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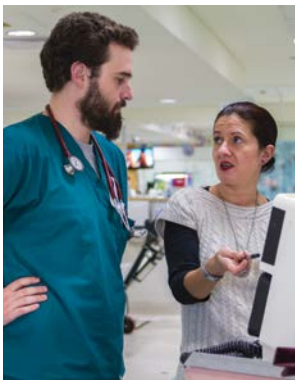
The DPET guide

A handbook for Directors of Prevocational Education and Training



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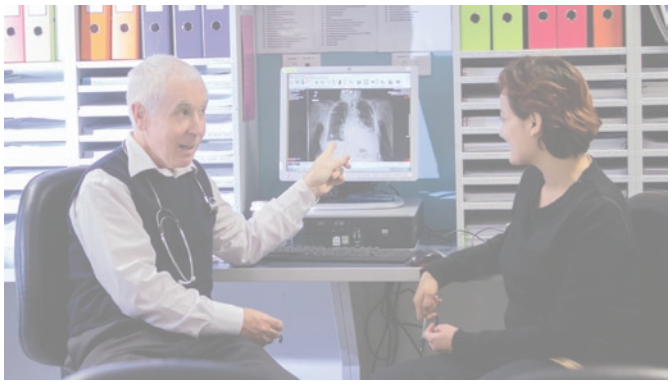

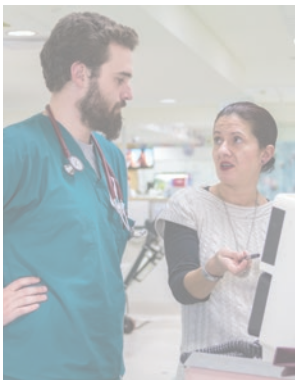

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Foreword

To Directors of Prevocational Education and Training,

I believe that those of you undertaking this role are at the forefront of shaping the next generation of doctors. Your work is paramount to establishing an excellent education and training base for our prevocational trainees, and importantly maintaining safe, quality patient care.

Those of us with experience as a DPET will reassure you that this is a very gratifying job that provides numerous challenges and rewards.

This Guide has been written by your co DPETs, in conjunction with HETI, with just these thoughts in mind. The guide is skilfully designed to give you a feel for the job along with practical information to support you while you are performing this role. You will be helping to create a great teaching environment in your facility as you work with junior doctors, registrars, consultant medical officers, and administration staff.

As the key advocate for prevocational trainees during the challenging transitions of the early postgraduate years, you will find a very satisfying part of the job is to get to know all your trainees and provide support for them.

Fortunately you will not be doing it alone. HETI, other DPETs in your network and ex-DPETs at your facility, can all offer you support and advice. Other Senior Medical Staff, especially Term Supervisors in your facility, are also part of your committed network.

This Guide will assist you in developing your new position to be rewarding, productive and enjoyable. Thank you for undertaking this important role.

Dr Ros Crampton

Chair, HETI Prevocational Training Council

Acknowledgements

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With significant support and contributions by

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and

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Contents

Introduction

Prevocational Training

Prevocational training refers to the two-year period immediately following medical school undertaken prior to a junior doctor entering a vocational training program. During the first year, postgraduate year one (PGY1) doctors (or interns) are provisionally registered with the Medical Board of Australia and are only permitted to work in accredited training facilities, during which they complete a number of clinical rotations.

At the end of the successful completion of 12 months of training, or internship, the year one prevocational trainee is recommended to the Medical Board of Australia for general registration.

Whilst the second prevocational year is not a requirement of the Medical Board for the purposes of general registration, NSW, along with a number of other states and territories in Australia, recognises the critical importance of a further closely supervised generalist year. During the second prevocational training year junior doctors complete a number of rotations and are provided with opportunities to consolidate knowledge, skills and professional behaviours fundamental to safe medical practice. Following the postgraduate year two (PGY2), many junior doctors enter vocational training programs.

The essential elements of the prevocational training program are:

- **Patient safety** – the program creates a supervised environment in which prevocational trainees are able to make the transition from medical student to medical practice in ways that are safe for patients.
- **Learning by doing** – the majority of learning during the prevocational training period is by doing, under supervision – the *apprenticeship* model is central to this and supplemented by a range of formal educational activities.
- **Trainee welfare** – the program ensures, through appropriate structures that prevocational trainees are safe and supported in their work.
- **Learning culture** – the program promotes the values of self-directed lifelong learning by all of its participants – both supervisors and trainees – thereby promoting and contributing to the learning culture of the health care system.

DPET role at a glance

Directors of Prevocational Education and Training (DPET) are responsible for providing medical leadership and oversight of the prevocational training period in the facility in which they work. In fulfilling this role, the DPET is responsible for the education, training, supervision and welfare of junior doctors during the first two years of medical practice.

Whilst DPETs work across varying facilities and sites, the following roles and responsibilities are generally common:

- Provides medical leadership to prevocational education and training within that facility/site
- Develops, coordinates and promotes the prevocational training program
- Advocate for prevocational trainees
- Provides leadership and support of term supervisors in fulfilling their role
- Oversight and coordination of assessment of prevocational trainees
- Oversight and provision of the formal education program, including orientation
- Assists facility in meeting HETI accreditation requirements
- Evaluation of terms
- Contributes to the strategic direction of prevocational training through participation on the GCTC and Network Committees
- Sign off of PGY1s at the end of the period of provisional registration
- Managing trainees in difficulty.

As a senior clinician in the facility in which you work, you will undoubtedly have your own views and approaches to the role. You will have more continuous involvement with prevocational trainees compared with their term supervisors who will change at each rotation. As such you will be responsible for providing medical leadership and being a role model to trainees at a significant touch point in their medical careers, as they make the transition from medical student to medical practice.

This guide provides further information to assist and support you in this important role.

PART 1

Leadership in medical education

Governance of prevocational training

The governance arrangements of medical education and training within Australia are quite complex, with multiple bodies and organisations involved. The table below summarises some of the key players involved in prevocational education and training within the NSW system.

Organisation/ Structure	Role/Responsibility as they relate to prevocational training
Medical Board of Australia	Registrar of medical practitioners and medical students. Develops standards, codes and guidelines for the medical profession. Investigation of notification and complaints.
Health Education and Training Institute (HETI)	Supports and promotes coordinated education and training of clinical and non-clinical staff across NSW Health. In addition to a number of other programs, the Medical Portfolio of HETI is responsible for the oversight of prevocational training within NSW.
Local Health District	Employer of prevocational trainees
Prevocational Training Networks	Prevocational training in NSW takes place in training facilities that are grouped together into prevocational training networks. The networks are comprised of five term home hospitals, three term hospitals, rotational hospitals and GP practices. Network training sites support each other to train prevocational trainees.
HETI Prevocational Training Council (PvTC)	Ensures state-wide coordination of the prevocational training networks and develops resources which will improve prevocational training in NSW. The PvTC also provides expert advice to HETI and NSW Health on prevocational matters and relevant issues.
HETI Prevocational Medical Training Program	Implements and monitors accreditation standards for the training and welfare of prevocational trainees in their first two postgraduate years.
HETI Prevocational Accreditation Committee (PAC)	The PAC advises and makes decisions on behalf of HETI on the accreditation of all NSW prevocational trainee terms and the facilities that provide them.
Confederation of Postgraduate Medical Education Councils (CPMEC)	An association of Postgraduate Medical Councils (PMCs) or equivalent of each State or Territory in Australia and the equivalent agency in New Zealand. HETI is the PMC in NSW.
Australian Medical Council (AMC)	An independent national standards body for medical education and training. The AMC's purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.
GPET	General Practice Education and Training (GPET) manages three general practice training programs on behalf of the Australian Government. One of these is the Prevocational General Practice Placement program (PGPPP). This provides junior doctors with a well-supported general practice experience in their intern and PGY2+ years. In NSW PGPPP placements for PGY1 and PGY2 are accredited through HETI.

Leading a learning culture

Providing medical leadership in promoting a culture of learning is one of the fundamental components of the DPET role. It is also the one that when done well, will lead to significant professional satisfaction on your part, in addition to having a very substantial impact on prevocational trainees with whom you work.

Medical leadership is taking a more prominent role within the healthcare system, not just within the clinical context, but also increasingly within the medical education and training arena. Effective medical leadership is vital to delivering a high quality training program, one that promotes learning and teaching as critical components of delivering safe patient care.

With the aim of supporting the development of medical leadership capacity within education and training, HETI offers a leadership development program (LEAD) for consultant medical practitioners within NSW. Further information about the program can be found by following the links at the end of this section. Some suggestions for further reading on leadership are also included.

Building your team

Depending upon the size and context of the facility or network in which you work, you will have a number of people in addition to those mentioned in the section above, who will be available to support you in your role.

These may include:

- Term supervisors
- JMO manager
- Medical education officer
- Administration staff
- Chair of the General Clinical Training Committee (GCTC)
- Other DPETs in the Network.

Establishing and maintaining effective and collaborative working relationships with these people will support the delivery of prevocational education and training within your facility.

Tips for organising meetings

- ✓ Hold meetings at **regular times** (for example the 1st Wednesday of the month).
- ✓ **Set dates** for meetings 12 months in advance.
- ✓ Call for **agenda items** at least 2 weeks in advance.
- ✓ **Circulate** agenda and meeting **papers one week prior** to meeting.
- ✓ **Chair and secretariat to meet prior** to meeting to discuss agenda.
- ✓ Consider **refreshments** if at start or end of day or during lunch break.
- ✓ Commence and finish meeting **on time**.
- ✓ **Circulate draft minutes and action items** during the week following the meeting.

Budget management

This section is directed to DPETs working in NSW Health public hospitals. DPETs working for general practice regional training providers are funded under different arrangements and should consult their employers for information.

Public hospitals accredited by HETI receive annual funding to promote education and supervision of prevocational trainees within the facility. This section explains the processes involved in receiving and managing the funding.

Prevocational training grants (DPET funding)

The NSW Ministry of Health provides prevocational training grants (commonly called DPET funding) to support and enhance prevocational education and training activities. NSW Health delivers all funding for HETI programs to local health districts in an allocation called the Medical Specialty Training Networks Funding Allocation (DOHRS no. MB345). The prevocational training grant is included within this allocation that also includes funding for physicians' training and other vocational programs.

Some suggestions for effective use of DPET funding

- Funding of a research project on prevocational training.
- Purchase of equipment, such as a digital camera, data projector or educational software.
- Funding prevocational trainee attendance at courses such as emergency life support, or national prevocational conferences.

The prevocational training grant is only intended as a subsidy to training activity, on the understanding that local health districts will make further expenditures from their general funds. For example, the salary of the DPET is specifically excluded from the prevocational training grant.

Grants are to be used to promote the education and supervision of JMOs within their hospital. This may include (but is not limited to): conducting educational activities, establishing or improving educational resources and activities, and establishing or improving educational resources for clinical teachers. Funding may also be used to support the DPET in coordinating these activities. This may include (but is not limited to) secretarial support for the DPET. The funding must not be used for general secretarial or administrative support, or for duties normally provided or undertaken by medical administration.

Good governance of funding

Funds should be expended with a view to supporting all prevocational trainees in a fair and equitable manner. For instance, if you decide to subsidise attendance at a training workshop or conference, ensure that all your trainees have an equal chance to apply for support and that any selection process is fair.

