



**Intern Guide**  
**Pilot**  
**Information for Interns**

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## Section 1

### Introduction

Welcome to the pilot implementation of the Intern Guide. This Handbook will provide information on the pilot. It will clarify roles and expectations of interns and outline processes and tools to support the pilot.

### Overview of the Intern Guide

The Intern Guide was released to the NSW health system in August 2016. It is the foundation document and educational base for the new and expanded (GenDoc) program for post-graduate Year 1-3+ doctors.

The purpose of the Intern Guide is to support interns with their transition to practice. It aims to facilitate interns, their educators and supervisors and Directors of Prevocational Education and Training (DPETs) in building valuable workplace learning, teaching and assessment experiences in the post graduate year one (PGY1). The Guide will support the broader goal of safe, effective patient care and promote the establishment of a culture of lifelong learning and reflection amongst interns.

The Intern Guide is aligned to the National Intern Training – Intern Outcome Statements that all interns are required to achieve by the end of PGY1 to be eligible for general registration as a medical practitioner. The Guide builds on the Australian Curriculum Framework (ACF) for Junior Doctors that has guided training of Junior Medical Officers (JMOs) since 2006.

Since 2015 the Intern Outcome Statements have formed the basis of the Mid-Term Appraisal and End of Term Assessment that are completed with interns for each term of the intern year. These monitor and evaluate an intern's progress towards meeting the Intern Outcome Statements. The Intern Guide aims to assist supervisors and DPETs with this monitoring and evaluation.

### Purpose of the Pilot

Piloting the implementation of the Intern Guide at specific sites will assist HETI to determine processes, tools and resourcing to best facilitate uptake of the Intern Guide state wide by interns and faculty. Piloting will occur during Term 1 and Term 2 of the 2017 clinical year.

### Evaluating the Pilot

HETI will be evaluating the pilot and will seek feedback from participants as to the extent that the Intern Guide:

- facilitates workplace learning, teaching and assessment
- meets the educational needs of interns and faculty
- is acceptable to participants
- is feasible to implement within the current workplace context.

Pilot participants will be required to complete limited documentation and provide feedback highlighting the strengths of the process and areas of difficulty and challenges.

## What does the Intern Guide provide?

The Guide provides a structure to facilitate workplace learning, teaching and assessment of interns.

Specifically the Guide contains:

- Learning outcomes that describe component knowledge, skills and attitudes of each of the twenty Intern Training-Intern Outcome statements
- Broad strategies for workplace teaching, learning and assessment
- Topic lists that contribute further detail on content to be covered for each of the Intern Outcome Statements.
- Links between learning outcomes across the different Intern Outcome statements indicating areas where learning, teaching and/or assessment can be combined.

The Intern Guide is an interactive PDF allowing movement between different sections and is available on the HETI website [www.heti.nsw.gov.au](http://www.heti.nsw.gov.au)  
Hard copies are available from the HETI medical portfolio.

## How to use the Guide?

The Intern Guide can be used to support clinical teaching, assessment, supervision and self-directed learning by interns. The Guide will assist interns and supervisors to:

- Clarify what the intern currently knows and can do and the skills and knowledge they would like to develop
- Formulate personal learning goals for interns and map these to the Intern Guide and the Term Learning Outcomes
- Develop learning plans outlining strategies to meet these goals and measure progress

The Guide will assist supervisors to:

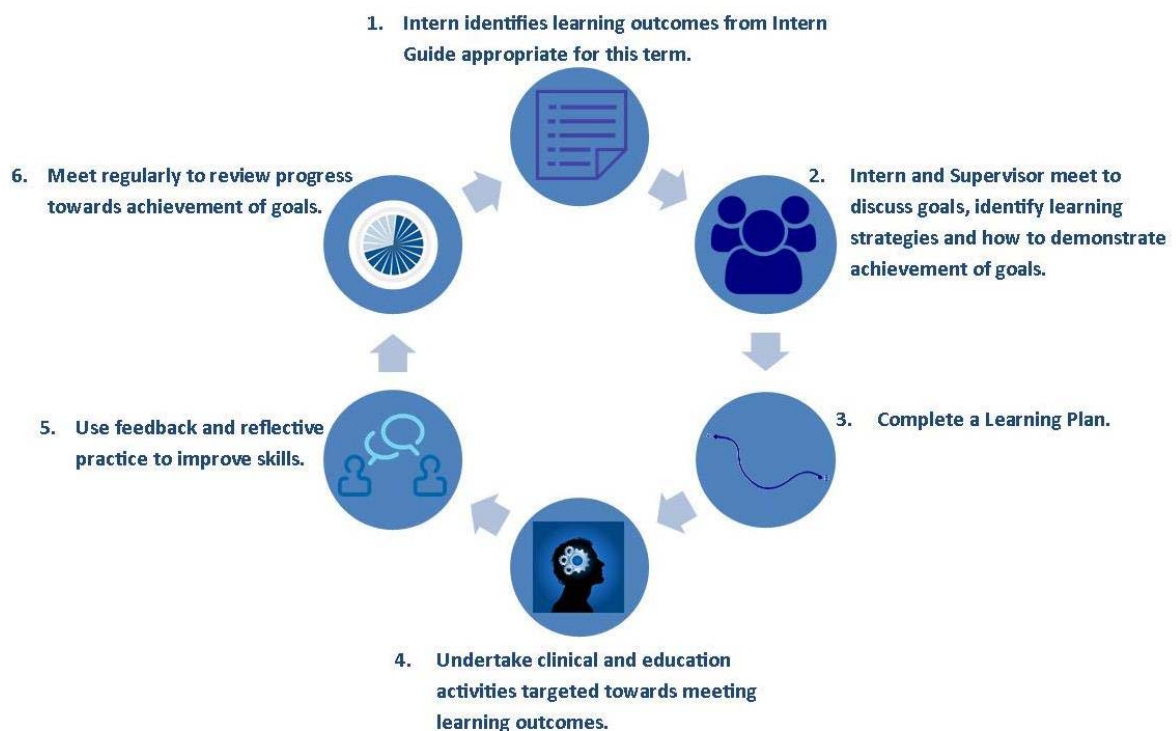
- Identify teaching opportunities in the workplace and opportunities for integrating teaching across learning outcomes and domains
- Provide feedback to interns
- Undertake structured workplace assessment
- Identify and assist the trainee in difficulty

## Getting started

The Pilot processes for each term are similar to the current processes for PGY1 with some additional requirements.

1. Each term will commence with an orientation meeting between you and your Term Supervisor.
2. A Start of Term Form including a Learning Plan is provided to assist this meeting. As well as discussing the term objectives the meeting is an opportunity to identify your areas of interest, strengths and the areas you would like to develop. You are expected to have completed this section of the form prior to the meeting. The information discussed will be used to develop a personal learning plan. The learning plan will be used to guide your learning and assessment for the term. The personal learning goals are to be mapped to the Intern Guide learning outcomes and the plan will describe strategies for learning and strategies to demonstrate achievement of their goals. A template for the Start of Term Form including the learning plan is included in Section 2.
3. Each intern in the pilot is required to maintain a portfolio for PGY1 that demonstrates their learning and is a record of their assessment over the course of the pilot. HETI will provide the portfolio to each participating intern.

## Diagram of Term Skills Development Cycle



## Role of the Intern in the Pilot

The intern is responsible for the following:

- Learn on the job — as an adult learner actively seek and learn from relevant clinical experiences
- Identify personal learning goals
- Complete a Learning Plan in conjunction with the Term Supervisor during the Term Orientation meeting
- Plan professional development opportunities
- Keep a portfolio of learning and assessment
- Meet with the Term Supervisor for the Mid-Term Appraisal and End of Term Assessment to discuss and review progress
- Actively participate in protected teaching educational activities and other educational activities and undertake personal study eg reading journal articles, listening to podcasts etc
- Engage with assessment activities — they are designed to support learning and identify areas for further development
- Provide feedback on education and training experiences
- Participate in the pilot evaluation

## Portfolio

The portfolio is an opportunity for interns to demonstrate their learning over the course of the year.

HETI will provide a basic electronic portfolio that will enable interns to document and track:

- Learning and workplace assessment activities
- Links between learning and assessment and learning outcomes
- Personal reflection on their learning and areas for further development
- Career reflections
- Feedback from supervisors.

