Auditorium Level 2 Clinical School	Reflective learning
7.	Tues 7 May 2013	5.30 – 7.30 pm	Christine Jorm	62 Derby St, Auditorium Level 2 Clinical School	Teaching and Learning styles in Medical Education
8.	Wed 15 May 2013	5.30 – 7.30 pm	Emily Hibbert/(Bill Croker) to confirm	62 Derby St, Auditorium Level 2 Clinical School	TOTR Workshop 2
9.	Tues 21 May 2013	5.30 – 7.30 pm	Ralph Nanan	62 Derby St, Auditorium Level 2 Clinical School	Philosophy of Medicine: A Practical Approach
10.	Wed 26 June 2013	5.30 – 7.30 pm	Bernard Champion	62 Derby St, Auditorium Level 2 Clinical School	Mid-year program Review and feedback
11.	Wed 27 November 2013	5.30 – 7.30 pm	Bernard Champion	62 Derby St, Auditorium Level 2 Clinical School	Program Review and 2014 Planning



23 April 2013

Dear RAST JMO

INVITATION TO PARTICIPATE IN THE FORMATIVE STAGE 3 FORMATIVE LONG CASE EXAMINER

This letter is to invite you to volunteer to participate in the formative Stage 3 Long Case Program happening at Nepean this year. This invitation is purely voluntary as your role is supernumerary. It will suit those of you who are interested in pursuing Physician training or Critical Care training, both of which require you to pass a Long Case component. Your role will be to be attached to one of several academic physicians at Nepean listed below:

		Preferred Examiner
Dr. Tony Liu	Paediatrics	
Dr. Stephen Fuller	Hematologist	
Dr. Stuart Lane	Critical Care	
Dr. Bernard Champion	Endocrinologist	
A/Prof Gustavo Duque	Geriatrician	
A/Prof Emily Hibbert	Endocrinologist	
Dr. Louise Cole	Intensivist	

Your role will be as a second examiner (not as a “Bulldog” - (a role that is something offered to you for preparation for the FRACP where you are purely an assistant to the exam candidate). The idea of this role is to give you some insight into the conduct of a long case, its aims, how it is examined and the criteria for marking. The format of the Stage 3 Long Case is very similar to the Basic Physician Training program other than:

1. The cases are generally shorter and less complex
2. The Pass standard is less rigorous
3. The exam is conducted over 20 minutes rather than 25 minutes (in the FRACP).

Marking is "Criterion-Referenced" based upon a set of 6 domains and preCases have 2 examiners to minimize bias from a single examiner. The general format is for the examiners to agree upon the main issues before conducting the examination, with one acting as Lead Examiner. Your role will be as the Second Examiner. Both hear the case without interruptions, the lead examiner starts the questioning and the second examiner usually gives the final questions on the final issue (the last few minutes). The examiners then confer to mark based upon objective marking criteria.

If you would like to be involved:

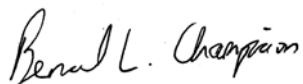
1. Reply to us with your preferred consultant.
2. We will send you the 1 page "Criteria for the Assessment of Performance in the Long Case for Medical Students" and a "Summative Long Case Assessment Form"

Make contact with your consultant, there may be several Long Cases over a period a few months. You may not be able to attend all of them but even if you can attend one or two, I believe this will have some benefit for your own subsequent Long Case performance. You may also be contacted by student seeking suitable patients for Long Cases. Cases focus on general issues such as cardiac disease, aspiratory disease, diabetes, obesity and muscular skeletal disease, with a broad history and make ideal cases with complex ongoing clinical issues and psycho social issues (you will often be asked to examine the relevant psycho social issue for the case).

Opportunity may also arise to be involved in the formative FRACP training program long cases if your examiner is involved in that program.

If you have further enquires please contact the writer

Yours sincerely



Bernard Champion

Coordinator – RAST Program

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Mobile: 0411 231 531 Rooms: 02 4722 8239

Email: bernard.champion@sydney.edu.au



23 April 2013

Dear RAST JMOs

Invitation to participate in Extended Care Program (ECP) Paramedic summative OSCE examination

The Stage 1 Formative OSCE with paramedic summative OSCE exam is coming and opportunity for a small number of you to participate as examiners is available.