Keep your own record of expenditure so that you can check it against cost centre reports. Given that nothing should come out of the cost centre without your signature, these two documents should tally.

The DPET should seek the support of the GCTC for funding decisions, which should be recorded in the GCTC minutes. A coordinated approach to the expenditure of funding at the network level is also recommended, so that trainees see that funding decisions are consistent and that opportunities to pool resources across the network are taken.

Rolling over funds

Hospitals must carry forward unexpended funds from year to year. You should notify Finance in writing by mid-April if you expect to rollover unused funds at the end of the financial year. Check on 1 July that the unused funds have been rolled over.

Further assistance

The outgoing DPET and other people who manage cost centres, such as Nursing Unit Managers and JMO Managers, will be able to guide you to the most helpful administrative and management staff within Finance.

You need to identify a person in Finance who has experience working with DPETs and with whom you can deal with when you require further assistance or information. Establishing effective working relationships with key individuals within your local finance department can greatly assist you in managing the DPET funding.

If your Finance Department requires any further information or is not providing you with the assistance you need, contact HETI.

Useful resources

Leadership Development Program for Consultant Medical Practitioners
http://www.heti.nsw.gov.au/programs/lead-and-leap-leadership-development/lead-program/

Finance
The relevant policy document is NSW Health Policy Directive PD2005_259, *Clinical Training Grants for Postgraduate Year One and Two Medical Officers*.

Further reading

Johnson S, *Who Moved My Cheese? An A-Mazing Way to Deal with Change in Your Work and In Your Life*. London. Vermilion. 2002. (This book, written as a simple parable, by an author with medical and psychology qualifications, is a very quick read (about an hour!) with some important insights about the nature of change)

Kotter JP. *Leading Change*. Boston. Harvard Business School Press. 1996.

Senge PM. *The Fifth Discipline The Art and Practice of the Learning Organization*. New York. Bantam Doubleday. 2006.

Other

Patel H, Puddester D. *The time management guide: A practical handbook for physicians by physicians*. Ottawa. Royal College of Physicians and Surgeons. 2012.

PART 2

Working with prevocational trainees

Meeting with prevocational trainees

You will need to meet with the prevocational trainees at the commencement of the clinical year and then maintain contact, either individually or as a group (depending on the number of prevocational trainees at your hospital or practice). Most DPETs, even at the largest facilities, aim to meet individually with prevocational trainees at least a couple of times during the year.

DPETs at smaller facilities or general practices are generally able to formally meet at least once per term. Individual contact may be supplemented by either meeting the prevocational trainees as a group or less formal contact through attendance at educational and social activities. The important point is that you are accessible and available to meet with them as required in addition to any formal meetings you organise.

Initial meeting

Your initial interview with a prevocational trainee will provide you with important information and also gives the prevocational trainee an opportunity to get to know you and understand your role, particularly in the context of supporting their training, supervision and welfare. It is important that the prevocational trainee understands that although your role is oversight of their supervision, you are also their advocate and as such are removed from the line management or medical administration roles.

Discussion topics at the initial meeting will obviously include background information about the trainee (medical school, previous rotations, career interests and so on) in addition to information about clinical exposure, ability to carry out procedures, how they are settling in and any anxieties that they might have. The initial meeting is also a good opportunity to reinforce the support and supervision structures in place, in addition to providing information about where and how they should seek assistance if required.

An example of a template for DPET interviews with prevocational trainees is provided in the back of this guide.

Subsequent meetings

Most DPETs hold subsequent meetings with prevocational trainees following the end of a rotation and when they have had the opportunity to review the progress review form.

The purpose of subsequent meetings is to periodically review progress and collect information about the trainee's experience of the rotation (for example: supervision, educational value, workload, clinical exposure, opportunities to do procedures, bedside teaching and so forth). It is also an opportunity to discuss career plans and for the prevocational trainee to seek advice from you regarding career pathways.

Some prevocational trainees may have been identified through the assessment process as having issues that require further attention. Regular meetings with prevocational trainees provide opportunities to discuss and address low level concerns within a context that supports their learning and professional development. For further information on dealing with trainees who require more significant support and intervention refer to the section on trainee in difficulty.

Prevocational trainee welfare

The prevocational training period represents a significant touch point in a medical career and whilst most prevocational trainees enjoy the challenges, many also report that it can at times be stressful[1].

As someone who has been there before (even though your intern days may be well behind you) and as a senior clinician working within the hospital or practice, you will be in a good position to provide professional support to trainees, both individually and collectively. You will also likely develop a sense of the morale and esprit de corp of the junior doctor group within your organisation, and at times be in a position to influence this.

Effective DPETs can have an enormous impact on the professional (and sometimes personal) development of prevocational trainees. This can be achieved through maintaining contact, having an open door policy, by being available and responsive to addressing concerns, holding an attitude that values junior colleagues and respects that they are on a learning curve, by offering wise counsel as required and championing a culture of medical education within their organisation. Never underestimate your role in this.

1 Markwell AL, Wainer Z. The health and wellbeing of junior doctors: insights from a national survey. *Medical Journal of Australia* 2009; 191: 441–444.

Advocacy

Given their contact with prevocational trainees, DPETs inevitably develop expertise and insights into the prevocational training period, which in turn places them a good position to act as an advocate. This may range from advocacy at a group level, by representation on a committee through to acting as an advocate for a junior doctor in a medical board hearing or disciplinary matter.

In the role of advocate, you will offer support to the prevocational trainee. This is not the same as necessarily agreeing with their perspective but it is acting in their interests and ensuring that they are treated fairly and objectively. At times it may extend to ensuring that they have information and access to appropriate sources of referral.

Career counselling

Prevocational trainees will often approach you seeking advice regarding career choices and pathways. This may occur as part of your regular individual contact with them or during education sessions and becomes a particular point of focus as the annual recruitment period approaches. Whilst you will undoubtedly be well drilled in pathways through your own specialty, it does help to have a list of senior colleagues within your hospital or practice who are willing to discuss career options with trainees. Some additional resources to assist you with this endeavour are listed at the end of this section.

Dealing with trainees in difficulty

> "Most trainees with difficulties can be assisted, over time, to become competent clinicians. A supportive approach, with common sense interventions, coordinated and monitored by the DPET, usually leads to a satisfying result for the trainees and their clinical supervisors."

One of the primary roles of the DPET is to facilitate feedback to prevocational trainees about their performance. This extends to identifying prevocational trainees who are experiencing difficulties and implementing effective support systems for them. This section provides an overview of managing trainees in difficulty and is taken from "Trainee in Difficulty, a management guide for Directors of Prevocational Education and Training."

Many DPETs report that managing trainees who are experiencing difficulties is one of the most challenging aspects of their work. The reasons for this include the following:

- The legal and industrial frameworks are complex and there are multiple public sector policies to consider.
- The DPET must negotiate the interface between the junior doctor's role as trainee and as employee.
- Providing constructive feedback to trainees experiencing difficulties can be challenging, particularly those who have problematic attitudes and behaviours. Effective communication skills are required.

Employers have a legal responsibility to ensure that industrial conditions and legislated requirements pertaining to employment are upheld. This includes responsibility for managing performance and disciplinary matters, and ensuring that performance issues are responded to in a timely, fair and objective way.

Every public health organisation has processes for identifying, investigating, managing and supporting prevocational trainees who are experiencing difficulties. The DPET has a central role in responding to these trainees, sometimes calling upon the assistance of medical administration and the human resource department.

Key messages

- Most trainees in difficulty can be assisted, over time, to become competent clinicians. A supportive approach, with common sense interventions, coordinated and monitored by the DPET, usually leads to a satisfying result for the trainees and their clinical supervisors.
- When initially responding to concerns regarding a trainee, avoid jumping to conclusions or deciding too early what the actual problem is. Stick to the facts and get them directly from the source. Be circumspect with the number of people that you gather information from. Discuss the issue with the term supervisor and whoever raised the original concerns.
- "You cannot unknow, what you know" – do not accept someone telling you something "off the record."
- Any risks to patient safety, risk to trainee safety (particularly with respect to mental health issues) or allegations of criminal conduct require immediate action and referral.
- The role of the DPET is support and advocacy. The DPET is not the treating clinician, formal counsellor or disciplinarian. In some instances, the DPET will be required to refer the trainee for further assessment or assistance.
- All prevocational trainees should be encouraged to have their own general practitioner and should seek early advice from their GP in the event of emerging health issues.
- There are other individuals within any healthcare organisation who have particular expertise in dealing with these matters and you should expect to receive support and assistance from them.

3 key principles

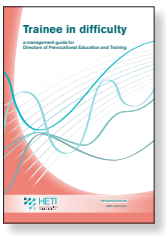
1. Patient safety should always be the primary consideration.
2. Prevocational trainees require supervision and support.
3. Prevention, early recognition and early intervention are the preferred approach.

Early signs of a trainee in difficulty

- The disappearing act
- Low work rate
- Ward rage
- Rigidity
- Bypass syndrome
- Career problems
- Insight failure.

Adapted from Paice, E. The role of education and training. In Cox J, King J, Hutchinson A, Editors. *Understanding doctors' performance.* Oxford. Radcliffe Publishing. 2006.

Resource



Health Education and Training Institute. *Trainee in difficulty. A management guide for Directors of Prevocational Education and Training*. 2nd edition. Sydney. HETI. 2012.

Trainee in difficulty: management outline

Dealing with grievances

From time to time, DPETs may be asked to become involved in situations where a prevocational trainee has a grievance. The circumstances can vary from interpersonal tensions between a trainee and another member of their team, to an issue with a roster or leave application, through to more complex issues involving a number of others. All public health organisations have clearly documented grievance policies and the principles expressed in these documents should be followed.

Generally, whilst the DPET may be an advocate for the prevocational trainee in these matters, you do need to be aware of the policies within your organisation and call upon the assistance of others (medical administration, human resource department, etc.) as required.

It is also worth remembering that responding professionally to situations in the workplace where one might justifiably feel upset, irritated or angry is an important learning point for prevocational trainees. Sometimes just having someone to listen to their concerns is enough. By giving the prevocational trainee the opportunity to debrief and express frustration, they are then able to work constructively toward a resolution.

Encouraging prevocational trainees to take responsibility for their response and stay solution focused in their approach to resolving issues that arise in the workplace is important and will contribute to their broader professional development as medical practitioners.

Most grievances are likely to be relatively minor in nature (notwithstanding that they can still be the source of some distress), and able to be resolved with support and simple interventions. DPETs, however, should be alert to the requirement to refer any significant grievances (such as those involving allegations of bullying) to medical administration or to the human resource department for appropriate action and follow up.

Further reading

Firth-Cozens J, *How to survive in medicine: personally and professionally.* Oxford. BMJ Books. 2010.

Hume F, Wilhelm K. Career choice and experience of distress among interns: A survey of New South Wales internship 1987–1990. *Aust N Z J Psychiatry* 1994; 28: 319–327.

Kirby R. and Mundy T. *Succeeding as a hospital doctor.* Oxford. Health Press. 2000.

Paice E, Rutter H, Wetherall M, et al. Stressful incidents, stress and coping strategies in the pre-registration house officer year. *Med Educ* 2002; 36: 56–65.

