How do we make physician training work in the workplace?

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Aim

The aims of the session are to:

- reflect on what works well and what could work better in workplace training
- learn about the new Basic Training programs and assessments
- share ideas about how to use the new programs for maximum benefit, with minimal disruption in the workplace.
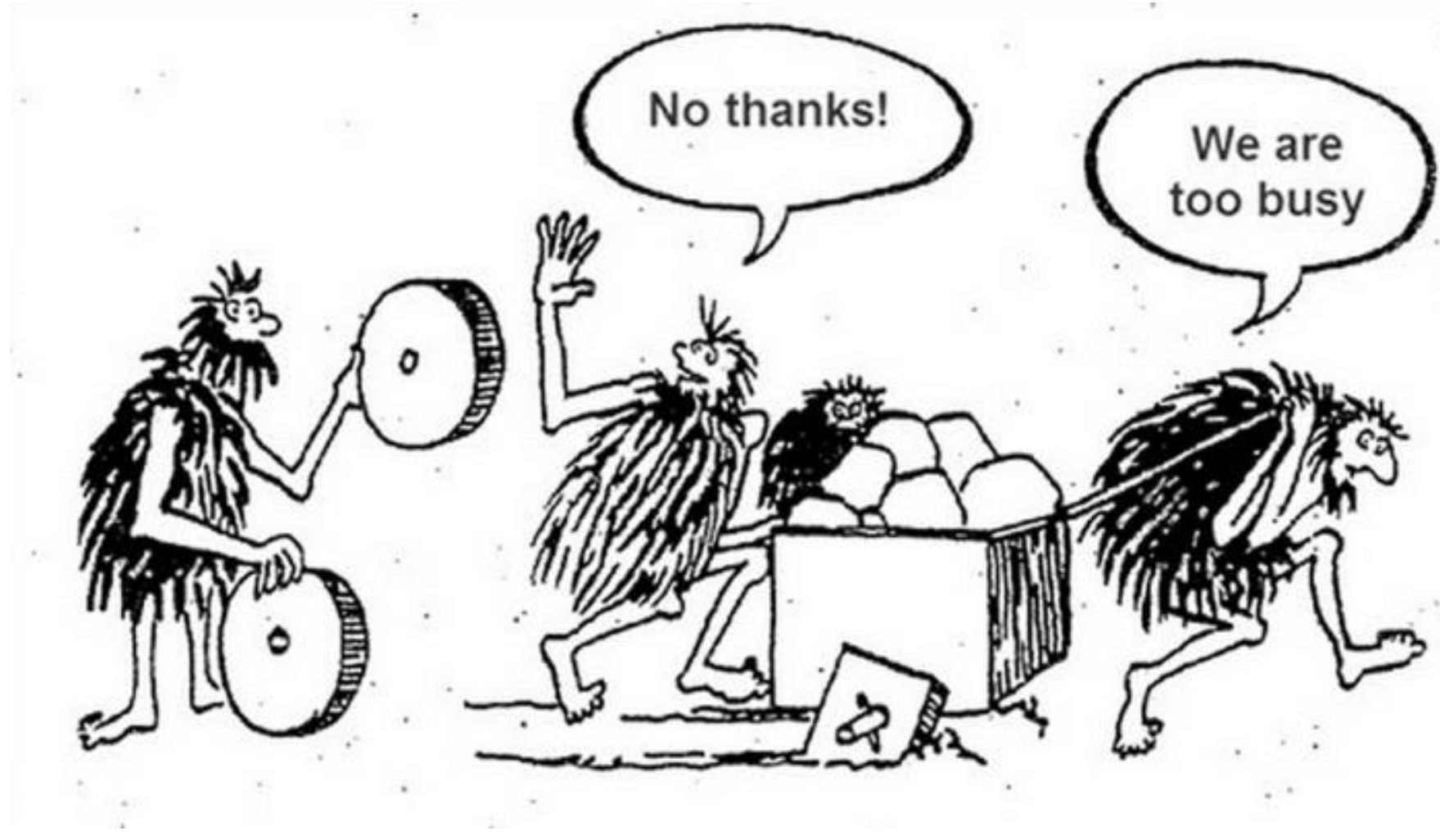
Introductions