The OSCE examination format is a relatively long standing and commonly used assessment format which uses multiple stations with predetermined objective Criterion-referenced marking criteria to determine standard. Most of you will have done these as students in the past but May not had the opportunity to participate on the other side the desk as an examiner. We believe this provides some educational value for you in terms of understanding how this exam process works, how they are marked, and allow you to gain insight into your own past and potential future OSCE performance. By mimicking actual clinical histories, examinations or procedures the OSCE exam is able to provide significant clinical validity (it mirrors what we actually do in practice and allows broad examination content). By having multiple stations it increases statistical reliability and reproducibility (and therefore fairness) for exam candidates.

The OSCE is based upon the 12 week ECP series of lectures and tutorials. You will have received an earlier email offering the chance to participate as a lecturer in this program. The OSCE exam is used to give students a satisfactory progression through this program.

If you are interested please reply by email. The actual exam takes a period of around 2 hours. If you are unavailable for the whole period it is possible to split your exam load with a second RAST JMO examiner. If this is the case please indicate your preferred timeslot (first half or second half of exam period). We will then email you information on the exam location and time and information on the exam marking criteria for you to read prior to participation.

If you require any further information please do not hesitate to contact the writer.

Yours sincerely

Bernard ChampionCoordinator – RAST Program

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Email: bernard.champion@sydney.edu.au



RAST
Residents as Teachers



23 April 2013

Dear RAST JMOs

Invitation for Stage 3 Clinical Reasoning Skills (CRS)

You are invited to volunteer as a RAST Assistant Tutor for Stage 3 Clinical Reasoning Skills sessions. These are usually held weekly on Fridays over a 2 hour period. These sessions replace the Stage 3 PPL tutorials several years ago and meant to provide small group student-led learning based on real cases centred around a weekly clinical topic (hence better aligning Stage 3 students' theory learning with their clinical attachments). They tend to suit a more senior RAST who may need to sit written exams involving a high level of knowledge of Bio physiology and Biochemistry (e.g. BST).

Your role will be to observe your tutor's teaching style, act as an assistant tutor, and after an appropriate apprenticeship, act as a backup tutor where required for absences by the regular Consultant tutor. The overall role of a tutor in such sessions is of a facilitator rather than group leader. You may also be contacted by the Stage 3 Medical students seeking suitable patients for the coming CRS sessions.

If you have any further queries please contact the writer.

Yours sincerely

A handwritten signature in black ink that reads 'Bernard L. Champion'.

Bernard Champion

Coordinator – RAST Program

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14 March 2013

Dear Sydney Medical School Nepean Stage 1 and 2 students

The Nepean RAST (Residents as Teachers) training program for Junior Doctors has run since 2010. The program is aimed to improve the quality and quantity of your education at Nepean by linking you and your Patient-Doctor Tutor with a Junior Doctor (RMO = Resident Medical Officer = interns and 1st or 2nd year Residents) to act as a mentor and assistant tutor to your Patient-Doctor group.

This year due to a one-off grant from the Western ICTN (Integrated Clinical Training Network) we have been able to appoint a RAST Project Officer Mrs Leona Cross. With Leona's input we will be able to offer a more intensive streamlined version of the RAST program, including better oversight, communication and supervision of RAST participants and students.

Essentially this means in addition to your official Consultant or Advanced Trainee tutor your Stage 1 or Stage 2 Patient –Doctor Group will have 1 to 2 Junior Doctors attached to the group as Assistant tutors. We try to keep the allocation permanent all year, but sometimes have to swap JMO tutors around.

The role of the RAST tutors is:

For you, the medical student:

1. Act as a clinical resource to you and your Consultant tutor by helping to find appropriate patients for history or examination and finding your way around the wards
2. You are given the full RAST JMO contact list (attached) and can contact any of them to ask for assistance.
3. Supplement your Consultant tutor's teaching and allow greater direct clinical experience for your class e.g. splitting up class into 2 towards the end of the tutorial.
4. Assisting you to attend the wards outside your regular tutorial times by giving you a friendly reference point.
5. To facilitate peer learning by improving your confidence to explore your learning needs e.g. You may feel more comfortable asking some question to your RAST tutor; if they can't answer they will draw your Consultant tutors attention to the problem.