## Features

- Interns own the portfolios
- Supervisors, Term Supervisor and DPET are able to view entries and provide feedback as appropriate

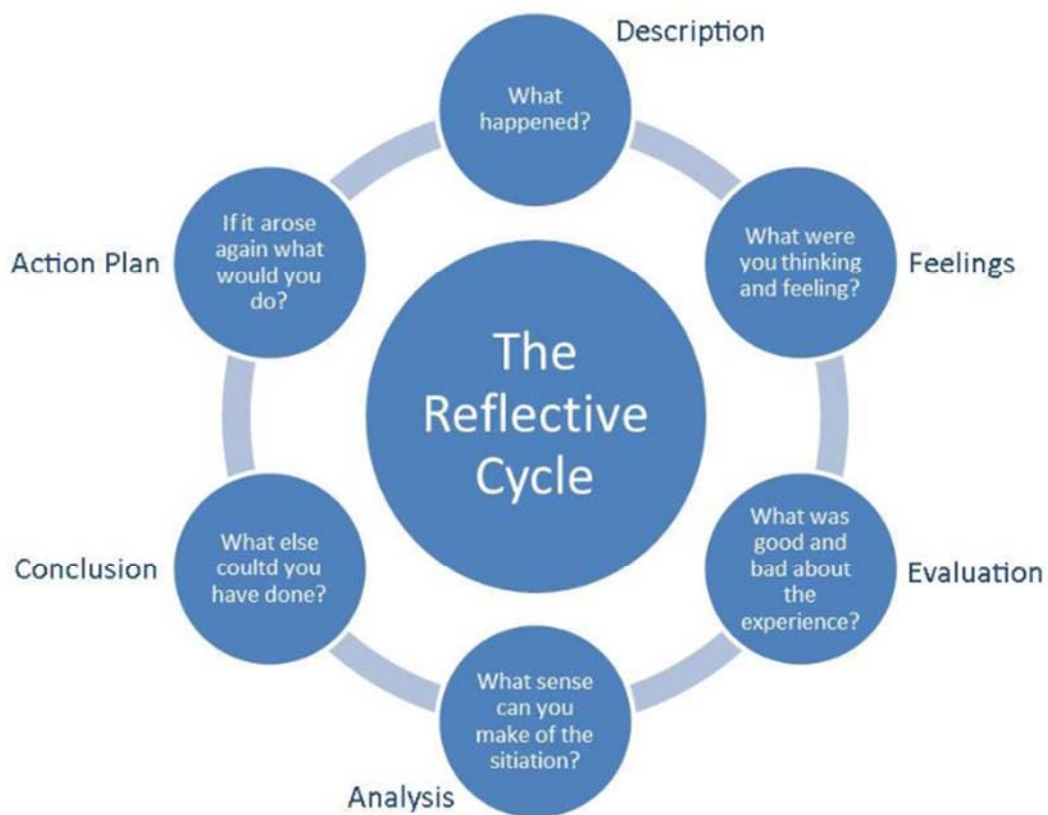
- No required length or format for entries, however reflection entries will need to demonstrate adequate analyse of incidents or behaviour and any insights gained for future practice
- Portfolios will not be made available to any external bodies and are not assessment events in themselves; they assist in gathering and managing evidence that contribute to assessment decisions.

## Reflective Practice

The ability to critically reflect on one's own practice is an important skill for doctors. Reflective practice is an effective process to develop self-awareness and supports continuous learning. There are many models of reflective practice and it may be self-directed or facilitated by a clinical supervisor. Reflective practice may focus on day to day practice, may be triggered by a challenging event or may be used to prepare for a new or challenging situation.

The model proposed by Gibbs provides a structured process to understand a particular situation and to learn from it.

## Model of Reflective Practice (Gibbs 1988)





## Workplace Learning and Assessment in the Pilot

Workplace based assessment is assessment conducted in conjunction with normal work activities. During PGY1 it serves two purposes, formative and summative assessment. Throughout PGY1 workplace assessment and feedback is as an important source of evidence for Term Supervisors and interns to inform the completion of the Mid-Term Appraisal and end of Term Assessments required for each of the five terms of PGY1.

