TERM AND CLINICAL SUPERVISOR HANDBOOK

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1. INTRODUCTION

Supervisors, who are passionate about supervision and teaching, inspire others and have the opportunity to implement and empower positive individual and workplace change. They play a vital role within training hospitals and contribute to prevocational training in countless ways, such as:

- providing leadership, education, mentoring and coaching to prevocational doctors
- contributing through the development of professional relationships
- giving constructive feedback during terms and engaging in difficult conversations
- offering personal perspectives and advice on career development and the learning environment.

The characteristics of an effective supervisor include:

- adeptness as a teacher and a clinician and a commitment to continual improvement
- a commitment to education and training for prevocational doctors
- good judgement about when to demonstrate a procedure/skill or when to encourage the prevocational doctor to perform these
- the ability to provide non-judgemental timely feedback
- the ability to be available and approachable.

While the responsibility of being a supervisor can be challenging, it also can be immensely rewarding. Supervisors develop personally through their leadership, role modelling and mentoring, they contribute to the development of the future medical workforce, and they help ensure the delivery of consistently safe, high quality care to patients by prevocational doctors. Supervision activities will also usually contribute to a supervisor's continuing professional development (CPD).

We hope this Term and Clinical Supervisor Handbook will assist you in the delivery of an exceptional prevocational doctor training experience. It is provided as a resource for both term supervisors, who have overall responsibility for the coordination of clinical training of prevocational doctors, and clinical supervisors, who provide the daily supervision of prevocational doctors (see more on these roles on page 6). The handbook provides information on:

- supervision roles and responsibilities
- training and support available for supervisors
- feedback, assessment and performance management for prevocational doctors
- program governance and intern accreditation.

2. COMMITMENT TO SUPERVISION

After reading this handbook, term supervisors should complete and return the Term Supervisor Agreement included in Appendix 4, or available on the Medical Education Unit (MEU) website Term Supervisor resources page.

3. PROFESSIONAL DEVELOPMENT

Mater provides Clinical Supervision training to Term Supervisors and Clinical Supervisors so that:

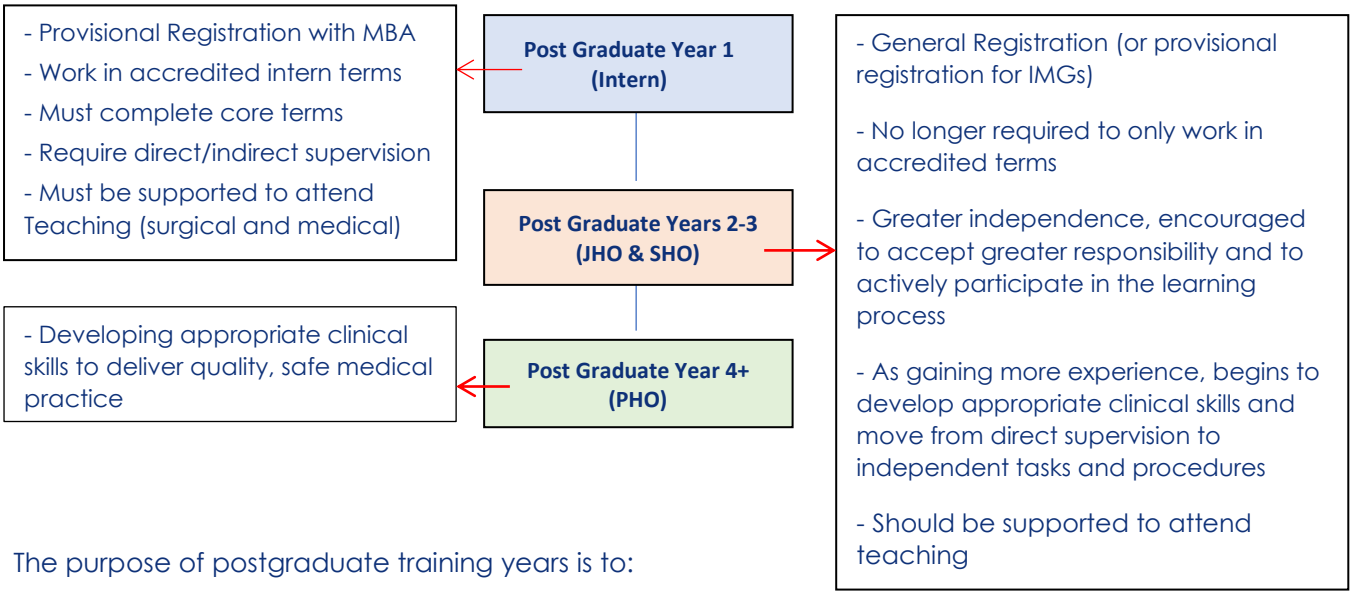
- those new to supervision are aware of the requirements of the role and are provided with the tools to approach what can be at times a challenging role
- those who have experience in supervision are given the opportunity to extend their skills in this area by taking part in scenario-based learning

These are typically run in March (after the start of year intake) and/or September (after the mid-year Registrar intake)

Supervisors are also encouraged to take advantage of their college's professional development resources involving supervision.

Please advise the MEU of any external supervision training that has been completed so that we can keep your records up to date for accreditation purposes.