For the RAST JMO:

1. Observe (and learn from) your Consultant tutor's teaching style to develop their own teaching style.
2. Develop their own medical knowledge in preparation for future vocational training and exams.
3. Attend our RAST Medical Education Seminar Program

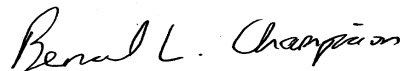
4. Improve their work satisfaction by engaging in an activity they enjoy and look forward to as a highlight of the working week.
5. Foster a community and culture of learning at Nepean Hospital

Please note the following practical issues in relation to the scheme:

1. RAST JMO tutors have varying schedules that can at times limit their ability to participate in your classes.
2. They are not primarily responsible for your class – your Consultant tutors are.
3. RAST tutors will at times need to swap Tut groups during the year to cover each other and fit their clinical rotations.
4. They must cover their clinical ward duties as priority over your classes.
5. At times they may be absent due to Annual leave or terms such as ED, ICU, Nights or Outreach terms such as Hawkesbury or Lithgow.

Good luck! The RAST scheme is only as good as you make it; we currently have around 40 Nepean JMOs who are talented, enthusiastic and hardworking, and can greatly enhance your own educational experience here at Nepean.

Kind regards



Bernard Champion
Endocrinologist - Sydney Medical School Nepean
RAST Program Supervisor

Attachments

Full RAST JMO contact list



21 March 2013

Dear RAST

Expressions of Interest to participate in Teaching for Paramedic Extended Care Program (ECP)

We are asking for approximately 8 volunteer teachers for the Extended Care Program (ECP) for Paramedics.

The program commenced in 2007 onsite here at Nepean, using experienced Paramedics to triage low acuity patients who have called 000, for problems that would attract a triage category 4 or 5. ECPs are trained to assess, triage, manage and refer patients to ED, GPs, and Community Health and Allied Health providers, to reduce unnecessary presentation to hospital EDs. The program has a strong focus on patient safety, research and evidence based practice.

ECPS have an expanded scope of practice compared with standard care paramedics and different educational requirements.

Simply put, an ECP fills a role that is somewhat similar to a Paramedic, a Nurse and a GP.

We are looking to find Lecturers for the following sessions;

1. Clinical History & Examination
2. Cardiovascular History & Examination
3. Respiratory History & Examination
4. GIT/Haematology History & Examination
5. Neurological History & Examination
6. Glycaemic Control – Hyper & Hypo Glycaemia
7. Ear nose and throat examination/common problems
8. Women's Health, common problems/diagnosis/management

The classes will be held at Nepean Clinical School during the day from Monday to Friday, from 8 April to 23 April 2013. Time of individual session have some flexibility according to your schedules. The sessions are 2 – 3 hours and have about 12 students whom are very experienced often RNs/paramedics, and the lectures are of the same standard as medical students.

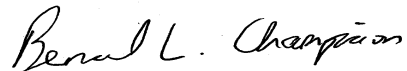
There are PowerPoint templates of previous lectures you can use as a guide. As a guide, the talks are generally based on the Talley & O Connor method of history and examination.

Previous participants have found the process richly rewarding as the EPC participants represent a challenging (having a very heterogeneous range of educational backgrounds) but extremely rewarding (they are a very enthusiastic group of students) experience.

In the first instance please let us have your expression of interest and nominate which topic(s) you are comfortable teaching.

Toward to end of the program opportunity may also arise for your participation as an OSEC examiner for those who have completed the EPC program.

Yours sincerely

A handwritten signature in black ink that reads "Bernard L. Champion". The signature is written in a cursive style with a clear first name and a last name.

Bernard Champion (BEC MBBS BSc(Med) (Hon 1) FRACP MMedEd)

RAST Co-ordinator

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EVALUATION SUMMARY SHEET

RAST PROGRAM 2013 (19 March to 21 May 2013)

What were the 3 best aspects of the program?

Parallel learning and development opportunities for RASTS with formal lecture program and supplementary education opportunities

Improved/structured communication to RASTs via email, SMS and verbal communication

Teaching medical students encourages me to improve my own learning and hone clinical skills

The opportunity to learn from clinicians more experienced than myself

Ongoing educational opportunities.

Opportunity to learn "how to teach"

TOTR workshops very useful – improved how to give feedback

TOTR workshop

Too short

Application of exam technique (marking to real situations e.g. the ICU finals)

Understanding/insight into own biases when evaluating learners

Discussion of different learning styles

Opportunity for teaching

Structured education program

Easy to access and get involved.

Opportunity to learn and improve by teaching others.

This year's lecture program provides good insight into medical education and assessment.

Increased opportunities to participate in teaching.