The Intern Outcome Statements will be progressively acquired throughout the year, the different terms offer different contexts and opportunities to develop, practice and strengthen the required skills, knowledge, attitudes and work practices.

The learning outcomes described in the Intern Guide for each of the Intern Outcome Statements describe the performance requirements expected in the workplace. This provides greater direction for teaching and learning and promotes a more reliable and consistent approach to assessing performance.

As well as learning in the workplace and attending protected teaching time, interns are encouraged to access eLearning modules, courses, books, journals, podcasts and other web resources to further their learning.

Seeking and receiving feedback and undertaking workplace assessment provides information to interns so they can better understand their performance in the workplace and informs learning and improvement goals. Fundamental to this is the teaching, feedback and supervision provided by more senior doctors in the workplace. This is in addition to the formal supervision undertaken by Term Supervisors and the DPET.

Obtaining feedback is best seen as a continuous process. Throughout the term, supervisors and other senior doctors observe different aspects of performance over time and provide interns with feedback on their performance, acknowledging what they are doing well and areas for further development. Nursing staff and allied health staff can also be involved in giving feedback.

As well as informal feedback gained over each term, feedback can be obtained by completing structured workplace assessment. In general, workplace assessment events will combine a number of learning outcomes, often across the different Outcome Statements, and will be tasks that interns are already performing in the workplace.

Assessment is underpinned by four principles of quality assessment, assessment that is valid, reliable, feasible and fair. Having multiple sources of evidence from a range of supervisors from different situations throughout the terms will help to ensure that assessment of the intern is reliable, valid and fair.

- Valid assessment measures what it intends to measure.
- Reliable assessment yields consistent and precise results and it is free from bias or error.
- Feasible assessment is cost effective, allows sufficient time for the assessment tasks to be carried out and can be administered using available relevant workplace equipment and other resources.
- Fair assessment enables all learners to demonstrate their learning, and does not disadvantage an individual on the basis of age, gender or other personal attributes.

The HETI online eLearning module *Assessment and Feedback for Junior Medical Officers* is designed for junior medical officers (JMOs) and term supervisors and explains and supports the assessment process to be undertaken during PGY1.

Not all learning outcomes are assessed each term and majority of learning outcomes will **not** be assessed individually. Learning outcomes need to be assessed so that there is sufficient evidence for interns to demonstrate achievement of the Intern Training - Outcome Statements by the **end** of PGY1.

### Workplace Learning and Assessment Tools

Different workplace assessment tools will provide feedback on different areas of performance.

No single assessment instrument will provide a comprehensive view of competence and performance, and there will always be a number of ways in which competence can be demonstrated. When assessment is undertaken it should be consistent with the assessment principles described above - validity, reliability, feasibility and fairness. HETI recommends robust evidence based workplace based assessment tools that have reported efficacy in the medical education literature.

These are:

- Mini clinical examination (Mini-CEX)
- Case-based Discussion (CbD)
- Direct Observation of Procedural Skills (DOPS)
- 360 Multisource Feedback (MSF)

Detailed information is available from Australian Medical Council website *Workplace-based Assessment Online* <http://wbaonline.amc.org.au/>

The website provides an online resource guide on workplace assessment and templates for tools above.

**Section 2 contains templates for each of the tools listed above.**



## Section 2

### Sample Tools and Templates

# Intern Training – Start of Term Form

<b>About this form:</b> This form is designed to help facilitate orientation and the first discussion between an Intern and Supervisor (or supervisor’s representative). It should be completed in the first week of commencing a new term.	<b>Intern Details</b>		<b>Term Details</b>	
	Intern Surname	<input type="text"/>	From:	<input type="text"/>
	Intern First Name	<input type="text"/>	To:	<input type="text"/>
	AHPRA Registration:	<input type="text"/>	Term Number:	<input type="text"/>

<b>Term Name:</b> <input type="text"/>	<b>Term Supervisor:</b> <input type="text"/>
--	--