4. SUPERVISING PREVOCATIONAL DOCTORS



The purpose of postgraduate training years is to:

- enable prevocational doctors to consolidate and apply clinical skills and knowledge under supervision while taking steps towards increasing responsibility for the provision of safe, high quality patient care

- receive supervision and support as they transition from student to doctor in the workplace; transition can be competitive and stressful, and prevocational doctors need time to adapt to new work environments and team cultures
- provide structure of initial experience and expectations, facilitate the integration of new graduates into effective teams, and provide the basis for future contribution to the organisation
- manage underperforming prevocational doctors to support progressive improvement throughout the year.

Advising of changes to Term Supervisor roles

Intern term supervisors must be approved by Prevocational Medical Accreditation Queensland (PMAQ). The approval process will be coordinated by the MEU so it is therefore essential that any term supervisor changes within a department must be discussed with the MEU prior to the change taking place.

Supervising Interns

Effective supervision has two main aims; namely moving the intern toward independent decision making and responsibility, and maintaining patient and intern safety. Therefore, strong, continuous and explicit discussion about the intern's scope of practice should occur in every term. Acknowledging that the scope of practice of an intern changes across the intern training year, and the scope of practice for each individual may be different, the gold standard of direct supervision to which intern training programs aspire is that every clinical decision outside the scope of practice of the intern is reviewed by a clinical supervisor prior to that decision being actioned. Every patient should undergo review by a more senior doctor (at some point during presentation/admission) prior to discharge.

Direct supervision means that the clinical supervisor is present, observes, works with and directs the intern being supervised. That is, the clinical supervisor is physically present in the workplace, within or covering the same department or unit as the intern. **Indirect supervision** means that direct supervision is available within 10 minutes and that the intern has an escalation protocol that identifies more senior medical support if required in an emergency.

The supervisory model should be appropriate to the prevocational doctor's scope of clinical practice and the clinical requirements of the unit. As a guiding principle, supervision of interns should always be direct. While the immediate direct clinical supervisor for any day and any time-point is to be clearly defined, direct clinical supervision is a team effort where different clinical supervisors may be required to provide direct supervision at different times of the day or week. Deciding who provides direct supervision is a decision to be made by the term supervisor.

Supervising PGY2 and PGY3

Supervision of prevocational doctors in their second and third years may include a combination of direct and indirect supervision as determined by the clinical requirements of the unit and the scope of practice of the individual. Deciding what level of supervision is needed, is a decision made by the term supervisor and/or the clinical supervisor. Keeping in mind that the prevocational doctor in their second and third year should have developed appropriate clinical skills to deliver quality, safe medical practice with reduced supervision, and be moving from direct supervision towards indirect supervision and independent practice.

5. PREVOCATIONAL SUPERVISOR ROLES AND RESPONSIBILITIES

Term Supervisor v Clinical Supervisor

Term Supervisor

A senior medical practitioner responsible for the coordination of clinical training of prevocational doctors in their unit. They will:

- have experience managing patients in the relevant department/unit
- be responsible for unit orientation
- provide ongoing monitoring and support
- complete and sign mid- and end-term assessments
- provide regular feedback to the prevocational doctor during each term
- be responsible for overseeing processes for teaching and supervision in clinical settings
- ensure that level of supervision meets the supervision criteria.

Clinical Supervisor

Usually the person with daily supervision responsibilities for the prevocational doctor in their unit (e.g. registrar, consultant in unit, can also be the term supervisor). They will:

- model expectations of clinical practice
- promote active learning
- provide regular feedback on performance to prevocational doctors
- manage and monitor task allocation
- report their experience to the term supervisor and contribute feedback for assessments.

Specific Duties and Responsibilities of the Term Supervisor

The role of the term supervisor is directly linked to the requirements for the term and year. Term supervisor responsibilities include performance review and management, linked to the prevocational doctor's annual mandatory requirements. The term supervisor is accountable for following activities:

- **Unit Orientation Handbook**: Prepare / review annually the unit handbook in consultation with medical staff in the unit, the MEU and prevocational doctors. The unit handbook describes the responsibilities and accountabilities of the prevocational doctor, specifies the skills they require to function safely and defines the specific knowledge and skills to be developed during the term. Copies of the current orientation handbook for all units can be found here
- **Start of Term Orientation Meeting and Checklist**: Discuss expectations of the prevocational doctor at the face-to-face start of term orientation meeting and ensure clinical orientation to the term and handover of patients are provided (checklist example here). Term learning objectives should also be discussed and set, and could include practical skills, self-education activities, responsibilities on the ward etc. The term supervisor should develop the prevocational doctor's education program for the term and support them to achieve their outcomes by providing effective practice-based teaching
- **Assessment**: The assessment process actually begins with the Start of Term Orientation Meeting, and the setting of learning objectives and expectations. Mid- and end- term assessments are completed via a face-to-face meeting using a Mater branded AMC Term Assessment form (example here). The assessment process also includes documenting actions to improve or remediate performance. (See more details on assessments below)
- **Feedback**: Monitor prevocational doctor progress and provide regular, timely constructive feedback to guide their professional development
- **Mentoring**: Encourage other supervisors to provide continuous teaching, supervision and timely constructive feedback
- **Performance**: Encourage prevocational doctors to take responsibility for their own performance and to actively seek feedback. Identify, document and intervene when necessary to correct gaps or weaknesses in the prevocational doctor's knowledge, skill or attitude
- **Underperformance**: Inform the Director of Clinical Training (DCT)/ Medical Education Officer (MEO) if a prevocational doctor appears to be experiencing difficulty during the term and assist in the preparation of an improving performance action plan (IPAP) if necessary. This process should be initiated as close to the start of term as possible to allow the supports time to take effect and the junior doctor time to improve across the term. (See more details on performance management in Section 5 below)
- **Support for Education:** It is imperative that prevocational doctors are released from clinical duties to attend facility wide education, which occurs during pager free Protected Teaching Time (PTT). PTT is an opportunity to access professional development, to connect with peers, and be provided with informal support from the MEU. Facility wide education for prevocational doctors occurs during protected teaching time (PTT), two to three times a week depending on their term:
    - Tuesdays and Thursdays 12.30 pm – 1.30 pm is formal education targeted at PGY1-3
    - Fridays 12.30 pm to 1.30 pm is Intern Teaching (previously known as e Practice Improvement Program (PIP), attended by PGY1 interns in medical and surgical rotations.