Better knowledge of medical teaching techniques

Very interesting topics on medical education.

Opportunities to teach and be taught.

Confidence in teaching is gradually being established and good support

Good lecturing skills

Exposure to teaching principles/methods.

Avenue to meet and interact with consultants.

Good range of topics

Don't get much on theory of teaching otherwise good tips for teaching

I feel like the program has taught me better styles of teaching.

From a professional perspective, I believe that skills I have been taught in RAST will be beneficial for future exams and clinical assessments.

Participation in RAST was a good opportunity to revise my own knowledge.

Formal teaching opportunities

After work lectures aimed at making us better teachers.

Simple, easy to grasp material

Interested and keen lecturers

Non-confrontational, encouraging atmosphere to learn about basic teaching skills and ask questions

Tellcentre skills workshops

Formal, Succinct, easy to follow.

Opportunity for JRMOs interested in teaching and medical education to make both a practical impression on medical students as well as to receive an academic appreciation of how to teach well.

The program attracts people who are already interested in teaching. The program provides an opportunity for junior doctors who are already going to involve themselves in teaching students informally to have some formal training in the skills and methods to optimize learning.

Not requiring 100% attendance makes this program feasible for junior doctors to participate in.

Great team of enthusiastic teachers.

Student teaching – the interaction with students is enjoyable and places an incentive for me to brush up on my history/examination. (still get asked questions that I don't know the answer to!)

The Seminars – especially the ones on assessments, learning about what exactly is being assessed during them and the difficulties/benefits of the various methods.

Mock OSCE – was just fun to see what it's like sitting on the other side of an OSCE

What were the 3 worst aspects of the program?

Role clarity between senior clinical tutor and RAST

Teaching hours for clinical sessions at busiest part of the day for junior doctors (junior)

Did not know about program until late in program.

No food (initially which was rectified).

? relevance of teaching philosophies/styles – more abstract than real world.

Out-of-hours time required

Was not told about sessions until much later – would like to have attended

Few actual Pt-Dr sessions to date, no bedside sessions yet -(do not feel knowledge base is sufficient for didactic teaching)

Timing of Patient-Doctor tutorials not always ideal – I myself have missed most sessions this year due to work commitments

Occasionally finished quite late.

Sometimes runs for too long (seminar/lecture)

Happens outside working hours.

Sometimes difficult to coordinate if high pt load

Late finished and long way home

Some double ups of topics

Couldn't get to all sessions, a catch up session would be good (but difficult logistically)

I found it difficult to attend seminars towards the end owing to research time pressures. I wish I could've attended them all based on the quality of the earlier seminars.

Sometimes feeling unable to attend hospital teaching due to work commitments.

The after work teaching sessions were, at times slow and could have been sped up.

Timing didn't always fit in around work roster (ED)

No opportunity to catch up on missed sessions

Session timing

Time of education session, at 17.30 pm puts it out of reach of workers with families who may finish at 1530. The afterhours education sessions only suits those who live locally and don't have families to go home to.

I was not a student of USyd and I was with a tutor who was also unfamiliar with the program so we had some difficulty at the start in sorting out what were meant to be learning points for our teaching sessions (which was in communication skills)

The ability to take part in tutorial group being led by senior doctors

The opportunity to help in tutorials when needed

The opportunity to add to the students teaching and the confidence to take them on my own when necessary.

How could the program be improved?

Opportunities for RASTs to volunteer to give lectures in the lecture program

Opportunity for RAST to have separate informal teaching sessions with students if mutually agreeable.

Formalizing participation in RAST program into recognition i.e. CPD considerations.

More advertising – no specific info provided for RMOs this year.

Timetabling will be useful – perhaps a more flexible tutorial session time will better suit the RAST tutors.

I started later in the teaching program therefore don't have any negative criticisms to make.

More compact / shorter seminar times with integration into working hours if possible.

Mandatory attendance for all RASTs

Repeated later in the year if you miss lectures?

Perhaps we could do some preparation the week before each seminar to get the most out of our time.

A CV session would be very useful, as would clinical exam scenarios to practice our presentation skills.

Making the after work teaching sessions a bit quicker, as the material is not difficult to grasp in a short period of time.

Availability of lecturers and handouts for sessions particularly if you miss some

Alternate sessions

I think there needs to be a minimum attendance for completion to make the program carry weight.