The student and the junior doctor in distress — “our duty of care”. Proceedings of a conference of the Confederation of Postgraduate Medical Education Councils; 2001 Jul 19–20; Adelaide, Australia.

Willcock SM, Daly MG, Tennant CC, Allard BJ. Burnout and psychiatric morbidity in new graduates. *Med J Aust* 2004; 181: 357–360.

PART 3

Clinical based education and training

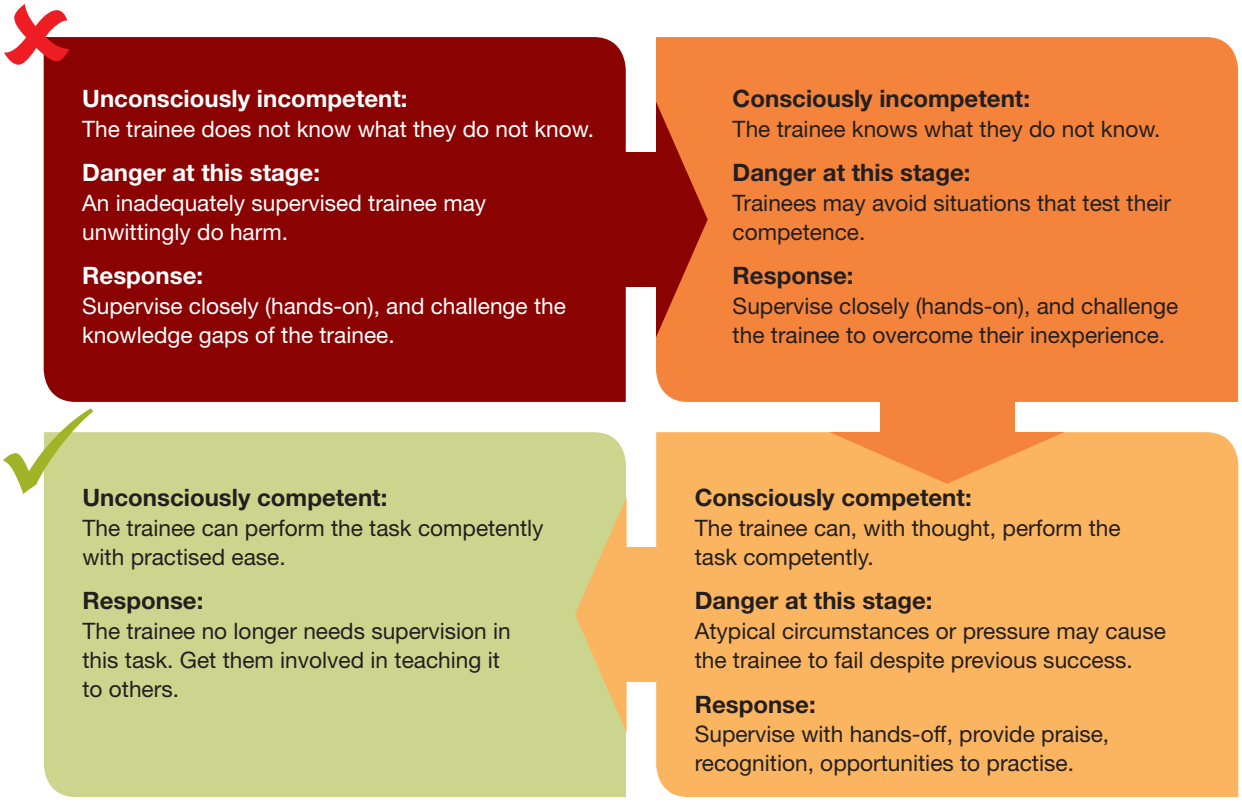
Learning by doing

Regardless of the changes to the delivery of medical education and training witnessed over the last decade, prevocational training is still largely predicated on the apprenticeship model.

Whilst there sometimes remains a dichotomy between 'service' and 'training'[2], particularly with respect to rotations such as nights and relief, the reality is that all terms should offer the prevocational trainee the opportunity to develop and consolidate the knowledge, skills and behaviours required of a medical practitioner.

> "Medical education is not completed in medical school: it is only begun."
>
> William H. Welch, 1850–1934
> Inaugural Dean of Johns Hopkins School of Medicine

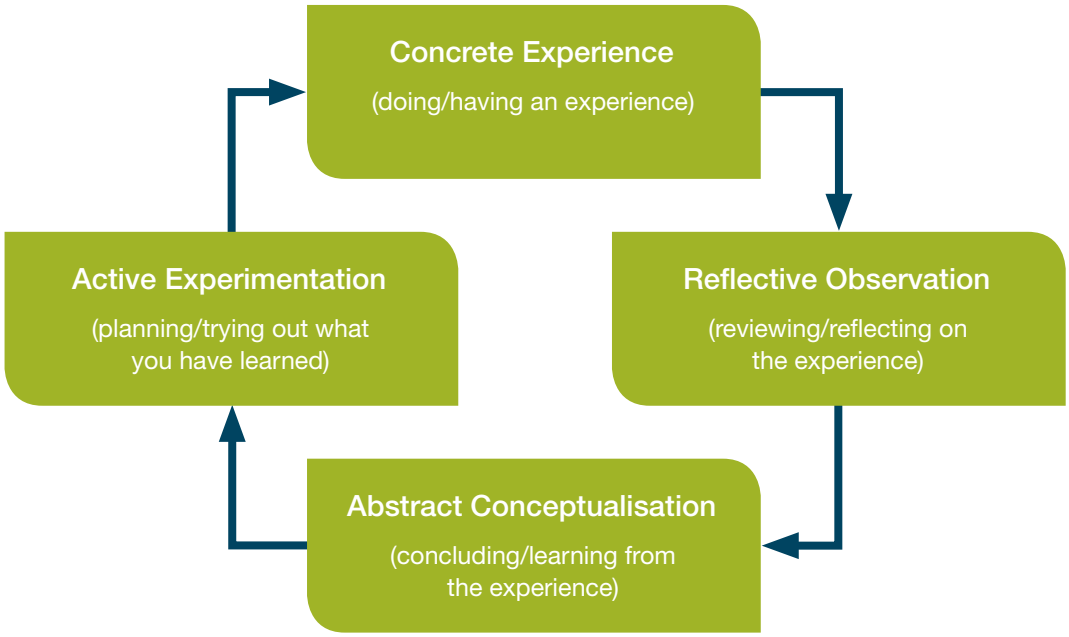
The DPET, by having input into term descriptions (refer to later section) and by working with term supervisors and other senior medical staff, will be well positioned to maximise the learning and training opportunities for prevocational trainees within the clinical environment.



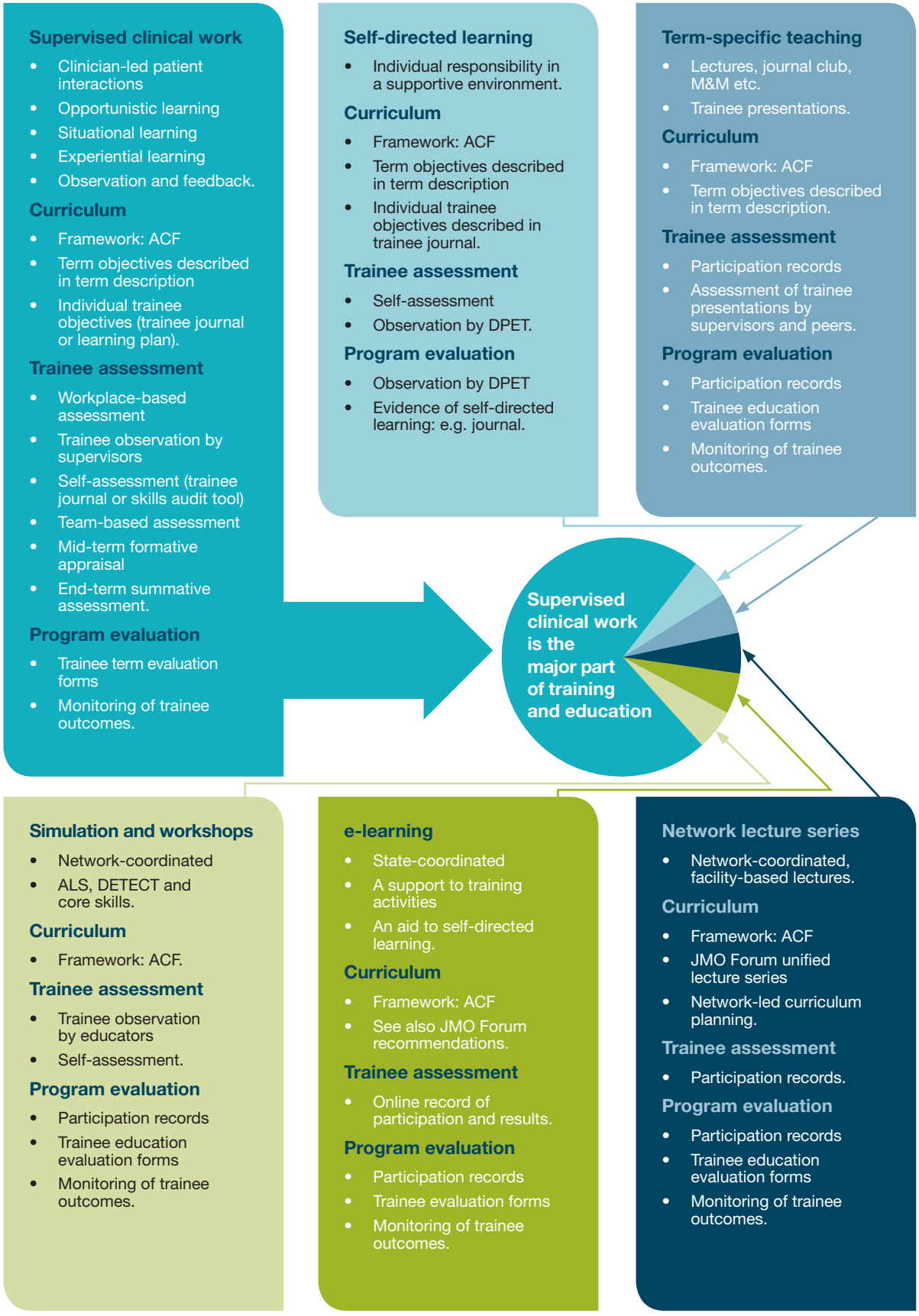
2 McGrath B, Graham I, Crotty B, Jolly B. Lack of integration of medical education in Australia: the need for change *Medical Journal of Australia* 2006; 184 (7): 346–348.

As prevocational trainees fulfil their roles and responsibilities within the term, many will not be conscious of learning taking place. By being involved with patient assessment and clinical management, under appropriate supervision, prevocational trainees will be consolidating the knowledge, skills and behaviours fundamental to medical practice. This is the essence of learning by doing.

Effective term supervisors and other supervising medical staff will work to provide prevocational trainees with opportunities to reflect on their daily clinical experiences and in doing so maximise the learning opportunities inherent in the day to day business of caring for patients.



A learning model for prevocational medical training and education



Source: Health Education and Training Institute. *Network principles for prevocational medical training*. Sydney. HETI. 2012.