  Interns regularly absent from PTT jeopardise the unit's ongoing accreditation. Attendance at education is therefore monitored and unit directors and term supervisors must ensure rostering

takes into account intern attendance at PTT. If there is an issue with releasing interns for education, please contact the MEO.

Term Supervisors: Under extraordinary circumstances the interns or junior doctors may be required to stay on the ward due to clinical need. If this is the case only the Unit Director or Term Supervisor can approve this.

Please ensure all registrars, nursing and administration staff are kept informed of the importance of protected teaching time and that enquiries or concerns in the intern/junior doctor's absence should be directed to the registrar.

As PTT is pager free, if pagers are brought to education, they will be held by MEU staff who will advise the person paging that the prevocational doctor is in PTT and can respond after education, or more immediate advice can be sought from the registrar.

General Duties and Responsibilities of both Term and Clinical Supervisors

- Ensure the prevocational doctor is fully aware of who their clinical supervisor is, how to access alternate support and supervision if they are unavailable, any leave that the supervisor is taking and the planned cover arrangements, and the process for addressing any perceived inadequacy of supervision
- Ensure contact is sufficient and frequent to permit a valid assessment of the prevocational doctor's performance, including by direct supervision where possible
- Coordinate trainee activities across the term
- Determine level and proximity of supervision for each prevocational doctor in each work situation
- Ensure that systems of work and training minimise risks, and supports the safety of prevocational doctors – e.g. schedule a regular time to call supervisors out of hours – e.g. 12pm Saturday ward round
- Be available and willing to discuss issues including providing career guidance and addressing grievances
- Encourage prevocational doctors to develop progressively with increased independence
- The welfare, support and engagement of the prevocational doctor is a shared responsibility. If your prevocational doctor experiences any difficulties, please contact the MEU early for additional support and refer to the Wellbeing Information for Resident Medical Officers flyer
- Acknowledge outstanding prevocational doctor performance to the MEU
- Support the provision of a healthy and safe workplace, which is inclusive and conducive to the wellbeing of each employee; free from workplace bullying, sexual harassment and discrimination. Mater is committed to ensuring all employees at Mater will be treated with compassion, dignity and respect. In the spirit of the Sisters of Mercy, employees also have a responsibility to treat others in the same manner. Workplace bullying, sexual harassment and discrimination are unacceptable behaviours and will not be tolerated under any circumstances. Any such acts are considered a serious breach of Mater's Code of Conduct. For a copy of the Mater policy, search for the Resolution of Workplace Bullying, Sexual Harassment and Discrimination Complaints procedure on the Mater Policy and Procedure Library.

6. FEEDBACK, ASSESSMENT AND PERFORMANCE MANAGEMENT

Regular, timely, constructive feedback is vital for successful supervision of all prevocational doctors and for successful completion of the rotation. Supervisors should provide honest, constructive feedback, keeping in mind that an improvement performance action plan (IPAP), if initiated early, can be used to target the prevocational doctor's learning needs, and improve both patient and prevocational doctor outcomes. For some tips on how to and how not to approach feedback please click here.

Providing feedback is one of the most powerful teaching strategies a supervisor can use to positively influence a trainee to improve practice[1]. Feedback to the prevocational doctor takes place both throughout the term and more formally at mid- and end-term assessment meetings. This formal discussion should consolidate the regular, constructive feedback provided during the term. During assessment meetings:

- ensure you and the prevocational doctor are clear about what is being assessed and why
- ask the prevocational doctor if there are specific areas where they would like additional or specific feedback
- consider the prevocational doctor 's self-assessment if provided
- discuss assessment decisions, drawing on the descriptors and feedback from the team.

Progress towards meeting the term expectations and learning objectives in a work-based setting are assessed typically through regular observation and feedback. The assessment form captures formal feedback on performance and is used to assist with professional development. Prevocational doctors are responsible for initiating mid- and end-term assessment meetings and are responsible for submitting their assessments and logbook to the MEU. The assessment tool is a nationally-designed and supported tool, based on national standards and provides a consistent approach to assessments. For terms longer than five weeks, the term supervisor assesses the prevocational doctor at the mid-point, using a formative mid-term assessment focus as well as an end-term assessment. A five week term only requires the end-term assessment.

Term supervisors play a key role in identifying the junior doctor's level of skill, performance and capacity to meet the national registration standards. That is to certify that they:

- practise safely
- work with increased levels of responsibility
- apply existing knowledge and skills
- acquire new knowledge and skills as required.