A session on informal teaching of students on clinical rotations would be great – what best serves students for learning during ward rounds

It would be helpful if the RASTs were given info on which year medical students they would be teaching and what type of teaching (e.g. communication vs examinations) and the booklet which the students receive about learning points so tute could be better planned and targeted.

Timing of tutorials was difficult

Not having enough time to plan tutorials with the senior doctor

As a JMO having limit knowledge about certain things – need to be more prepared

Other Comments:

Difficult to attend based on rotations/rostering at times i.e. ED in first term so not able to attend lecture series.

Integration into the working day.

More chances to be involved in clinical school teaching.

Very enjoyable and practical tool

Highly rewarding seeing medical students progressing well.

Establishes good rapport between students and JMOs/consultants.

Thank you to all involved for their time committed to RAST this year.

I really enjoy the sessions and the learning I take away from it. I believe it will not only assist my teaching capabilities but also my own learning ability

Difficult to attend due to ASU/ED terms finishing beyond 5.30 pm

Perhaps make the education sessions shorter, start earlier

Great program – would highly recommend to other JMOs

May need to make participation competitive as many people missed out this year and many of those who signed up didn't attend much.

Maybe have all the lectures or at least the slides online if possible.

Program is well structured otherwise



Confidential

INFORMATION FORM

Name						
Start Date						
Years in program						
Hours and frequency						
University graduation from and date						
Clinical School Westmead, Concord, Northern, St Vincent's, Nepean Other	Westmead	Concord	Northern	St Vincent's	Nepean	
Activities undertaken Patient Doctor, PPD, ECP, CRS, Long Case, OSCE OTHER	Pat/Dr	PPD	ECP	CRS	Lng Cse	OSCE
Years in program						
Training (BPT, BST, GP, state other)						
Titles awarded						
Exit Destination						
Other						
Comments						



RAST PROGRAM JMO CONSENT SHEET

I agree to volunteer to participate in the 2013 JMO RAST program at Nepean Hospital run by RAST Program supervisor, Dr Bernard Champion, and the RAST Organizing Committee.

As part of my participation in this program I agree to the following:

1. My participation is voluntary.
2. I can withdraw from the program at any time by notifying Dr Champion.
3. I agree not to let my participation interfere with my clinical duties.
4. I commit to not make claim for unrostered overtime as a result my participation in the program.
5. I commit to attend as many of the RAST Medical Education seminars on Tuesday or Wednesday evenings as my working schedules permit.
6. I agree to participate in the formative teaching assessments activities (MCQ), observed teaching session and observed OSCE examination session).
7. I agree to participate in a post program focus group to assist with program evaluation and planning of 2014 program.
8. I understand I do not have primary teaching responsibility for any student or group I am allocated to and will notify Dr Champion if this is occurring.

I understand that I can be dropped from the program if my participation or involvement is deemed unsatisfactory by a majority of the Organizing Committee.

Date.....

.....

Signature



RAST
Residents as Teachers



7 May 2013

Mock OSCE exam in MAY

You are invited to attend the Mock OSCE.

The purpose of this mock OSCE is to provide some objective evidence that your participation in the 2013 RAST program has actually improved your ability to examine and provide feedback to a medical student (in the hope you can function as full-fledged and independent OSCE examiner both now and in the future).

The mock OSCE will be held **on 28 May 2013 in the Clinical School on the second level between the times of 1pm to 4 pm.**

The exam stations will be based on oral examination OSCEs. The students will be either Stage 1 or Stage 2 students who have volunteered for the process and are aware of your role. You will receive your examiner's station information and marking sheets the day before the exam. These must be handed back on the day of the Mock OSCE. Your examination will be observed by a senior Examiner

The actual exam is 6 minutes long (warning bell at 5 minutes 0; you will examine 2 students each. There is 2 minutes after each student for you to give feedback to the student and 2 minutes to complete your marking sheet plus 2 minutes for Senior Examiner to give feedback to you! This gives a total of 12 minutes per student and about 30 minutes of your time.

We are looking to see that

You give appropriate feedback (timely, reflective, insightful constructive, supportive etc.)
You and the Senior Examiner OSCE marking sheet have at least 80% homology!

You will be allocated times in the near future.

If you require any further information please do not hesitate to contact the writer.

Yours sincerely

Bernard Champion

Coordinator – RAST Program

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14 March 2013

Dear RAST JMO

Thank you for agreeing to participate in the 2013 Nepean RAST Program (Residents as Teachers), some of you participated in 2012; others are new.