I have received a HETI Term Description and the Intern Guide

<b>Discussion of Expectations:</b> <input type="checkbox"/> Roles and responsibilities <input type="checkbox"/> Expected daily tasks <input type="checkbox"/> Team and consultant preferences regarding patient management <input type="checkbox"/> Routine procedures for management, investigations or consults	<b>Supervisor’s Comments:</b>
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<b>Administrative Information:</b> <input type="checkbox"/> Consultants, Registrars, NUM, Nursing Staff and key personnel <input type="checkbox"/> Rounds, meetings and handover times <input type="checkbox"/> Bookings <input type="checkbox"/> Cover to attend protected intern teaching <input type="checkbox"/> Locations eg equipment, facilities <input type="checkbox"/> Overtime arrangements and claiming <input type="checkbox"/> Calling in sick and taking ADOs <input type="checkbox"/> Provisional date/time for Mid-term and End-term Reviews	<b>Supervisor’s Comments:</b>
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<b>Learning Opportunities:</b> <input type="checkbox"/> Knowledge <input type="checkbox"/> Clinical skills <input type="checkbox"/> Procedural skills <input type="checkbox"/> Patient management	<b>Supervisor’s Comments:</b>
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<b>Sign Off:</b>	<b>Intern</b>	_____ <b>Date:</b> _____
	<b>Term Supervisor</b>	_____ <b>Date:</b> _____

**Personal Learning for this term** (Intern to complete prior to first meeting)

1. What are you looking forward to this term?
2. During this term, which attributes, knowledge and skills do you already possess that will be useful?
3. What challenges do you expect to face this term?

Learning Plan  
List five personal learning goals you would like to achieve this term

(Intern to complete prior to first meeting)

Personal Learning Goals

Map these to the Intern Guide Learning Outcomes

Learning Strategies to achieve these goals

How will you demonstrate achievement of your goals?



## **Guidance notes on the use of Mini-CEX descriptors**

### **Overview**

In common with the other workplace based assessments the primary purpose of the Mini-Cex is to provide structured feedback in a particular area of clinical practice. The Mini CEX is designed to assess the doctor's interaction with a patient in a clinical encounter. The areas covered include: medical interviewing and communication skills, physical examination skills, professionalism/ethical practice, counselling skills, clinical judgement, organisation/efficiency and overall clinical competence.

The assessor can be the Term Supervisor or another supervising doctor . Patient safety and well-being remains paramount throughout. The intern and assessor should ensure that the patient is informed, has provided consent for the participating in this assessment and suffers no increased risk or discomfort.

The assessment process involves the assessor observing the intern during an interaction with a patient (e.g. interviewing a patient, conducting a physical examination etc). The Mini CEX Assessment form will facilitate the assessor in providing structured feedback and with debriefing .

### **Who should assess the Mini CEX?**

Assessors should know when and how to use the Mini CEX and be knowledgeable in the clinical problem/task being discussed by the doctor.

### **Using the Mini CEX**

The following notes are intended to provide guidance with regard to the specific aspects covered by the Mini CEX Assessment Form.

#### **1. Medical Interviewing and Communication Skills:**

Facilitates patient's telling of problem story; effectively listens and uses questions and directions to obtain accurate, adequate information needed for diagnosis and management; responds appropriately to non-verbal skills.

#### **2. Physical Examination Skills:**

Follows efficient and logical sequence; balances screening/diagnostic steps for the problem; informs patient; sensitive to patient's comfort and modesty.

#### **3. Professionalism/Ethical Practice:**

Shows respect, compassion, empathy, establishes trust, attends to patient's needs of comfort, confidentiality and modesty.

#### **4. Counselling:**

Explains rationale for test/treatments; obtains patient consent; explains risks and benefits of test/treatments; educates/counsels regarding management.

#### **5. Clinical Judgment:**

Selectively orders/performs appropriate diagnostic studies; considers risks and benefits; makes accurate diagnosis or differential diagnosis and identifies effective management strategies.

#### **6. Organisation/Efficiency:**

Prioritises and is timely and succinct in clinical tasks.

#### **7. Overall Clinical Competence:**

Demonstrates judgment, synthesis, caring, effectiveness and efficiency.





## Guidance Notes for using the Case Based Discussion (CBD) Assessment

### Overview

In common with the other workplace based assessments the primary purpose of Case Based Discussion (CBD) is to provide structured feedback in a particular area of clinical practice. CBD is designed to assess clinical judgment, decision making and the application of medical knowledge and skills.