Off to a good start – the orientation program

No matter what the size of the facility, all prevocational trainees should receive an appropriate orientation: (1) to the facility or network within which they work at the commencement of employment, and (2) to the specific unit or rotation at the commencement of each term. Experience tells us that many issues are to be avoided if prevocational trainees are adequately orientated to the hospital, facility and term.

Requirements and expectations regarding orientation at both the facility and term level are reinforced through the provisions of the accreditation standards. As the DPET you will be very involved, with the assistance of the JMO Manager, in both organising and participating in the orientation program at the commencement of the clinical year. You will need to work with term supervisors to encourage and improve the delivery of term orientation.

The prevocational year one orientation program, held over two weeks just prior to the formal commencement of the clinical year, is a major undertaking for any facility or network. The arrangements for orientation will vary according to context and location. Generally all home hospitals and Rural Preferential Recruitment facilities will host the main orientation program, with input from all other Network facilities and training sites, including community and PGPPP terms. All DPETs within the Network should expect to be involved in the main orientation program, supplemented by further orientation activities at the various sites.

The orientation program covers a range of topics aimed at assisting prevocational trainees transition to working as a junior doctor. Most programs cover the following four themes[3]:

- **General information** about the hospital, facility, Network and Local Health District as it relates to all employees. This includes mandatory training, important general policies and procedures, human resource matters, IT systems, and a tour of the hospital.
- **Specific information related to the role of a junior doctor**. This might include roles and responsibilities of junior doctors, important clinical policies and procedures, multidisciplinary care, diagnostic test ordering, education and training as a junior doctor, assessment procedures, medicolegal matters and so on.
- **Clinical and procedural skills training and verification**. All orientation programs incorporate some practical training sessions, sometimes with additional skills verification activities, covering topics such as basic and advanced life support, venipuncture, cannulation, scrubbing and safe prescribing.
- **Ward attachment with outgoing junior doctor**. Incoming prevocational trainees are attached to the outgoing junior doctor on the term that they are rotated to for term 1. This provides an opportunity for an effective clinical handover in addition to a more extended term orientation.

Experienced DPETs can make an enormous difference to the quality of the prevocational orientation program by ensuring that it remains clinically focused, pitched at the correct level and effectively keeping it on the straight and narrow in terms of reaching junior medical staff rather than disintegrating into days of talking heads and box ticking. The more involvement that you have with its development, the more likely the program is to be clinically relevant. The orientation program should also be reviewed by the GCTC and evaluated.

Some DPETs and JMO Managers had led very innovative approaches to orientation.

One hospital developed a peer led orientation program called Code Red, whereby prevocational trainees at the end of their first year provide much of the orientation to incoming trainees.

Other hospitals run scavenger hunts through the hospital to provide the JMOS an entertaining way of finding all the important areas of the hospital.

Each year the prevocational training forum, hosted by HETI, provides those working with prevocational trainees, opportunities to showcase innovative approaches.

3 Burnand, J (Ed) *Becoming a Doctor surviving and thriving in the early postgraduate years*. Sydney. Elsevier. 2007.

The orientation period also gives you an opportunity to meet the prevocational trainees who will be working within your hospital or Network. In many places, this extends to opportunities for some social activities, hosted by the RMOs Association, the Medical Staff Council or equivalent. Supporting these additional activities by attending, and encouraging other senior medical staff to do the same, encourages the development of the espirit de corps of the medical staff group and is highly valued by the junior doctor group.

For those DPETs working in smaller facilities that may rely on the Network or larger hospital to host the main orientation but nevertheless hold orientation to the actual hospital or facility, the same principles apply. The more involvement you have, the more likely the orientation program will be clinically relevant to junior doctors. The orientation program offered at the smaller facilities is also critical to ensuring that prevocational trainees get off to a good start. It should supplement information provided at the main orientation program, with a focus on information particular to the facility or practice.

Generally as a DPET in a smaller facility or general practice, you should expect to be involved in the development and presentation of the main Network orientation program. Your attendance, if only for brief periods, will provide you with an opportunity to meet with the prevocational trainees who will be rotating to your facility or practice during the year, answer their questions and provide a degree of reassurance.

Term orientation

Term orientation is an important component of the prevocational training program. It is the responsibility of the term supervisor to provide an orientation to the term for prevocational trainees. DPETs can have a significant influence on the quality of the orientation through supporting and encouraging term supervisors in meeting these responsibilities.

Whilst junior doctors appreciate the participation of senior doctors, and particularly the term supervisor in term orientation, registrars, nursing staff and allied health staff might deliver some aspects of the orientation. This also provides an opportunity for the prevocational trainee to get to know and be inducted by members of the team that they will closely work with for the duration of the rotation.

DPETs should encourage term supervisors to meet with the prevocational trainee and provide some aspects of the term orientation, particularly with respect to a discussion about specific learning objectives and assessment processes.

Checklist for term orientation

As well as providing a written term description, DPETs should encourage the term supervisor to discuss (or arrange to be discussed) the following items with the prevocational trainee:

1. Major focus and goals of the clinical unit and the expectations of the junior doctor's role:
   - Roles and responsibilities
   - Expected daily tasks
   - Individual registrar and consultant preferences with respect to clinical management
   - Hints for successful interactions with other staff
   - Procedures for ordering and following up tests, investigations and consults
   - Other relevant administrative procedures.
2. Term learning objectives and skills training goals.
3. Consider how to get the best out of the term with respect to individual trainee career goals. Optimise the clinical experience and skill development for that particular trainee.
4. Supervision needs and the process of performance appraisal and assessment:
   - Initial interview
   - Mid-term appraisal
   - End-term assessment.
5. General information about work practices, clinical protocols and guidelines as they apply to the particular term.

Term rotations (core terms)

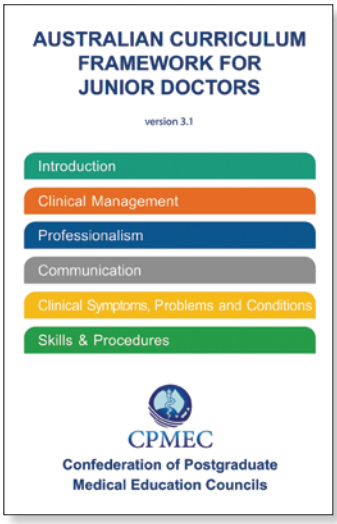
The Medical Board of Australia requires that interns undertake a twelve month period of general clinical experience that provides opportunities for the newly qualified medical graduate to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for safe high quality patient care.

The general clinical experience is achieved by completing a series of supervised rotations. Under the requirements of provisional registration with the MBA, prevocational trainees are required to undertake the following terms during the intern period:

- At least 10 weeks in a term that provides experience in medicine
- At least 10 weeks in a term that provides experience in surgery
- At least 8 weeks in a term that provides experience in emergency medical care
- Other rotations that provide opportunities for wide clinical experience in hospital and community settings.

The specific requirements for core terms are reflected in the accreditation standards and associated policies. These are available under resources at the end of the accreditation section.

Australian Curriculum Framework for Junior Doctors (ACF)



The learning outcomes required of prevocational trainees are described in the Australian Curriculum Framework for Junior Doctors (ACF).

The ACF is built around three learning areas: clinical management, communication and professionalism. These areas are subdivided into categories, each of which is further subdivided into learning topics. Within each learning topic, the ACF describes the workplace performance outcomes that prevocational trainees are expected to acquire.

It includes a list of specific skills and procedures that prevocational trainees should learn over the two years of training in addition to a list of common problems and conditions they should learn to manage and assess

The ACF is not just about knowledge acquisition, it is also about the application of knowledge, skills and behaviours within the workplace. This is about learning for performance (as opposed to simply demonstrating competence) and then demonstrating that performance consistently within the workplace.

The ACF can be used in a number of ways, including the following:

- To provide a guide to appropriate goals for each training term
- To review learning opportunities offered by existing training terms and to identify gaps in training
- To plan development of new training terms
- As a starting point for discussions about innovative approaches to clinical teaching and development
- To structure mid-term appraisal and end-term assessment.

Further reading

Dent J.A. and Harden R.M. (Eds) *A Practical Guide for Medical Teachers.* 2nd edition Edinburgh. Elsevier. 2005.

Edwards J.C, Friedland J. A, Bing-You R. (Eds) *Residents' Teaching Skills.* New York. Springer Publishing Company. 2002.

PART 4

Working with term supervisors

Term supervisor roles and responsibilities

Term supervisors are senior clinicians who are responsible, at the unit or term level, for the education, training and assessment of prevocational trainees. The term supervisor is responsible for the welfare of prevocational trainees allocated to their term. Their key roles include ensuring appropriate supervision for patient safety, providing training to meet the learning objectives of the term, communicating to prevocational trainees about expectations and responsibilities of the role, and monitoring trainee progress during the term.

Term supervisors play a key role in the education and training of junior doctors. They are part of the DPET's team.

Term supervisor roles and responsibilities generally include the following:

- Provide term orientation.
- Review (and keep current) term descriptions.
- Determine level and proximity of supervision required for each prevocational trainee.
- Determine specific learning goals (knowledge and skills) for each prevocational trainee.
- Oversights quality of education and training within term (works with other senior medical colleagues in unit to achieve this).
- Through leadership, example and by working with other senior medical staff within the term, ensures that prevocational trainees are appropriately supervised at point of patient care, at all times.
- Promotes and provides effective practice-based teaching within unit.
- Monitors performance of prevocational trainee – provides informal feedback to prevocational trainee during rotation.
- Completes mid-term appraisal.
- Completes end of term assessment.
- Refers significant issues regarding prevocational trainee performance to DPET.
- Provides career and professional development advice and guidance to prevocational trainee.

Leading and supporting effective term supervision

Most DPETs, based on their clinical work within the organisation, will already have well-established relationships with senior medical colleagues. Effective DPETs are able to leverage this respect and cooperation with senior clinicians in order to champion prevocational education and training within the facility.

Whilst the way in which you do this may vary depending on the facility or site, (in addition to your own style), effective engagement with term supervisors in the interests of promoting effective supervision and training is one of the fundamental aspects of the DPET role.

Term supervisors are part of the DPET team. You will rely on them to provide supervision, promote effective clinical based teaching within their units, and make assessments of prevocational trainees. This will be in the context of a number of other competing priorities: medical student teaching, registrar supervision and teaching, clinical care, research, administration and so on. Term supervisors are in a position to promote the interests of prevocational trainees within a given term or unit, but they will rely on your support to do so.

DPETs who proactively foster good relationships with term supervisors, individually and as a group, find that they are able to achieve much in the interests of prevocational trainees. Further, DPETs with this approach are well positioned to pre-emptively deal with emerging issues. The box below contains some suggestions from other DPETs with regards to working effectively with term supervisors.

The Superguide contains more detailed information about supervision and clinical based teaching – it is a great resource for DPETs and term supervisors alike.