Essentials of the program are:

1. You are allocated singly or in pairs to a senior Stage 1 or Stage 2 Patient-Doctor tutor.
2. Tutorials occur weekly for around 30 weeks a year. The annual timetable and the list of the tutors are attached.
3. We hope that you can attend part or all of as many of the tutorials as your clinical duties allow.
4. At the discretion of your senior tutor you will have a progressive role in teaching duties so that eventually you will function independently as a skilled clinical teacher.

To facilitate development of your teaching skills there will be a formal 10 week Medical Education Seminar program held on Tuesday or Wednesday evening. Your attendance is expected.

Additions to the 2013 program include:

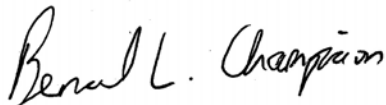
1. A grant from the Western ICTN (Integrated Clinical Training Network) allowing appointment of a RAST Project Officer Mrs. Leona Cross. With Leona's input we will be able to offer a more intensive streamlined version of the RAST program, including better oversight, communication and supervision of RAST participants and students; you will hear more about these aspects shortly.
2. Establishment of RAST organizing committee (listed below). Any of these people can assist and give guidance about the program.

Ms Sarah Whereat
Ms Narelle Brown
Mr Biren Singh
A/Prof Emily Hibbert
Dr Bernard Champion (Chair)
Dr Stuart Lane
Dr Kerry Ann Hunyh
Prof Ralph Nanan
A/Prof Louise Cole
Dr Nhi Nguyen

Ms Tegan Bellamy
Mrs Leona Cross

3. Concentration of the medical education program into the first part of 2013 to better equip you for your teaching activities.
4. Greater supervision which will include the following challenges:
 - A short medical education theory MCQ exam.
 - Experience as an OSCE examiner.
 - Observed formative assessment of your teaching technique and effectiveness (by members of the RAST Organizing committee)
 - Focus group review of the program with the view to design the 2014 program.

The skills should develop through participation in this exciting and innovative program are part of your HETI training requirements. Studies show long term benefits for both participant JMO and students (work satisfaction, knowledge, attitude to and skills for teaching. Similar programs run at RNSH and are being established at Concord.



Yours sincerely

Bernard Champion (BEc MBBS BSc(Med) (Hon 1) FRACP MMedEd)

RAST Co-ordinator

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14 March 2013

Dear Stage 1 and Stage 2 Patient Doctors Tutors

Thank you for volunteering to act as a Stage 1 or Stage 2 Patient Doctor Tutor.

This letter is to introduce you to the 2013 RAST Scheme and your RAST JMO assistant. You have been allocated the following JMO tutor(s):

Tutor	JMO
Sally Poulton	Kamakhut Ghatora and Khalid Osman
Stuart Lane	Kate Gordon and Paris Ramrakha (Stage 1) Emily Thomas (Stage 2)
Nhi Nguyen	Mike Oliffe
Martin Grehan	Michael Smith
Batool Nadeem	Sunny Sam
Mark Graydon	Teresa Kanaan
Marek Nalos	Tze Ling Loh and Edwin Tan
Suyin Tan	Sonia Rubbo
Emily Hibbert	Keran Sundaraj
Danijela Dravec	Heryanto Ng(stage 1) Sarah Turner (Stage 2)
Laura Fitzpatrick	Nadia Mian
Nudrat Rashid	Teja Kodali and Katrina Zaballa
Marcel Leroi	David Eviston
Stephen Fuller	Matt Silsby
Piumali Gunawardene	Jose Pereira and Michelle Larkin
Norm Southern	Doruk Seyfi and Hank Chen
Pinar Kozan	Sean Heinz
Prof Jack Wall	Kerrienne Huynh and Leigh Fitzgerald
Santhai Chalasani	Alan Huynh and Michael Kim
Alistair Abbott	Alfred Massoud

They have been asked to contact you ASAP.

The RAST program has been running since 2010. The RAST program was created to allow opportunity for JMOs to participate in the teaching program. The RAST program was created for the following reasons:

1. To allow JMOs access to the medical teaching program and specific medical education training.
2. To act as a backup to busy senior tutors such as yourself and reduce missed tutorials, particularly if your Advanced Trainee is not available.
3. To allow greater attention to individual student learning needs in a tutorial group
4. To assist you with sourcing of appropriate patients for history and examinations (any RAST on the list can be contacted; not just your own)
5. To encourage greater out of class ward attendance by students.
6. Fostering a “safe” learning environment ; many students are respectful but feel intimidated by us; the RAST JMO is seen as less intimidating and represents a learning conduit for your students to relax and ask “silly questions”
7. To foster a community of learning and culture of medical education across the LHD.