CBD uses the records and investigations of a clinical case for which the intern has been involved as the basis for dialogue with the assessor to explore the knowledge, judgement and clinical reasoning. The assessor would usually be a clinical supervisor (but could also be a colleague). All aspects of diagnosis, assessment and management of a case, including ethical and professional aspects such as the quality of the record keeping and presentation can be explored.

Each CBD assessment contributes to the evidence the intern is gathering to demonstrate achievement of the Intern Outcome Statements.

### Who should assess CBD?

The assessor can be the Term Supervisor or another supervising doctor. Assessors should know when and how to use CBDs and be knowledgeable in the clinical problem/task being discussed by the intern.

### Using the CBD

The CBD assessment involves a focused discussion between the intern and their assessor about a clinical case which the intern has been involved. Critical incidents are ideal for CBDs.

The assessor should discuss the case in depth with the intern describing the patient's problem, the investigations, findings and the clinical decisions or recommendations. Most CBDs should take no longer than 15-20 minutes and should be concluded with a debriefing, feedback and completion of the CBD form.

On the form the assessor should state the setting in which the case is based, for example Emergency Department. The assessor should also state the type of problem covered, for example, management of chest pain.

It is expected that the assessment will cover all the categories on the form and the assessor should tick all the boxes and indicate if any category has not been assessed.

The assessor should score the difficulty of the procedure according to the current work role of the intern.

It is expected that 'Low' complexity may be in keeping with some doctors' level of experience.

Definition of *Low* complexity: uneventful case with few demands made on the doctor by the patient.

Definition of *High* complexity: difficult encounter due to unusual findings or demanding patient.

The full range of the rating scale should be used. A borderzone rating should be given on a particular criterion if the assessor is not certain of the intern's current level of competency.

<b>Direct Observation of Procedural Skills Form</b>	
Name:	
Department:	
Hospital:	
LHN:	
Date of Assessment:	
Name and Position of Supervisor:	
Procedure/Skill Complexity (circle one):	Low    Medium    High
Patient Problem _____	Age _____ Gender _____
Setting _____	

Please circle a rating for each component of the procedure observed. Record a 0 for components not observed and rate the doctor's performance for observed components, from 1 (unsatisfactory) ranging to 4 (superior).

<b>Describes indications for, relevant anatomy and technique of procedure</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Obtains informed consent</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Demonstrates appropriate preparation pre-procedure</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Provides appropriate analgesia, anaesthesia or sedation</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Monitors and communicates with patient throughout</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Perform technical aspects of tasks appropriately</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Observes universal precautions and occupational health and safety</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Recognises and manages complications</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior
<b>Describes post procedure management plan to patient and colleagues</b>				
0 Not observed	1 Unsatisfactory	2 Borderzone	3 Satisfactory	4 Superior

**Comments on the doctor's performance**

Please describe what was effective, what could be improved and your overall impression

--

If relevant, please specify suggested actions for improvement and a suggested timeline

--

Please rate the doctor's level of performance relative to that expected given the doctor's current role (circle one)

Did not meet expectations

Borderzone

Met expectations

Signature of Assessor

Date

Signature of Doctor

Date

## **Guidance Notes for using the Direct Observation of Procedural (DOPS)**

In common with the other workplace based assessments the primary purpose of the DOPS is to provide structured feedback in a particular area of clinical practice. The DOPS is particularly useful for assessing brief, diagnostic and interventional procedures, or part procedures, that comprise relatively few steps. The DOPS requires the assessor to observe the doctor perform a practical skill or procedure within the hospital workplace.

DOPS assessment contributes to the evidence the intern is gathering to demonstrate achievement of the Intern Outcome Statements.

### **Who should assess DOPS?**

The assessor can be the Term Supervisor or another supervising doctor. Assessors should know when and how to use DOPS and be knowledgeable in the clinical problem/task for which the procedure is indicated. Assessors should also be proficient in the procedure that is been performed by the intern.

### **Using the DOPS**

After observing the intern performing the procedure, the assessor should discuss the performance in terms of the dimensions covered in the DOPS form. Most DOPS should take no longer than 15-20 minutes and should be concluded with a debriefing, feedback and completion of the DOPS form. On the form the assessor should state the setting in which the case is based, for example Emergency Department and the procedure or skill being performed by the intern.