If an RMO is not developing to the expected level, do not wait for mid- or end-term assessment meetings to raise concerns. Performance expectations and feedback should be discussed regularly.

A detailed process map outlining the assessment process is provided in Appendix One. The formal assessment meeting begins with the prevocational doctor completing a self-assessment (located at the start of the assessment form) and discussing this with their term supervisor. At this time they should also review their logbook (see below) of clinical tasks performed during the term.

[1] Molloy E, van de Ridder M. Reworking feedback to build better work. In: Delany C, Molloy E, editors. Learning and teaching in clinical contexts: a practical guide. Sydney, Elsevier; 2018; p. 236-250.

Moyle S. Giving feedback: 3 models for giving effective feedback. [Internet].Ausmed. 2020 May. [cited 2020 June 23]; available from https://www.ausmed.compd/articles/giving-feedback

Shaddel F, Newell-Jones K, O'Leary D. Providing contextually apt feedback in clinical education. Int J Med Educ. 2018; 9:129-131.

During the assessment meeting the supervisor will discuss progress towards meeting the learning objective of the unit and the domains. Attendance at rostered theatre time. Attendance at medical education sessions (Tues and Thur) and compliance with the completion of mandatory online modules (LEAP) should also be included in the mid- and end-term discussion. Intern assessments should be completed by the term supervisor. If the term supervisor is unavailable, they may delegate this responsibility to a clinical supervisor, however the assessment must then be forwarded to the term supervisor for final sign off. For PGY 2+, assessment forms can be completed by the term supervisor or a suitable clinical supervisor – i.e. the consultant who has spent the most time supervising the prevocational doctor during the term.

Before the mid- or end-term assessment meeting, all members of the multidisciplinary team should be consulted and encouraged to provide feedback on the prevocational doctor's performance during the term. A multi-source feedback tool can be provided by the MEU to help with this process, if required. Term supervisors collate this information and discuss this feedback with the prevocational doctor at mid- and end-term assessment meetings. Please note that feedback should be two-way, and we encourage supervisors to ask prevocational doctors during the assessment meetings to reflect on their experience during the term and to take the opportunity to provide feedback on the supervision received, and suggestions for how the department can help prevocational doctors to meet their needs/learning objectives. If they wish to do this confidentially however, the end-of-term evaluations provide this opportunity.

Comments made by term supervisors on assessment forms are highly valuable to the prevocational doctor, and they can also be collated by the MEO and analysed to identify common themes and learning needs. Education sessions can then be arranged to fill the gaps (where possible) and ensure that learning needs are suitably managed.

Logbook

All RMOs are encouraged to keep a logbook and present this to their supervisor at formal assessment meetings for review and discussion. The aim of the logbook is:

- to ensure a minimum level of standardised training and continuous in-service evaluation is available to all prevocational doctors during the prevocational years
- provide evidence of varied and balanced clinical and educational activities, includes evidence of experiences and performance, and contains entries of activities completed during the term
- provide evidence of clinical activities undertaken on the wards (cases/procedural tasks, ward consults, numbers and types of patients seen during the year - guided by the ACFJD).

Irrespective of which style of logbook is used, it should include entries on a daily basis to document clinical skills during the term. Activities should be evaluated / acknowledged by the term/clinical supervisor at the mid- and end-term assessment meeting.

Mid-term Assessment

The mid-term assessment process is formative and is a critical juncture to identify and document the prevocational doctor's capacity to perform safely, work within required levels of responsibility, apply existing knowledge and skills, acquire new knowledge and skills, and meet the learning objectives for the term. The mid-term assessment serves to identify strengths and weaknesses in a timely manner, so that an Improving Performance Action Plan (IPAP) can be implemented, when required, for struggling doctors to focus on areas requiring further development.

The mid-term assessment should also be used to identify learning objectives yet to be met and generate discussion about how the junior doctor could best work towards these, this may involve promoting targeted conversations between the junior doctor and their clinical supervisor to ensure

they are aware of these objectives, changes to roster to ensure they are part of team that sees more of a particular skill etc. Note should also be made of not observed domains and where possible the junior doctor should be given advice on the best way to meet these.

End-term Assessment

The end-term assessment is summative, with the term supervisor assessing the prevocational doctor's progress using the assessment tool and provides a rating for each domain, determining if the prevocational doctor has demonstrated the necessary skills and knowledge to successfully complete the term. At the end-term assessment meeting, the term supervisor provides feedback on the prevocational doctor's performance, identifies if they have achieved the learning objectives specified at the start of term, and makes a global rating of progress.

NB. Domain 3.4 Quality Assurance is sometimes marked not observed. This should always be observed by the end of the term. For Quality Assurance, Quality Improvement and Risk Management activities appropriate for junior doctors please click here.

Improving Performance Action Plan (IPAP)

Identification of performance issues needs to occur as early as possible during the term. If the term or a clinical supervisor determines that the prevocational doctor's performance is unsatisfactory at mid-term (e.g. poor skills/knowledge, attitude, personal problems or team personality issues), remediation is essential. The assessment form provides you with a guide, such that where the prevocational doctor is given a rating of 2 or below and a 3 in some instances, an Improving Performance Action Plan (IPAP) is required. Multiple markings against the 'not observed' check boxes on the form should also raise concerns for the supervisor. Please, note, an IPAP can be instigated at any time during the term; there is no need to wait until mid-term assessment if early performance issues are identified.