Working with term supervisors – some suggestions from other DPETs

- ✓ Meet with term supervisors to discuss expectations, roles and responsibilities.
- ✓ Encourage term supervisors to undertake Teaching on the Run (TOTR) or College equivalent.
- ✓ Establish regular communication channels such as group email or letters providing information about important events.
- ✓ Annual meeting with term supervisors such as a breakfast or dinner to discuss issues relating to prevocational education. Consider a mix of information and professional development activities.
- ✓ Provide feedback to term supervisors regarding aggregated trainee evaluation of terms. Term supervisors highly value receiving feedback about what they are doing (especially when they are doing a good job!).
- ✓ Proactively deal with emerging issues, referrals or concerns expressed by term supervisors.
- ✓ Term supervisors should attend the General Clinical Training Committee (GCTC) when their term is being reviewed. (Apply the 'no ambush' rule – if significant issues about their term are to be discussed, then forewarn them of this).
- ✓ Invite term supervisors to attend GCTC at other times.
- ✓ Thank term supervisors for their work.
- ✓ Consider a term supervisor award or recognition system for your facility.

Term Descriptions

Term descriptions are the document that describes the education, training and supervision arrangements within a given term. All prevocational training terms (including nights and relief) must have a term description. The term description is provided to prevocational trainees prior to or at the commencement of the rotation.

A well-designed training term provides the basis for individual professional development and can positively influence the career path of the junior doctor. In addition, all prevocational trainees within NSW must work in terms that are accredited by HETI [refer to Part 7 for more information on accreditation]. The term description provides the basis by which an individual term is accredited.

Term supervisors are responsible for developing the term description. When developing the term description, term supervisors should reflect on appropriate educational objectives and activities (pitched to the correct level) and ensure that the workload is equitably distributed with appropriate supervision and education opportunities.

Writing a good term description is in large part a matter of designing an effective clinical term with the objectives of safe patient care and continuous quality improvement. A template of the term description that will ensure all of the mandatory information is covered, can be downloaded from the HETI website.

Many term supervisors develop additional information (which may also be given to medical staff and other staff working on the unit) to supplement the information contained within the term description.

Term supervisors should use the ACF when writing and reviewing the term description. The ACF includes a list of common clinical problems and conditions that prevocational trainees should learn to assess and manage, in addition to specific skills and procedures that they should acquire during the two years of prevocational training. The term supervisor should identify the subset of these clinical problems, conditions, skills and procedures that the trainee is likely to be exposed to in the term and list these in the term description.

Term descriptions should be reviewed at least annually and amended to ensure that the information contained within remains current. Term supervisors might consider incorporating a brief discussion of the currency of the term description during their end of term assessment with the outgoing prevocational trainee.

Components of a term description

- ✓ Name of term.
- ✓ Name of term supervisor and preferred contact details.
- ✓ Overview of team/unit structure.
- ✓ Description of clinical work.
- ✓ Prerequisite knowledge and skills required.
- ✓ Term objectives (linked to ACF).
- ✓ Trainee roles and responsibilities, including daily tasks.
- ✓ Supervision arrangements (in and out of hours).
- ✓ Assessment and feedback processes.
- ✓ Timetable of unit activities (from the trainee perspective).
- ✓ Unit teaching activities.
- ✓ Education resources.
- ✓ Other relevant information.

Evaluation of terms

Prevocational trainees should regularly be given opportunities to provide feedback about their experiences of a given term. This is a requirement of the accreditation standards, and also provides the basis with which DPETs can work with terms supervisors and other key individuals to optimise the education and training opportunities. It also provides an opportunity to identify and address any emerging concerns. The GCTC has particular responsibility for reviewing and monitoring the quality of supervision, education and training opportunities within rotations.

As the DPET, there are generally two ways in which you will obtain information about specific terms. The first is through your regular meetings (either individually or collectively) with prevocational trainees. The second is through requiring prevocational trainees to complete a standard evaluation form at the end of term. The latter allows information to be collected over time and minimises the potential for bias created when relying on a single trainee's account. It is important to reassure trainees that information obtained by either method will be treated confidentially.

Term Evaluation

Prevocational trainees should evaluate the following:

- ✓ Term orientation
- ✓ Supervision
- ✓ Workload
- ✓ Learning and education
- ✓ Feedback and assessment processes.

Evaluation forms should be collected and collated over time. Feedback to both the term supervisors and the GCTC may be aggregated (maintaining the confidentiality of individual prevocational trainees), as well as allowing you to respond to trends rather than a one off issue. The obvious exception to this is a report of a significant issue involving patient or trainee safety, which requires prompt and proactive intervention.

Term supervisors highly value being provided with feedback about the quality of the experiences that prevocational trainees have when attached to their unit. DPETs should try to establish mechanisms that promote the provision of regular feedback, both formal and informal.

Feedback collected and provided back to term supervisors gives them information and insights into what aspects of the term are most appreciated or disliked. DPETs and the GCTC can then work with term supervisors to make changes to improve the prevocational experience within a given term. This approach also supports emerging issues to be addressed at an early stage before they have become major problems.

Dealing with issues

DPETs generally find that most terms function well, with the majority of prevocational trainees reporting positive experiences and only the occasional requirement for minimal intervention by the DPET to address issues.

Occasionally problems may emerge in terms that are of a more serious nature, requiring proactive and definitive intervention by the DPET. Just as in dealing with trainees in difficulty, the principles of prevention and early intervention to dealing with *terms* in difficulty apply.

Serious issues tend not to spontaneously resolve. In the absence of intervention, serious issues may increase in complexity over time and can have a significant negative impact on the professional (and sometimes personal) development of prevocational trainees rotating through those units.

Dealing with these issues may be uncomfortable, particularly when it involves the performance of a term supervisor or a complaint regarding another senior medical practitioner within the unit. It requires a diplomatic and respectful approach on your part, sometimes with the assistance of others, for example, the Director of Medical Services, Clinical Head of Department or Chair of the GCTC.

Warning signs of problem terms

- ✓ Repeated direct reports from prevocational trainees: workload too high, lack of supervision, patient safety concerns, reports of bullying, feeling unsupported, out of depth, etc.
- ✓ Term has a reputation amongst prevocational trainees as the *horror* term and one to be avoided.
- ✓ Prevocational trainees trying to swap out of or take annual leave during the term once they become aware that they are allocated to it.
- ✓ Increased sick leave taken during term.
- ✓ Even the seemingly most resilient and usually enthusiastic prevocational trainee comes unstuck when doing the term.
- ✓ Unit has a poor reputation in the facility – reports of poor interpersonal relationships or conflict between senior medical or other staff, patient safety concerns, difficulty in recruiting to senior positions.
- ✓ Sudden resignation or departure of key individuals.

Further reading

Patterson K, Grenny J, McMillan R, Switzler. *Crucial Conversations – Tools for talking when stakes are high.* New York. McGraw-Hill. 2002.

PART 5

Assessment and feedback

Overview

One of your primary roles as DPET is to oversight the assessment and feedback process of prevocational trainees. Trainees highly value interactions with senior doctors, particularly when they receive regular informal feedback that helps guide and shape their professional development.

At a minimum, term supervisors should spend enough time observing trainees to make a meaningful assessment of their performance. This is often supplemented by information that the term supervisor receives from other senior medical staff on the unit, the registrars and senior nursing staff.

It is the term supervisor's responsibility to complete a mid-term appraisal and an end of term assessment of every prevocational trainee who undertakes a rotation within the unit or practice.

Medical Board of Australia requirements

PGY1 trainees are provisionally registered with the Medical Board and require the satisfactory completion of all rotations undertaken during the intern year in order to be recommended for progression to general registration. The end of term assessment completed by the term supervisor at the completion of each rotation forms part of the documentation or evidence relied upon by the DPET and DMS in signing off that a prevocational trainee has completed the requirements of internship.

Process

Each term supervisor should meet with the prevocational trainee at least three times during the rotation. The following sections provide information on the purpose of these meetings. More detailed information for both DPETs and term supervisors about the assessment processes may be found by referring to the *Superguide*.

Commencement of term

Term supervisors should meet with the prevocational trainee during the first week of the rotation and preferably on the first day. The purpose of this meeting is to:

- Provide an orientation to the unit or practice – discuss the major focus and goals of the clinical unit and the roles, responsibilities and expectations of the trainee.
- Discuss term learning objectives – this may vary between trainees, although the term description will outline basic requirements.
- Discuss supervision needs and arrangements.
- Provide information regarding the processes of performance assessment.

During the initial meeting, the term supervisor should also discover:

1. The current level of experience of the trainee (by discussing previous clinical rotations and undergraduate experience). If the trainee keeps a portfolio or logbook, the term supervisor may find it useful to review it.
2. The trainee's personal learning and training objectives – what they hope to learn during the rotation, specific clinical knowledge and procedures they hope to acquire, in addition to what career path they are interested in pursuing.

The aim of the initial meeting is to develop a shared understanding of the individual learning pathway of the trainee. The learning objectives in the term description should be translated into specific personal learning goals that the trainee is committed to achieving and that the term supervisor is able to support. Assessment throughout the term may then be based on the trainee's level of achievement against these goals – assuming that the minimum standard documented in the term description is also addressed.

DPETs can encourage these important early meetings by sending out group emails to term supervisors alerting them to the pending change of term and reminding them of the importance and purpose of the initial meeting with the prevocational trainee.

Mid-term appraisal

The meeting between the term supervisor and prevocational trainee to discuss the mid-term appraisal should occur at about week five of the rotation. The aim of this meeting is to review the trainee's performance, reflect on strengths and weaknesses, work out strategies for addressing any issues and plan for the future direction of the term. The mid-term appraisal is a formative assessment and is an educational process intended to assist the trainee's professional development.

Whilst it is the term supervisor's responsibility to complete the mid-term appraisal, the DPET should encourage term supervisors to consult other members of the clinical team to form a picture of the trainee's performance. Term supervisors might also consider using a range of specific assessment tasks, including: case presentations, clinical and procedural skills observed at the bedside, review of medical records, medication charts and discharge summaries, discussion on ward rounds about patients, participation in and presentations at unit meetings, in addition to other methods appropriate to the clinical context of the rotation. Assessment should be based on a range of observations, by a number of observers.

The trainee is asked to identify personal strengths and achievements, in addition to areas of weakness or needs for further development.

The term supervisor should allow half an hour for the mid-term appraisal meeting, which should be conducted in a private space, free from interruptions. The prevocational trainee should complete the self-assessment component prior to meeting with the supervisor. Self-assessment provides a basis for discussing progress and planning for the remainder of the rotation. The trainee is asked to identify personal strengths and achievements, in addition to areas of weakness or needs for further development. The term supervisor then offers feedback in the same manner before completing their written appraisal of the trainee.

When weaknesses or issues in the trainee's performance are identified at the mid-term appraisal, the term supervisor should work with the prevocational trainee to develop an action plan. For significant issues, this would be done in consultation with the DPET. An action plan may also be suitable for the prevocational trainee who is performing well as a means of maximising their professional development during the term, particularly in the context of the prevocational trainee identifying specific learning objectives for the rotation.

End of term assessment

The end of term assessment is completed in the final week of term. The process is very like the mid-term appraisal. The term supervisor should allow half an hour for the interview. For PGY1 trainees, this assessment is required by the Medical Board as part of the completion of requirements to move from provisional to general registration. For PGY2 trainees, the assessment forms guide their continued learning and may be useful in evaluating their progress to vocational training.

This is a summative assessment of the trainee's performance at the end of the term. Gaps or weaknesses in performance revealed earlier are only relevant if there are reasonable grounds for believing that the trainee is still performing at that level. As the DPET you will want to discuss with term supervisors any trainees that may be underperforming. For those identified as having significant issues, you will be involved in developing an action plan (see earlier section on trainee in difficulty) as they progress to the next term.