It is expected that the assessment will cover all the areas named. The assessor would tick all the boxes and indicate if any category has not been assessed.

The assessor should score the complexity or difficulty of the procedure according to the current work role of the intern. It is expected that 'Low' complexity may be a routine procedure with regard to the doctor's work role.

Definition of *Medium* complexity: procedure with greater challenge than low.

Definition of *High* complexity: difficult procedure because of technical challenge or demanding patient.

The full range of the rating scale should be used. A Borderzone rating on a particular criterion would be given if the assessor is not certain of the doctor's current level of competency.

# Formative 360° Assessment Form



<b>Name:</b>	
<b>Position:</b>	
<b>Department:</b>	
<b>Hospital:</b>	
<b>LHD:</b>	
<b>Date of Assessment:</b>	
<b>Name and Position of Assessor:</b>	

Please rate the doctor's level of performance on each of the following:

<b>Patient Safety Skills</b> (eg makes appropriate use of practices that minimise error – protocols, clinical pathways)				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Problem Solving and Diagnostic Skills</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Professionalism/Ethical Practice</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Working effectively with Colleagues</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Relationships and Communication with Patients</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Organisation/Efficiency/Reliability</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess
<b>Comments:</b>				
<b>Overall Clinical Competence</b>				
1 Below expectations	2 Borderzone performance	3 Meets expectations	4 Above expectations	Unable to Assess

### Comments on the doctor's performance

Please describe what capabilities of the doctor are effective \*(eg dimensions on which the doctor is rated 3 or more), what can be improved in your opinion (e.g. dimensions on which the doctor is rated 2 or less) and your overall impression.

Please rate the doctor's level of performance relative to that expected given the doctor's current role (circle one)

Below Expectations      Borderzone      Met expectations      Above Expectations

Signature of Assessor \_\_\_\_\_ Date \_\_\_\_\_

## **Guidance notes on the use of 360° assessment instrument**

In common with the other workplace based assessments the primary purpose of the 360° is to be a source of structured feedback on particular areas of clinical practice. The 360° assessment is designed to provide multiple perspectives on the doctor's workplace responsibilities. 360° assessment can be used to assess patient safety skills, problem solving and diagnostic skills, professionalism/ethical practice, working effectively with colleagues, relationships and communication with patients, organisation/efficiency/reliability and overall clinical competence.

Feedback on the doctor's performance is gained from colleagues, other members of the health care team, supervisors and patients who have had significant interaction with the doctor. In any assessments involving patients, patient safety and well-being remains paramount throughout. The intern and assessor, should ensure that the patient is informed, has provided consent for the participating in this assessment and suffers no increased risk or discomfort. The feedback gathered from the different individuals is combined and the scores are provided to the doctor and discussed.

Each 360° assessment contributes to the evidence the intern is gathering to demonstrate achievement of the Intern Outcome. It is expected that the 360° Assessment form will facilitate structured feedback and debriefing for the intern.

A Borderzone rating on a particular criterion should be given if the assessor is not certain of the doctor's current level of competency.

### **Using the 360° Assessment form**

The assessor should complete the relevant sections of the form appropriate to the role of the assessor.

## Appendix 1: Additional Resources

### HETI online modules

Assessment and Feedback for Junior Medical Officers

Adult Learning Theories and Principles

[http://hetionline.cit.health.nsw.au/hetionline/oam\\_login.jsp](http://hetionline.cit.health.nsw.au/hetionline/oam_login.jsp)

### Onthewards

#### Podcast

<http://www.onthewards.org/pods/supervisor-assessment-junior-doctor/>

#### Blog

<http://www.onthewards.org/blog/2014/06/confessions-clinical-educator/>

### Readings

Leeuw, RM & Slootweg, A2013 A 'Twelve tips for making the best use of feedback' *Medical Teacher*, vol. 35, pp.348-351.

Schuwirth, LWT & Van Der Vleuten, CPM, 2011 'Programmatic assessment: From assessment of learning to assessment for learning' *Medical Teacher*, vol. 33, pp.478 – 485.

### Website

Workplace-based Assessment Online

Resources for workplace-based assessment produced by Australian Medical Council (AMC), includes information, templates for tools and video examples of use

<http://wbaonline.amc.org.au/>

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