Term Supervisors and MEU must identify the underlying cause of poor performance. These Issues may manifest as a result of:

- **Personal/home life concerns**
- **Personality differences**
- **Lack of clinical skill/ competence**

Early identification is best

All concerns should be raised with the DCT or MEO. In the first instance, the term supervisor discusses the issue with the prevocational doctor to clarify the situation and circumstances. Further steps are then taken to implement a tailored plan to improve performance. The Improving Performance Action Plan (IPAP), is a nationally approved tool, used to document specific actions and timeframes jointly agreed to by each party, and enables progress to be tracked. An IPAP should be developed in consultation with the DCT, the MEO and the prevocational doctor.

The IPAP template and guideline, and the RMO Wellbeing and Performance Management Procedure (which outlines instructions for completing an IPAP) are located on the MEU website Supervisor Resources page.

All decisions regarding failure of remediation or non-completion of a term should be documented and communicated directly to the clinical stream lead/Medical Director, as well as the DCT and MEO. This will ensure that the employer is also informed about these aspects of performance.

Don't wait

Early detection of concerns is of greater value to the doctor's learning outcomes than being advised at the end of term that they did not perform to the term's expectations.

Assessment /IPAP Appeals

Prevocational doctors unsatisfied with an assessment outcome are encouraged to discuss/negotiate with their term supervisor in the first instance. If the matter cannot be resolved with the term supervisor, RMOs will be encouraged to resolve the matter in an informal manner with the DCT or MEO prior to escalation to formal grievance or appeals procedures. If no satisfactory resolution can be achieved, they may appeal the decision, which will be considered by the Assessment Appeals Panel. Refer to the RMO Wellbeing and Performance Management Procedure.

The RMO Wellbeing and Assessment Review Group

This review group provides an opportunity for the MEU to work collaboratively and more broadly with supervisors and unit directors to support RMOs with wellbeing or performance issues. This may include assisting with more complex remediation such as a single significant or repeated borderline or unsatisfactory term assessments (including IPAPs) and/or discussing internal and external support available to RMOs. It may comprise of senior medical representatives who have experience as term or clinical supervisors, the DCT, the MEO, and a representative from Human Resources. The group's involvement is advisory only, and does not include consideration of formal appeals.

7. TRAINING AND SUPPORT FOR SUPERVISORS

Supervisors have access to resources and support from the MEU, including the DCT and MEOs who are readily available for assistance. The MEU strives to help supervisors get the most out of this role by:

- developing and delivering supervisor training
- supporting supervisors to attend the Speaking with Good Judgement Program
- coordinating and providing advice on the assessment process
- supporting term supervisors and units to manage difficulties in performance and the preparation of IPAPs
- recognising and acknowledging exceptional performance, from both supervisors and trainees.

While supervision can be very rewarding, it can also be time consuming, as well as intellectually and emotionally challenging. If term or clinical supervisors encounter difficulties, have a problem, or want to do things differently, they are encouraged to seek support from the DCT or MEO. Speaking with experienced colleagues or other supervisors within Mater may also be beneficial. A supervisor tip sheet is also included in Appendix Two. For further information about the MEU and training and support available, please visit the MEU webpage (access also via ZENworks) or contact staff using the details in the table below (p.14). Please also remember that Mater has an Employee Assistance Service which can be accessed.

8. PROGRAM GOVERNANCE AND INTERN ACCREDITATION

The Prevocational Medical Education and Training Program

The Mater Prevocational Medical Education and Training Program is accredited by PMAQ, which is the approved organisation for state-wide hospital accreditation of intern rotations. The program must meet Australian Medical Council (AMC) National Standards relating to governance, intern terms, education, supervision and assessment, so that interns meet their Medical Board of Australia (MBA) requirements for registration.

The program is also guided by the Australian Curriculum Framework for Junior Doctors (ACFJD) and the Mater Medical Education Committee (MEC). Term supervisors are also asked to provide input into its development and term assessment forms (i.e. term supervisor comments and ratings) are used to identify potential gaps in knowledge. The following sections provide further information on governance and accreditation criteria, highlighting how this relates to units.

The Prevocational Medical Education and Training Framework

The purpose of the Prevocational Medical Education and Training (PMET) Framework is to articulate the principles, requirements, and compliance required to facilitate prevocational medical education and training at Mater, while meeting AMC and accreditations standards. It ensures the prevocational medical education and training is underpinned by sound:

- governance and integrity
- medical education principles
- quality improvement.
- Some specific program requirements that the PMET Framework outlines, and that supervisors should be familiar with, include:
- orientation
- supervision
- advocacy
- allocations and rostering
- education delivery, protected teaching time, CPD
- assessment, feedback and evaluation
- underperforming prevocational doctors.

For a copy of the framework, see the MEU or search for PMET on the Mater Policy and Procedure Library.

The Medical Education Committee (MEC)

Governance of the education and training program is managed by Mater's MEC. The responsibility of the MEC is to provide oversight of the prevocational doctor's supervision, training, education and welfare, and ensure that trainees are clinically competent for safe practice with integrity and quality. All Term Supervisors are invited to become members of the MEC. The MEC structurally reports into the South East Queensland (SEQ) Regional Health Executive via Dr Richard Lewandowski, the Director of Medical Services.

The purpose of the MEC includes to:

- review and endorse the PMET Framework
- provide strategic planning and future directions of medical education and training at Mater
- ensure consistent implementation of the accreditation standards
- review and recommend resources and innovations (regarding teaching, supervision and feedback) required to facilitate medical education and training for junior doctors
- promote a culture of educational excellence, professional responsibility and ethical practice.