Term supervisors may sometimes be reluctant to document a negative assessment of trainees, even when one is warranted. Term supervisors express concerns about having their opinions challenged by trainees, impacting on the trainee's career progression and so on. In reality, the effect of a negative assessment is to highlight the potential problem and draw increased resources to its solution.

The practical disadvantages of not recording a negative assessment when one is justified are many and include the following:

- Prevocational trainee inadequacies may not be addressed because they have not been flagged. The trainee carries them forward to the next term.
- When weaknesses are exposed later, the trainee may have difficulty accepting criticism because of previous "good reports". This can inhibit learning and make the remediation of weaknesses more difficult.
- Unidentified or unaddressed weaknesses in training performance may pose a risk to patient safety.

As a DPET you will have responsibility for the overall assessment of prevocational trainees. Having good relationships with term supervisors, being available to discuss emerging issues and encouraging robust assessment processes will all assist in fostering an environment where trainees experiencing difficulties are identified early and are offered appropriate interventions to support their remediation.

Resource

Health Education and Training Institute. *Trainee in difficulty. A management guide for Directors of Prevocational Education and Training*. 2nd edition. Sydney. HETI. 2012.

Principles of giving feedback

Prevocational trainees highly value receiving feedback on how they are doing. One of your roles as DPET will be to encourage term supervisors to provide effective feedback – both informal and formal.

Some general principles of providing feedback include the following:

- **Be timely** – give feedback as close as possible to the event. Don't wait until the end of the term. Pick your moment (not when you or the trainee is exhausted, distracted or upset.) Frequent feedback should be a feature of relationships between trainees and their supervisors.

Be in an appropriate setting – positive feedback can be effective when given in the presence of peers or patients.

- **Be specific** – Vague or generalised praise or criticism is difficult to act upon. Be specific and the trainee will know what to do. Adopt a straightforward manner and be clear.
- **Be constructive** – Focus on the positive. Avoid dampening positive feedback by qualifying it with a negative statement ("I was happy with your presentation but…"). For criticism, talk in terms of what can be improved, rather than what is wrong. Try to provide feedback in the form of solutions and advice. At the same time, if the trainee makes an error, feedback needs to be unambiguous (" When you were speaking to the nurse, your tone seemed disrespectful. Next time…").
- **Be in an appropriate setting** – Positive feedback can be effective when given in the presence of peers or patients. Negative feedback (constructive criticism) should be given in a private and undisturbed setting.
- **Use attentive listening** – Trainees should be given the chance to comment on the fairness of the feedback and to provide explanations for their performance. A feedback session should be a dialogue.

Further reading

Epstein RM, Hundert EM. Defining and assessing professional competence. *JAMA* 2002; 287: 226–235.

Norcini JJ. ABC of learning and teaching in medicine. Work based assessment. *BMJ* 2003; 326: 753–755.

PART 6

The formal education program

Overview

Whilst the focus of prevocational training is *learning by doing,* the formal education program supplements unit based activities and ensures that all prevocational trainees have an opportunity to cover important clinical topics, pitched at their level.

The Unified Lecture Series was developed by the JMO Forum and provides a curriculum for teaching sessions. The topics are ordered so that common clinical problems are dealt with during the first part of the year, and to ensure that trainees rotating through hospitals will not miss crucial sessions. HETI encourages all DPETs to follow the Unified Lecture Series. Please see the diagram on page 34 for a term by term list of topics.

The development of the formal education program is one of the flagships of a prevocational training site and is a focus for most DPETs. You will have a major role in its design, implementation and evaluation.

Expecting and encouraging prevocational trainees to attend formal education sessions provides an important lesson in exposing them to the discipline of setting aside time in the context of clinical demands for their own professional development and learning. This is a lesson in lifelong learning.

As the DPET you will also have a role in promoting systems within the facility that support quarantined time for education.

In addition to the obvious educational benefits, the formal education program also offers an opportunity for prevocational trainees to come together as a group away from the clinical environment. This can foster an espirit des corp amongst the group. It can also provide you as the DPET with an opportunity to informally catch up with trainees on a regular basis.

Unified lecture series topics

Term 1	• ACLS • Chest pain and acute coronary syndrome • Assessing shortness of breath • Assessing syncope and loss of consciousness • Management of diabetes • Fluid and electrolyte management • Assessing abdominal pain • Assessing and managing delirium • The deteriorating patient • Management of blood pressure.
Term 2	• Analgesia and pain management • Interpreting chest and abdominal x-rays • Gastrointestinal bleeding • ECG interpretation and management of arrhythmias • Perioperative assessment and management • Antibiotics and their use • Pathology tests: ordering and interpretation • The hard stuff: death certification, breaking bad news, communicating with difficult patients and families.
Term 3	• Pleural and ascetic taps and drains: the when, why and how • Geriatric medicine • Recognition of a sick child • Introduction to trauma • Anticoagulants and their use • Looking after the JMO • Psychiatry 101: depression, anxiety and Mental Health Act • Medicolegal issues: privacy, confidentiality, informed consent and open disclosure.
Term 4	• Introduction to ENT medicine • Fundamental orthopaedics • Intracerebral events • Psychiatry 102: the psychotic patient, drug overdose and withdrawal syndromes • Basic anaesthesiology • O & G emergencies • Introduction to ophthalmology • Wounds, dressings and suturing.
Term 5	• Vascular surgery • Urology • Introduction to oxygen delivery systems and intensive care medicine • Oncology and palliative care • Advance lines • Radiology essentials • Neonatal and paediatric resuscitation.

Running effective education sessions

The DPET plays a primary role in developing the formal education program and should seek support from senior medical colleagues, registrars and other relevant staff to deliver the sessions. This promotes a culture of teaching, shares the responsibility for teaching across a facility and provides exposure for prevocational trainees to senior clinical staff that they perhaps may not cross paths with during the normal course of their rotations.

Effective education sessions are:

- Simple
- Interactive
- Practical
- Case based.

Topics should follow the lecture series outline at the beginning of this section and be pitched at the level of the prevocational trainee. As you will note, the topics reflect issues that are of greatest concern to doctors in the early postgraduate years.

Tips to make lectures more effective

- ✓ Consider your audience and shape your material to make it relevant to their current knowledge, current clinical responsibilities and objectives. PGY1 and PGY2 often have different learning needs, depending on the topic. If in doubt, consider using some questions at the start to establish where to pitch your talk.
- ✓ Think about lectures you have enjoyed or remembered and try to apply similar techniques.
- ✓ Do not read your lecture – most of all, do not read your power point slides. Talk to your audience.
- ✓ Stories, jokes and analogies are useful tools to make facts memorable.
- ✓ The first five minutes are vital: capture interest with a compelling start (why should the audience listen?) and explain what you intend to cover in your talk. If you have one key point above all, make it early.
- ✓ Respond to visual cues from the audience to change pace. Ask a question if you are not sure that the audience is with you.
- ✓ Vary your delivery and technique. Consider breaking the lecture with questions to or from the audience, or an activity to be carried out by the audience.
- ✓ Close your lecture strongly, with a summary of what you hope the audience will take away.
- ✓ Avoid overstuffing your lecture with material.
- ✓ Provide contact details.

Network /GCTC oversight

The formal education program should be coordinated across the Network (to avoid duplication of effort) and monitored by the GCTC. The way in which this occurs will vary across training sites. The curriculum/ topics should be presented at least annually to the Network Committee on Prevocational Training (NCPT) for endorsement.

The GCTC will have a more active role in monitoring the delivery, attendance and results of the evaluation and as such is well placed to suggest improvements or changes.

Practical issues

The accreditation standards require that a formal education program is provided for prevocational trainees and that trainees are afforded protected time to attend. Facilities with larger numbers of trainees are likely to offer separate programs for PGY1s and PGY2s, recognising their different learning needs. Rural and outer metropolitan hospitals, in addition to general practice and community terms, may well offer combined sessions. It is important to remember that the formal education program is a component of the training program and is supplemented by other teaching activities on offer at both the unit or hospital/practice level.

In managing the practicalities, most DPETs find that a weekly session of a couple of hours at the commencement of the day, at lunchtime, or at the end of the day works best. Some sites offer a half-day program with the sessions repeated across two weeks – in this case, half of the cohort attends in week 1, whilst their colleagues provide ward cover and then the two groups swap for the following week. Other larger facilities have a weekly program targeting the PGY1 group whilst offering the PGY2 group a half day or full day of skills training once per rotation.

Quarantined time remains a thorny issue across many facilities. There is an expectation that prevocational trainees are able to access the formal education program for all rotations. It is also recognised that this is a two way street and the expectation of attendance should be conveyed to prevocational trainees. An environment should be created where JMOs are supported by their teams to attend formal education sessions.

Some facilities or networks, particularly the larger ones, will have a Medical Education Officer (MEO) who will be primarily responsible for managing the nuts and bolts of the formal education program. This may extend to: setting topics; arranging speakers, venue and refreshments (if provided); sorting the technology; encouraging attendance; and evaluating the program. If these responsibilities fall to you as the DPET, try to enlist the assistance of administration staff within the JMO management unit in making the practical arrangements.

Education modalities

Whilst most prevocational education programs are largely delivered face-to-face, increasingly other modalities are being tried. Some networks offer teleconferencing, video or web conferencing of the education session to those trainees who are on rotation to rural, outer metropolitan, community or general practice terms. This enables trainees to maintain contact with their peer cohort even whilst completing rotations away from the home hospital. Others have tried recording the sessions and making them available to a group to view, usually with a senior clinician or registrar on hand to guide the session and answer questions.

You might consider using other teaching modalities to supplement the formal education program. They include:

- Simulations and role plays
- Videos to demonstrate techniques or behaviours
- Group discussions, case studies and problem-based learning
- Computer-based education.

Teaching on the run

Professor Fiona Lake and her team at the Education Centre, Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia have designed a series of workshops specifically targeting busy senior clinicians that teach, supervise and assess prevocational trainees.[4]

There are six modules in addition to supplementary material which has been published in the Medical Journal of Australia.

Since 2001, Teaching on the Run (TOTR) has been delivered to more than 1000 clinicians and medical educators around Australia, including many DPETs within NSW, some of whom have gone on to facilitate workshops. Research conducted by UWA has demonstrated an increase in confidence to teach and supervise effectively following participation in the workshops.

TOTR Workshop Topics

1. Clinical teaching
2. Skills teaching
3. Feedback and assessment
4. Supporting trainees
5. Planning term learning
6. Effective group teaching.

Further resources that you might find useful are listed at the end of the guide.

Evaluation of education sessions

Education sessions should be evaluated and the information collated and presented to the GCTC. Feedback you receive through the evaluation process should be used to improve the quality of the education sessions. Changes should be implemented in a timely manner. It is important that prevocational trainees are aware that you are acting on their feedback.

It is also important to provide feedback to the presenters. This helps support their continued involvement in the prevocational program and in the vast majority of cases, provides an opportunity for you to tell them that they are doing a great job!

4 Faculty of Medicine, Dentistry and Health Sciences: The University of Western Australia. *Teaching on the Run*. Available at www.meddent.uwa.edu.au/teaching/on-the-run. Accessed May 2013.