In the first half of 2013 we have the assistance of a dedicated RAST Project Officer, Mrs Leona Cross funded through a Western ICTN grant. This will allow us to create efficiencies and synergies to allow the smooth rolling out of the program now and in the future. Leona is available on email, phone during the office from Monday to Friday should you have any specific questions about the program (Leona.cross@sydney.edu.au, phone 4734 4754)

We also have an established RAST Organizing Committee to assist with selection of JMOs and supervision of the program.

How you incorporate your RAST into your tutorial group is your personal choice. I suggest they act initially as an observer with progressively increasing involvement in activities such as supervising the student taking a history or performing a physical examination. Many tutors find the RAST JMO is more than capable after this supervised period of independent teaching allowing the class to be split in two towards the end of sessions with the advantage of greater individual attention to the students. The RAST JMOs also attend a weekly Medical Education seminar program focusing on the key elements of clinical education.

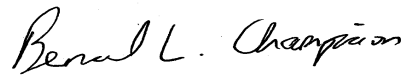
Participant JMOs have been given the following instruction:

1. Participation in the program is voluntary
2. They must not let their participation adversely affect their ward duties.
3. Participation in the program must not extend their regular work hours and lead to unrostered overtime claims.
4. They must not have primary responsibility for the tutorial group; that rest with you as senior tutor. They are unable to attend RAST classes during their Emergency

Department term. They are not expected to come to teaching sessions on their leave, ADOs, nights or offsite rotations

I acknowledge that many do show amazing enthusiasm and commitment they may sometimes choose to make this effort. This is something I leave in the discretion of the RAST tutors to ensure that safe practices are adhered to.

Again thank you for your tutoring in 2013 and your assistance and co-operation within the RAST program



Kind regards
Dr Bernard Champion
RAST Co-ordinator

Email: bernard.champion@sydney.edu.au

Attachments
Allocation list

To Whom It May Concern

Certificate of Completion of Nepean RAST Program

This is to certify that Katrina Zaballa has participated in the 2013 Nepean RAST (Residents as Teachers) Program. This included directly supervised teaching experience, attendance at a comprehensive medical seminar program, completion of a Medical Education theory exam and acting as an OSCE examiner.

Completion of this program should enhance their ability to act as independent high quality clinical teacher for activities such as structured and unstructured ward teaching, bedside tutorials, classroom tutorials, large group lectures and OSCE examinations.

Signed _____

Program Co-coordinator:
Dr B Champion

Date _____



Level 5 South Block
Nepean Hospital



Health
Nepean Blue Mountains
Local Health District
Phone: 02 4734 3594
Fax: 02 4734 2614

Date.....

To Whom It May Concern

Certificate of Involvement in Nepean RAST Program

Name:

Start date:

Hours per week:

Classes participated in:

Stage 1 Patient Doctor.....

Stage 2 Patient Doctor.....

Stage 3 CRS.....

Extended Care Paramedic program lectures...

PPD Tutor.....

Formative Stage 3 Long Case Examiner.....

Formative Stage 1 OSCE Examiner.....

Other

Other

Comments:

This involved residents being attached to a consultant tutor for Stage one or Stage two Patient–Doctor tutorials and other assorted educational activities such as personal and professional development tutorials, clinical tutorials to extended paramedic care program, OSCE Examination of medical students and paramedics and attendance at regular monthly medical education seminars.

..... was an enthusiastic and outstanding contributor to this program and was highly regarded by the consultant tutor, medical students and myself as supervisor of the program

If you require any further information please do not hesitate to contact me.

Yours sincerely

Bernard Champion

Head of Department Diabetes & Endocrinology
Lecturer, Sydney Medical School Nepean
Coordinator RAST Program Dept. Academic Medicine



RAST
Residents as Teachers



Certificate of Completion

Joe Black

has completed the RAST 2013 Program and
and has attained satisfactory Independent Teaching Competence
or/ and is developing Independent Teaching Competence

Dr Bernard Champion (Program Coordinator)

Date: _____