The role of the MEC members includes to:

- attend meetings and read agenda/attachments
- contribute to subcommittees/working groups as requested
- contribute to dialogue surrounding the issues raised
- put forward ideas for further development of RMO education and training
- provide feedback to the units/divisions on the outcomes and decisions of the MEC meeting.

The MEU coordinates and facilitates the MEC meetings, which are held quarterly (Tuesdays from 5 pm – 6 pm) in person, or via the Microsoft TEAMS online meeting platform if unable to attend in person. Terms of Reference for the MEC are available on the Mater Policy and Procedure Library or from the MEU.

Medical Education Unit (MEU)

The MEU is headed up by the DCT and the Medical Education Manger. The MEU is responsible for the facilitation of high quality medical education and training at Mater, and the application of the PMET Framework, which includes the following specific activities:

- recruitment and retention of prevocational doctors and useful career counselling
- ensuring adequate education opportunities and appropriate supervision for prevocational doctors
- coordinating the accreditation of terms to ensure they meet accreditation requirements
- advocacy for prevocational doctors and the provision of assistance to resolve conflict and grievances
- collating data, determining trends, and acting on evidence to improve teaching and learning
- organizing the MEC meetings
- reporting on the above to the MEC
- managing and monitoring prevocational doctors' attendance at formal education program during protected teaching time (PTT)
- promoting education and training opportunities to prevocational doctors
- targeting educational needs to individuals
- coordinating the unit evaluation process.

MEU Staff and Contact Details

Title	Extension No.
Director of Clinical Training (DCT) (P/T)	8229
Medical Education Manager	8114
Medical Education Officer	1560
Medical Education Officer	8431
Medical Education Administration Officer (MEAO)	8272
Office Location	Level 4, Duncombe Building (exit elevator, turn right and continue down the main corridor at the first reception desk and the MEU office is on the right just before the bridge across to Salmon Building)
MEU email	mededu1@mater.org.au

Structure of the Intern Year and Terms

Any load, rosters, supervision, staffing or education programs requires a change notification to PMAQ. Contact MEU - 8431.

Term supervisors should be aware that the Medical Board of Australia (MBA) requires interns to satisfactorily complete 47 supervised weeks (full-time) of clinical experience to be eligible for general registration. The intern year must include:

- at least eight weeks in emergency medical care (core term)
- 10 weeks that provides experience in medicine (core term)
- 10 weeks that provides experience in surgery (core term)
- a range of other approved terms to make up 47 weeks (non-core terms).

Education and Training – the Australian Curriculum Framework for Junior Doctors (ACFJD)

The ACFJD outlines the knowledge, skills and behaviours required of prevocational doctors; these have been identified in the literature and from supervisors' experience as being critical to safe practice. The MEU has mapped the ACFJD to the formal, structured clinical and non-clinical facility wide teaching program (i.e. Facility Education Program, orientation, mandatory online learning modules) and clinical education (unit based clinical experience and teaching to ensure a comprehensive well developed program is provided to interns.

Term Supervisors should be familiar with the ACFJD, and the core competencies and capabilities which need to be developed during the prevocational years to provide junior doctors with the required learning experiences.

Further details on the ACFJD, and a copy of the document, is available from the Confederation of Postgraduate Medical Education Council project webpage.

Unit Accreditation Responsibilities

Before a term/unit can be allocated interns, it must be accredited against the AMC National Guidelines for Terms. Standards units must be aware of in regards to their terms and intern work:

- If an intern works in an unaccredited term for any length of time, the intern's registration will be jeopardised, so it is important that interns are not asked to work in units outside of the one

allocated, unless there has been prior discussion and approval from the MEU (which will only be granted if it meets accreditation criteria).

- If a term/unit changes its structure, case-mix or case load, rosters, supervision or education program, these details need to be documented and communicated to the MEO so that accreditation compliance can be maintained. Discussions should take place prior to any change to ensure the changes meet accreditation criteria. Any changes or modifications to an accredited term, requires a change notification to be submitted to PMAQ, which will be completed by the MEO.
- New (or significantly altered) terms, increasing numbers of interns, or significant staffing changes may require a change to Mater's accreditation status and may require several months of planning before implementation can occur. If you anticipate that there may be changes to your unit or term, please contact the MEU early so that changes or future requirements can be documented appropriately.
- Failure to update accreditation records or observe the National Standards can result in the term being dissolved of responsibilities for interns, and Mater's accreditation status may be impacted.

Learning Objectives per Core Term

The term supervisor is required to ensure prevocational doctors are aware of formal and informal learning opportunities within the term. This includes details of ward rounds, ward duties, outpatient/clinic allocations, journal clubs, theatre times (if applicable), and unit or departmental meetings. It is recommended that this information be documented in the unit orientation handbook and discussed at the face-to-face (F2F) orientation meeting for each new rotation. Further details, and a copy of the Intern training – National guidelines for terms is available from Australian Medical Council (AMC) webpage.