Other ideas to consider:

- Establish an award system for best session of the term or year with a formal letter or certificate to the presenter
- Send a letter to each presenter following their session to thank them
- Provide feedback to presenters.

Tips for improving attendance at education sessions (from experienced DPETs)

- ✓ Make expectations regarding attendance explicit.
- ✓ Keep an attendance list.
- ✓ Follow up regular non-attenders.
- ✓ Run lunchtime sessions and provide lunch.
- ✓ Enlist help in ensuring protected time from Administration/ Director of Nursing/GCTC.
- ✓ Advise nursing staff not to page for non-urgent matters through the nursing executive.
- ✓ Term supervisors should be made aware of times and expectation of attendance of trainees.
- ✓ Document attendance at sessions in term descriptions.
- ✓ Send reminders by group email or SMS.
- ✓ Keep session topics relevant and pitched at the correct level.
- ✓ Consider establishing a points system for attendance, participation and presentations.

PART 7

HETI accreditation

Overview of standards

In granting provisional registration to interns the Medical Board of Australia has a requirement that interns can only work in terms or rotations accredited by a postgraduate medical council or equivalent body.

In NSW, HETI has the responsibility for accrediting facilities and terms for postgraduate year one training terms and postgraduate year two training terms.

The HETI accreditation standards have three primary goals:

- The facility ensures prevocational trainees have the appropriate knowledge, skills and supervision to provide quality patient care.
- The facility provides a wide range of educational and training opportunities for prevocational trainees to ensure that they are competent and safe.
- The facility promotes the welfare and interests of prevocational trainees.

The standards measure performance of the facility or site in the following areas:		
• Hospital orientation	• Term orientation	• Supervision
• Professional development	• Training and service requirements	• Formal education program
• Clinicians as teachers	• Assessment and feedback	• Education and information resources
• Prevocational trainee management	• Prevocational trainees with special needs	• Safe practice
• Promoting prevocational trainee interests	• Supporting prevocational trainees	• Physical amenities

General Practice Prevocational Education and Training Accreditation.

To accommodate the expansion of the Prevocational General Practice Placement Program (PGPPP) in NSW, HETI has introduced a streamlined accreditation model for the general practice environment and a set of General Practices Education and Training Standards. The standards have been developed with reference to a range of other accreditation standards and include the expectations of how the Standards will be met and what indicators might be required through the accreditation process. Further information on the General Practice Accreditation Model can be found by following the links at the end of this section.

Accreditation process

The accreditation process is predicated on a peer review system, whereby a team comprising a senior clinician and/or medical administrator, prevocational trainee and often a JMO Manager, visit the facility to make an assessment of the facility's performance against the standards.

The process commences with a self-assessment conducted by the facility several months prior to the survey visit. Staff responsible for prevocational training complete the self-assessment section of the survey report, and collate evidence to support the self-assessment. This report is sent back to HETI to assemble a team to conduct the site visit (usually lasting between 1–2 days).

Accreditation of prevocational training facilities and sites ensures that minimum standards regarding supervision, education, training and welfare are met. The process encourages quality improvement and excellent provision of prevocational medical education and training.

At the survey visit, the survey team interview key staff involved in prevocational training – trainees, term supervisors, the DPET, JMO Managers, Hospital Executive and others in addition to reviewing the documentation provided by the hospital in order to make an assessment against the standards.

The survey team then completes a report that is subsequently forwarded to the Prevocational Accreditation Committee (PAC) within HETI. Contained in the report will be a number of recommendations made by the survey team in the interests of addressing any major deficiencies as well as encouraging continuous improvement of prevocational education, training, supervision and welfare.

In considering the report, the PAC makes a recommendation regarding awarding of accreditation status as well as prioritising the recommendations and determining any required actions and evidence in relation to high level recommendations (referred to as provisos). These will be communicated to the hospital or facility and they will be expected to address these provisos and report back to the PAC within a given time frame (usually between three and six months). The remainder of the recommendations made by the survey team are included in the report and it is expected that actions addressing these will be monitored by the GCTC over the intervening survey cycle.

Accreditation of prevocational training not only ensures that minimum standards regarding supervision, education, training and welfare are met, the process also encourages quality improvement and striving for excellence with regards to the provision of medical education and training within this cohort.

As the DPET and the person providing the medical leadership within your facility for prevocational education and training, you will be very involved in both the preparation and conduct of the survey, in addition to following up any issues identified through the survey process.

Preparing for the survey

Tips from DPETs on preparing for surveys

- ✓ Review and become familiar with the Standards when you commence as DPET.
- ✓ Consider becoming a surveyor and doing a survey of another hospital prior to your own hospital's survey.
- ✓ Start preparations early.
- ✓ Collect evidence as you go.
- ✓ Keep master file for GCTC.
- ✓ Keep master file for Network.
- ✓ If using electronic storage, ensure all relevant staff have access and know where to find documents.
- ✓ Collect evaluation forms in folders.
- ✓ Consider a sub-committee of GCTC to complete pre-survey assessment.
- ✓ Work with administration on survey visit timetable.
- ✓ Once dates of visit are known, arrange meeting times with key staff.
- ✓ Any issues – speak with HETI Program Coordinator.

The survey process relies on the provision of evidence across all standards. It has a systems focus with attention to what structures and processes are in place that support prevocational training. As the DPET you will be responsible for implementing many of these systems and working with others in your facility to improve the delivery of education and training to prevocational trainees.

When you commence as DPET, review the standards and become familiar with their structure specific requirements, guidelines and evidence requirements. You will note that significant emphasis is placed on monitoring, collecting evidence, evaluation and continuous improvement. During your three year tenure as DPET, you will have at least one HETI survey. Experienced DPETs who have been through the survey process advise that one of the most helpful things to do is to keep the documentation or evidence that you will need to provide for the survey team as you go. By being familiar with the standards at an early point in time, you will be guided as to what information to collect.

This equates to setting up systems where, either your administration support, the JMO Manager or the Medical Education Officer (if your facility has one) keeps hard copies of documents in ring binder folders or the like. Be wary of collection of documents in soft copy. Ensure that if staff are using electronic systems to store or file that they are held where all relevant staff can access them.

Collecting information or evidence as you go (particularly in the twelve months prior to survey), makes the job of filling out the self-assessment report and producing the evidence in the lead-up to the survey a whole lot easier.

It is also useful to maintain a hard copy master file (or ensure that the Chair/secretariat of the GCTC and NCPT does) containing agendas, minutes/action plans, correspondence and any reports that are tabled. Keeping master files may save considerable time in preparing for the survey and provides a good record of prevocational education and training activities that are undertaken mid survey cycle when it comes to filling in the detail of the self-assessment report.

The self-assessment report is completed a couple of months prior to survey. It asks for details around how the facility believes it has progressed against the standards and criteria (including the specific requirements and guidelines) in the period since the previous survey. It also includes a section to report on previous recommendations.

In completing the survey self-assessment, if that responsibility falls to you, engage the support of others (JMO Manager, Chair of the GCTC, and so on). The self-assessment material is required back at HETI six weeks prior to survey so aim to start the process at least two months prior to that. Some facilities convene a sub-committee of the GCTC to progress the completion of the pre-survey report. As your facility nears the time of the survey visit, it is likely that you will have increased contact with the HETI Program Coordinator – they can be a useful resource to assist and support your preparation.

What to expect at survey

Generally speaking by the time of the survey visit, all the hard work from your point of view will be complete. The self- assessment report has been finalised and the evidence folders are sitting on a bookshelf ready for the survey team.

During the survey visit the survey team will meet with prevocational trainees, term supervisors, JMO management, the Chair of the GCTC and members of the hospital executive. They will also review all the documentation that has been provided in addition to completing a tour of the hospital.

Your HETI Program Coordinator will have more information on the actual process and you should speak with them well before the survey if required, particularly if this is your first survey as DPET.

During the survey visit the survey team will meet with prevocational trainees, term supervisors, JMO management, the Chair of the GCTC and members of the hospital executive.

At the conclusion of the survey, the team will meet with the hospital executive and the DPET to debrief and provide a summary of their main findings. The debrief provides an opportunity to deliver the findings, check any potential inaccuracies and summarise the main strengths and issues identified at survey. Whilst it is not the role of the survey team to make a recommendation of the accreditation outcome, it is their role to alert the hospital to any major problems. Given that the report is presented to the PAC prior to it being forwarded to the hospital, it may be two to three months following the survey visit before the hospital or facility receives the report. Clearly if there are significant concerns identified, the hospital will likely want to address these (or at least start to) prior to receiving the report.

Post survey – leading improvements

As the DPET you should expect to receive a copy of the survey report once it has been finalised by HETI. It will also be forwarded to the Chief Executive of the LHD, hospital executive and Chair of the GCTC.

Following the survey, you can make significant improvements in prevocational training in your facility.

The hospital report will contain a number of recommendations and (if significant concerns have arisen) provisos. Provisos will need to be responded to within the timeframe determined by the PAC. The GCTC will play a major role in either addressing these or monitoring the implementation of any improvements. The other key person to assist and support you in these endeavours is the Chair of the GCTC. Working together, you can have a significant impact on leading improvements in prevocational training within your facility. As the DPET it is very likely that you will also be involved in correspondence between the facility and HETI during the intervening period. It is useful to ensure that this correspondence is tabled at the GCTC.

Term accreditation

All prevocational trainees must work in terms accredited by the Prevocational Accreditation Committee (PAC). The Medical Board of Australia may consider that time worked in non-accredited terms by a postgraduate year one trainee does not count toward registration.

Whilst all accredited or provisionally accredited terms in a particular site are evaluated during the survey visit, facilities wishing to develop new terms during the intervening period must submit a term description to HETI for PAC Consideration with all the elements covered in an earlier section of this guide. (Refer to section on Working with Term Supervisors).

The term description is to be signed by the term supervisor and endorsed by the GCTC. The term description, usually with a letter of endorsement by the GCTC (or a copy of the minutes of the meeting where the term was considered) is submitted to the PAC for provisional accreditation.

Once the PAC has approved the new term, it will remain provisionally accredited until the next scheduled survey visit. Further information about accrediting new terms can be found by following the links included below.

Resources

Network principles for prevocational medical training
http://www.heti.nsw.gov.au/resources-library/network-principles-for-prevocational-medical-training/

Accreditation Program
http://www.heti.nsw.gov.au/programs/accreditation/

General Practice Prevocational Education and Training Accreditation
http://www.heti.nsw.gov.au/programs/accreditation/general-practice-prevocational-education-and-training-accreditation-main/

PART 8

Support structures

JMO Management Units

JMO Management Units (however named and configured) are generally responsible for the medical administration functions relating to junior doctors. JMO Management Units are very variable in both size and staffing structure, depending on the context of the facility or Network but generally manage the recruitment, term allocations, rostering, payroll and other human resource functions for junior medical staff. Some JMO Management units will also have the responsibility for supporting the practical aspects of the formal education program. JMO Managers are generally very committed to making a difference to the working lives of junior doctors and as the DPET you will undoubtedly work closely with them.

Medical administration

Although the governance and executive arrangements of facilities differ depending on location and context, many hospitals have retained a medical administration department with a Director of Medical Services (or equivalent) providing oversight of professional matters for senior and junior medical staff, often in addition to a number of other functions. DPETs should expect to receive support from the DMS, particularly in dealing with difficult issues, such as managing a trainee in difficulty or a problematic term.