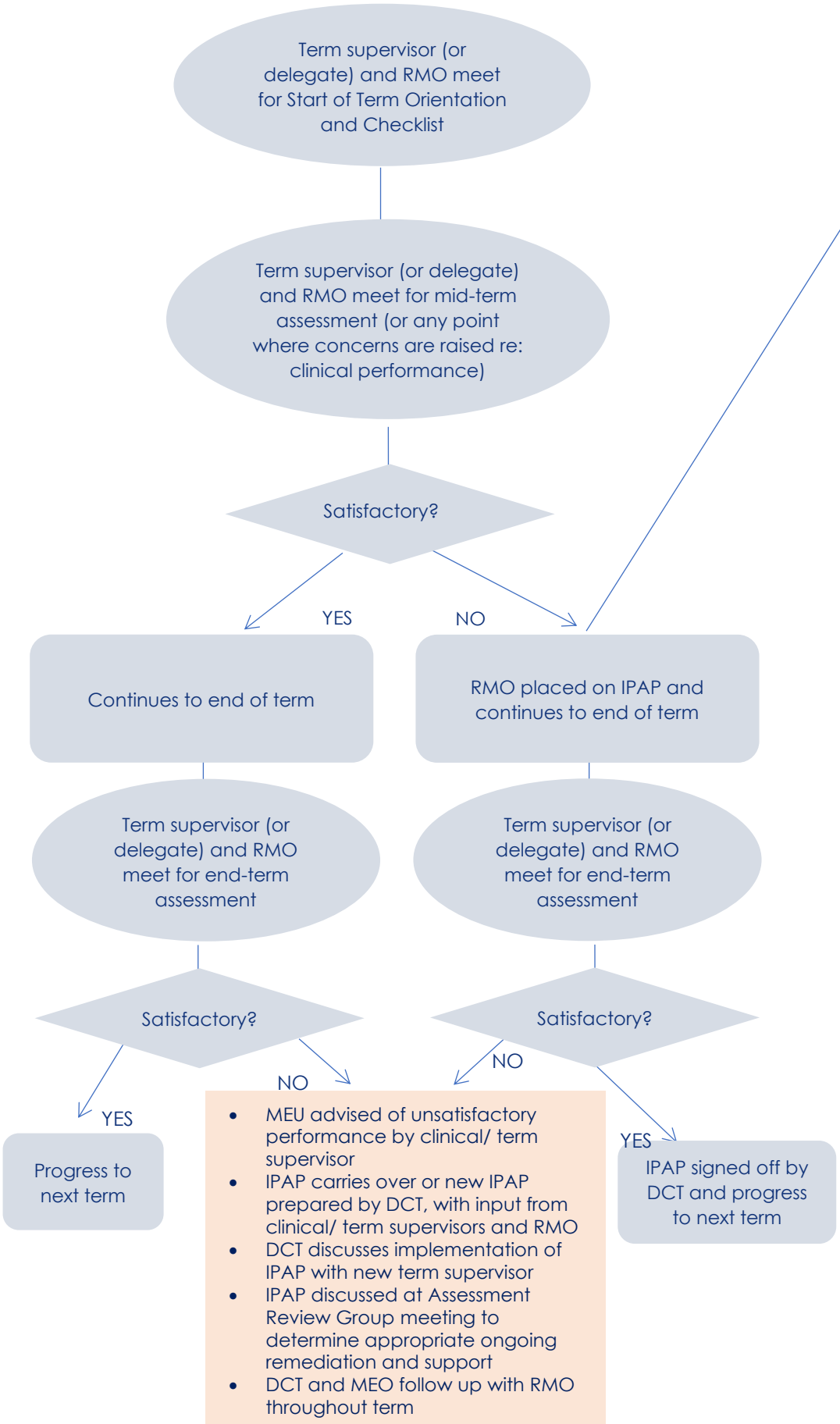
Term supervisors should encourage junior doctors to be proactive and self-reflective when determining their learning objectives and guide them in formulating achievable objectives for the term. The term supervisor should then review and discuss these learning objectives at mid- and end-term assessment meetings with the junior doctor.

Term supervisors also need to be aware of the mandatory requirements for prevocational doctors. These requirements include meeting the AMC Standards and employee requirements established by Mater. Interns have a large number of mandatory requirements in comparison to other prevocational doctors, largely because they are transitioning from a student to a doctor. Your guidance and encouragement to meet these requirements can have a huge impact on their ability to transition successfully.

End-of-term Unit Evaluations

The MEU coordinates the evaluation of each unit's performance, education and supervision quality on behalf of these units. The survey results are based on collated prevocational doctor feedback, which is completed by the doctors at end of each term. Results are reported to the MEC and to unit directors annually or immediately if identified risks are assessed as high. A face-to-face meeting between the DCT/MEO and term supervisor is coordinated and the units are provided with reports, with action to implement, which are then monitored.

APPENDIX 1: RMO ASSESSMENT & SUPPORT PROCESS



- MEU advised of unsatisfactory performance by clinical/ term supervisor
- Clinical/ term supervisor completes IPAP for domains requiring improvement, in consultation with RMO and MEU (DCT and MEO)
- IPAP discussed, agreed on and signed by all parties (term supervisor, RMO and DCT)

Medical Education Unit (MEU)

- Provide support to clinical/ term supervisor in preparing IPAP
- Ensure IPAP adherence and support provided to RMO is satisfactory
- Notify workforce if allocation change is being considered
- Advise CMO if reportable behaviour or patient safety requires AMC notification

Assessment Review Group

- Assists with complex remediation such as a single significant or repeated unsatisfactory term assessments.
- Input from other senior supervisors and HR

Assessment / IPAP Appeal Process

- RMO to discuss concerns with term supervisor in first instance, then DCT or MEO if not satisfied
- If not satisfied with outcome, RMO appeals in writing to DCT, with reasons and details
- Appeal considered by Assessment Appeals Panel in alignment with Mater's Managing Performance and Conduct

APPENDIX 2: SUPERVISOR TIPS

Helpful Tips for Supervisors:

- Respect individuality, privacy and dignity
- Be aware of the specific behaviours we value (e.g. see Behavioural Standards booklet on the Mater Policy and Procedure Library)
- Be mindful of the prevocational doctor's scope of practice and remind often if necessary
- Orientate your prevocational doctors to the Mater values early and obtain agreement
- Be a positive role model in clinical skills, professionalism, and multidisciplinary teamwork
- Give positive feedback on specific behaviours that relate to their ability to meet these standards
- Include ethical behaviour in the prevocational doctor assessment
- Continually reflect on your own methods and clinical practice, perhaps with peer debriefing
- Be sensitive to the complexities associated with cultural and language barriers
- Accept that time is needed for changes in attitude and behaviour
- Keep a mindful eye open for any type of bullying and harassment in your unit
- If staff are away, delegate decision-making upward instead of relying on an intern to manage that role alone.

Strategies for Giving Effective Feedback:

- Undertake feedback when mutually convenient
- Be objective for the feedback session and hold the basic assumption - that your trainee is motivated, intelligent, capable and wants to do their best
- Plan and have a goal or message
- Be interested and listen to the prevocational doctors point of view and encourage their self-reflection
- Point out positives/strengths as well as identifying areas where things could be improved. Do this by building confidence and belief in their ability to undertake the job well, which allows for improvements in identified area/s
- Be timely since feedback is only beneficial when provided in close proximity to the action
- Be specific (give examples), brief and concise with descriptive rather than evaluative language
- Offer alternative solutions regarding areas of concern/improvement
- Offer the opportunity to review/check comprehension
- If necessary, involve the DCT/MEO in the process
- Document appropriately.

Key Message

Trainees in difficulty must **never** be ignored or passed over. Supervisors of prevocational doctors undertake to identify early trainees in difficulty thus, prevention, early recognition and early intervention are essential.

Do's	Don't
• Listen	• Jump to conclusions
• Act immediately if there is any risk to safety	• Aim to name the problem or solve it
• Encourage prevocational doctors to have a GP	• Impose your belief
Contact the MEU early	

APPENDIX 3: NON-OBSERVED DOMAINS

Quality Assurance (27%), Emergency Care (25%), Aboriginal and Torres Strait Islander Health (24%) continue to be the domains that are marked non observed across all terms.

The **Quality Assurance** domain is a domain that must be observed before the end of term. The Quality Assurance Domain includes Quality Improvement, Risk Management and Incident Reporting. Please consider all the ways that your intern or junior doctor may have contributed to. Have they:

- Quality Assurance: followed procedures and appropriate pathways, escalated matters that required decision making at a higher level (recognising their scope of practice), unit audits
- Quality Improvement: participated in a trial of a new process within the department, provided feedback, taken feedback they have been given and used it to improve their practice, made a comment that prompted a change to procedure
- Risk Management: had a speaking up conversation to address a concern about patient safety, identified risks and reported them to their supervisor
- Incident Reporting: attended a M&M Meeting, been involved in an incident or been present for debriefing

Most interns or junior doctors would meet several of these criteria.

It is understood that an intern or junior doctor may not take part in **Emergency Care** in some terms and the MEU's education programs have been adapted to ensure that simulations and scenarios concerning emergency care are available to junior doctor to fill this gap.

It is also understood that the intern/junior doctor experience is very much influenced by the patients who come through the door or are on the ward. To supplement the intern/junior doctor experience with regards to the **Aboriginal and Torres Strait Islander Health** domain the MEU education programs include sessions on Aboriginal and Torres Strait Islander Health care and Aboriginal and Torres Strait Islander patient safety. This is also explored in the Intern Orientation.

Please note that no term should be completed without **Procedures** being observed. Where interns/junior doctors are concerned, procedures aren't necessarily surgical procedures but can include venepuncture, cannulation, iron transfusion, spirometry, 12 lead ECG, arterial blood gas sampling (ensuring that these are within the scope of practice). If the Term Supervisor has not witnessed these procedures in person they should defer to the clinical supervisors who have seen these as part of the multi-source feedback.

APPENDIX 4: TERM SUPERVISOR AGREEMENT

Name of Site	Mater Hospital Brisbane
Name of Unit	
Name of Term Supervisor	

I understand the role of the term supervisor as described in the Term and Clinical Supervisor Handbook.

I agree to perform the role of term supervisor, and accept responsibility for overseeing the training of resident medical officers (interns, JHOs, and SHOs) for the abovementioned Unit.

I have read and understand the Term and Clinical Supervisor Handbook which includes information regarding:

- supervision roles and responsibilities
- training and support available for supervisors
- feedback, assessment and performance management for prevocational doctors
- program governance and intern accreditation

I understand it is strongly recommended that I attend one of the Supervisor Workshops run by the Medical Education Unit.

I agree to represent the abovementioned Unit at the Medical Education Committee meetings as scheduled quarterly (where practicable).

Signature (Term Supervisor)	
Date	

Name (Director of Clinical Training)	
Signature (Director of Clinical Training)	
Date	