General Clinical Training Committee (GCTC)

Each facility with prevocational trainees must have a General Clinical Training Committee (GCTC).
The responsibility of the GCTC is to provide oversight of prevocational supervision, training, education and welfare, thereby supporting HETI's mission of ensuring that trainees are clinically competent for safe practice and provision of quality patient care. Further information about the GCTC is provided by following the links at the end of this section.

Network Committee for Prevocational Training (NCPT)

Each prevocational training network will have an established Network Committee for Prevocational Training to provide governance to the training network and support the efficient running of training across all included facilities and rotations. All DPETS within the Network will be invited to participate in the NCPT, thus providing a forum for all DPETs within a given Network to meet on a regular basis with other key individuals involved in prevocational training. Further information about the NCPT is provided by following the links at the end of this section.

HETI

As an outcome of the Director-General's Governance Review on the future directions for NSW Health completed in 2011, the Health Education and Training Institute was established to provide leadership for health workforce education and training in the NSW public health system.

The HETI Medical Portfolio is responsible for the prevocational training program in addition to a number of other programs. Further information can be obtained by following the links at the end of this section.

Through the Medical Portfolio, a two-day prevocational training forum is organised annually.

Resources

Network principles for prevocational medical training
http://www.heti.nsw.gov.au/resources-library/network-principles-for-prevocational-medical-training/

General Clinical Training Committee (GCTC)
http://www.heti.nsw.gov.au/resources-library/terms-of-reference-general-clinical-training-committee/

Network Committee for Prevocational Training (NCPT)
http://www.heti.nsw.gov.au/resources-library/terms-of-reference-network-committee-for-prevocational-training/

Information about the HETI Prevocational Education and Training Forum
http://www.heti.nsw.gov.au/events/

PART 9

Enjoying the DPET role

Career planning (your own!)

Many senior clinicians take on the DPET role in addition to other priorities: managing a busy clinical load, medical student teaching and associated university commitments, supervising registrar training, College commitments, and numerous other professional activities. You may decide that whilst undertaking the role to put other professional activities on hold, in order to devote your energies to prevocational training. This of course is great for the prevocational trainees at your facility and it is important that your time in the role contributes in some way to your own professional development. This section covers a few suggestions from other DPETs, about how to structure the role in a way that optimises the return on your professional (and often personal) investment.

Postgraduate qualifications

Increasing numbers of senior clinicians are undertaking postgraduate qualifications in the field of education to assist in their roles, not just in relation to the role of DPET but also to support their other teaching roles (university and College)

Many tertiary institutions offer a range of postgraduate qualifications in the field of education, from a graduate certificate in adult or higher education to a masters program in medical education. Some universities with medical schools will offer assistance with these courses for medical school faculty. Other universities (for example the University of Dundee) offer short on line courses on medical education. Talk to your Dean or local tertiary institution to find out more.

Research in medical education

As the field of medical education expands, research in this field is increasingly taking a more prominent role in providing an evidence base to inform future directions. Some DPETs have chosen to undertake a research task or written a journal article, often in collaboration with others involved in prevocational training within their institutions. A number of peer-reviewed journals with a focus on medical education are listed in the resources section at the back of the guide.

The annual prevocational education forum convened through the Confederation of Postgraduate Medical Education Councils (CPMEC) provides a platform for research activities in this field to be shared with others in Australia and New Zealand.

HETI also hosts an annual Prevocational Medical Education Forum, usually held midyear. This provides an opportunity to showcase innovative approaches to prevocational training within the NSW system. A list of websites with links to other relevant conferences is also listed at the end of this section.

Examples of publications by Directors of Prevocational Training (or equivalent)

- Bingham C and Crampton R. A review of prevocational medical trainee assessment in New South Wales *Med J Aust* 2011; 195 (7): 410–412.
- Brazil VA, Greenslade JH, Brown AF. Enhancing capacity for intern training in the emergency department: the MoLIE project. *Med J Aust* 2011; 194 (4): 165–168.
- Shadbolt NE, Attitudes to healthcare and self-care among junior medical officers: a preliminary report. *Med J Aust* 2002; 177 (1): 19.

It is an expectation that the GCTC will undertake an annual performance review of the DPET. This is usually undertaken by the Chair of the GCTC (on behalf of the GCTC), sometimes with the involvement of the Director of Medical Services (or equivalent).

Performance review

It is an expectation that the GCTC will undertake an annual performance review of the DPET. This is usually undertaken by the Chair of the GCTC (on behalf of the GCTC), sometimes with the involvement of the Director of Medical Services (or equivalent).

The performance review is generally based upon feedback received from prevocational trainees, term supervisors, medical administration and other key individuals. Generally you should expect to have a discussion with the Chair of the GCTC about how performance will be assessed and any expectations that the organisation has of you in undertaking the DPET role.

Succession planning

Towards the end of your tenure as DPET, you, along with other key individuals within your organisation, are likely to turn attention to succession planning. As the outgoing DPET it is likely that you will have at least some input into the appointment of your replacement and ongoing contact with the new DPET, particularly as they settle into the role. Many outgoing DPETs accept the mantle of the Chair of the GCTC or NCPT and continue to have significant involvement in prevocational training.

DPET appointment process

When leaving the role of DPET, HETI Medical Portfolio should be informed of your resignation or impending resignation. Although you may participate in the selection process, generally the executive of the hospital or facility is responsible for nominating a new DPET with specific input from the GCTC.

Where a number of candidates are identified, hospitals may need to seek Expressions of Interests and engage in a selection process to determine the most appropriate appointment. Once the new appointment has been determined, the facility sends a letter to HETI with a recommendation for the new DPET (including the curriculum vitae) requesting endorsement of the appointment.

The HETI Prevocational Training Council (PVTC) reviews the facility's recommendation and advises of their consideration. HETI then sends a welcome letter to the new DPET.

DPET selection

The selection criteria for DPETs include:

- Medical graduate with clinical postgraduate qualifications.
- A clinical appointment to practice at the facility.
- An enthusiasm for and interest in supporting junior colleagues and willingness to advocate on their behalf within your organisation.
- A commitment to and confidence in improving the quality of education and training offered by the hospital.
- An understanding of the principles of adult education and professional development.
- A genuine interest in postgraduate medical education, a willingness to develop expertise in this area and a demonstrated understanding of the importance of the continuum of medical education as a lifelong professional commitment.
- A commitment to the mission of HETI and the ability to represent and explain HETI goals.

WANTED – DPET

- ✓ Senior medical practitioner with postgraduate medical qualifications.
- ✓ Clinical appointment at the facility.
- ✓ Commitment to postgraduate medical education.
- ✓ Enthusiasm for and interest in supporting junior colleagues.
- ✓ Role model – demonstrates professional and ethical practice.
- ✓ Understands adult education and professional development.

Beyond the DPET role

Many DPETs find that they have gained a great deal of knowledge and skills during their term as DPET (often in quite unanticipated ways) and whilst they are ready to hand the baton on, they want to continue to put those skills and knowledge to good use beyond the DPET role.

There are a number of ways in which former DPETs can continue to contribute to prevocational training, including the following:

- Mentor incoming DPET
- Chair of the General Clinical Training Committee (GCTC)
- Chair of the Network Prevocational Training Committee (NPTC)
- Become a surveyor of HETI prevocational accreditation standards
- Committee membership to various HETI prevocational governance structures
- Facilitate Teaching on the Run courses.

Resources

Journals

Academic Medicine

Advances in Health Science Education

BMC Medical Education

Medical Education

Medical Teacher

The Clinical Teacher www.theclinicalteacher.com

Other useful resources

ABC of Learning and Teaching in Medicine Edited by Peter Cantillon, Linda Hutchinson and Dianna Wood. BMJ Publishing Group. 2003.

Patel H, Puddester D. *The time management guide: A practical handbook for physicians by physicians*. Ottawa. Royal College of Physicians and Surgeons. 2012.

Associations

MedEd World

Association for the Study of Medical Education (ASME)

Association for Medical Education in Europe (AMEE)

The Higher Education Academy

Academy of Medical Educators

Conferences relevant to prevocational medical education

HETI Prevocational Medical Education Forum http://www.heti.nsw.gov.au/events/

CPMEC National Prevocational Medical Education Forum www.cpmec.org.au/Page/annual-prevocational-medical-education-forum

Ottawa Conferences on the Assessment of Competence in Medicine and the Healthcare Professions www.ottawaconference.org

International Conference on Residency Education www.royalcollege.ca/portal/page/portal/rc/events/icre

DPET Performance Review Template

Name of DPET: _____

Date: _____

Facility: _____

Name of person discussing performance review with DPET: _____

_____

Position: _____

DPET term – From: _____ To: _____

Key achievements for this review period (DPET to list)	Comment
Planned actions (for next six-twelve months)	**Comment**
Attendance at GCTC meetings (number/total)	**Comment**
Attendance at Network meetings (number/total)	**Comment**
Suggested topics for discussion	**Comment**
• Formal PVT Education Program • Interviews with PVTs • Administration support • Funding/expenditure • Other	
Other comments (including next planned review date)	

DPET: _____ **Chair GCTC/DMS:** _____

Prevocational Trainee Interview Template

PHOTO

Name: _____

Date: _____

Level: _____

Current rotation: _____

Facility: _____

Previous rotations: _____

Rotation	Facility	Comment

Career interest: _____

Feedback about current rotation:

Orientation _____

Supervision _____

Workload/clinical exposure _____

Procedures _____

Clinical teaching _____

Other _____

Other information (Professional interests, other relevant information)**:**

Any follow up action required:

Prevocational Formal Education Program

Evaluation Form

Thank you for providing feedback on the education program. This information will be used to improve the delivery and content of future sessions. Any questions or comments please do not hesitate to get in contact with:

Topic: _____

Presenter: _____

Date: _____

Please fill in circle next to your selection

	Strongly disagree		Neither agree or disagree		Strongly agree
Content					
The material covered was relevant to me	○	○	○	○	○
The session improved my understanding of the topic	○	○	○	○	○
The knowledge and skills I learned will be useful to me in my role as a prevocational trainee	○	○	○	○	○
The material was pitched at the right level	○	○	○	○	○
I found the visual aids and handouts useful	○	○	○	○	○
Presentation					
The material was presented in a clear and logical way	○	○	○	○	○
The presenter's presentation style was effective in helping me learn	○	○	○	○	○
The presenter handled questions from the participants well	○	○	○	○	○
What changes would you recommend to improve this session for future participants?	○	○	○	○	○

Any other comments or suggestions?

_____

_____

_____

HETI
HEALTH EDUCATION & TRAINING INSTITUTE

Directors of Prevocational Education and Training (DPET) are responsible for providing medical leadership and oversight of the education, training, supervision and welfare of junior doctors during the first two years of medical practice.

This practical guide has been revised and updated to provide information for DPETs about many aspects of prevocational education and training including:

- Leadership in medical education
- Working with prevocational trainees
- Clinical based education and training
- Working with term supervisors
- Assessment and feedback
- Formal education program
- HETI accreditation
- DPET support structures.

This guide also includes links to relevant websites, further readings and other useful resources in addition to tips and advice from experienced DPETS to assist others in fulfilling this important role.

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