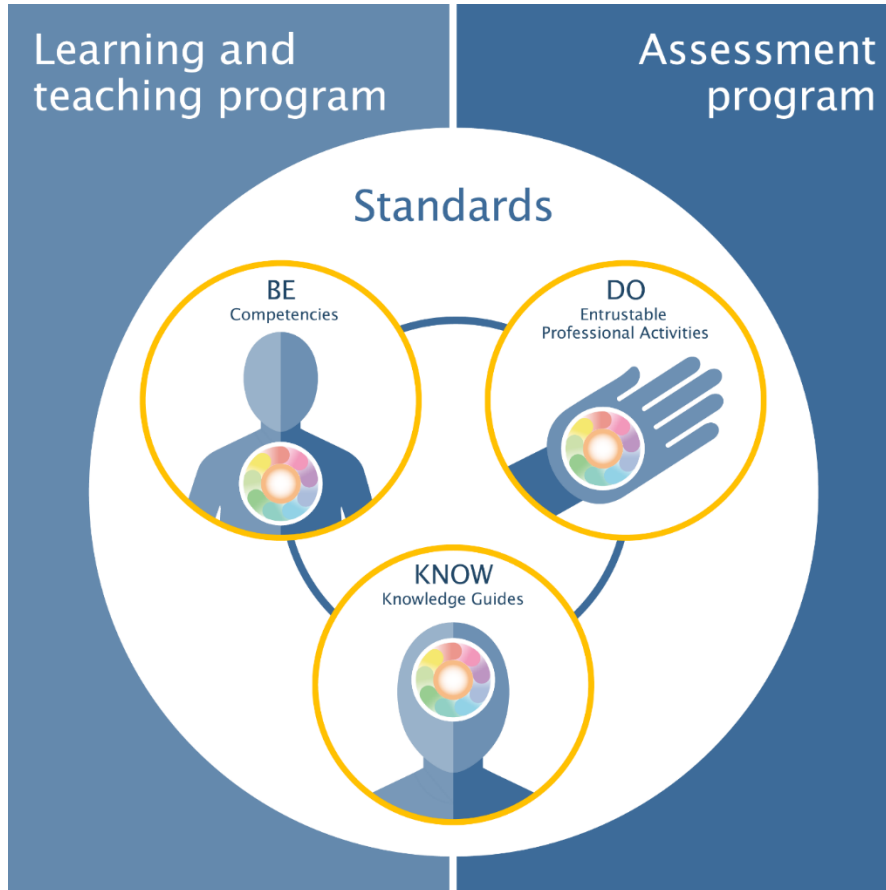- What is your name?

- What is your role in physician training?

- What do you know about the new RACP Basic Training programs?

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New Basic Training programs

The curriculum includes standards, a learning and teaching program, and assessment program.

Curricula standards describe what trainees are expected to know, do and be by the end of Basic Training.

New Basic Training programs

The curricula standards are grouped into ten key learning goals that guide learning, teaching, and assessment in the new programs.

Clinical assessment

Communication with patients

Documentation

Prescribing

Transfer of care

Investigations

Acutely unwell patients

Procedures

Professional behaviours

Knowledge

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New Basic Training programs

There will be three phases of training with clear criteria for completion to better guide progress decisions.

Foundation
Consolidation
Completion

S
RACP Basic Training program
C

S Selection decision

C Completion decision

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We have the technology!

New Basic Training programs

New mobile-friendly assessment tools will capture evidence of work-based learning, supplemented by formal examinations

Registration form
- Enrol trainees and assess entry criteria

Learning capture
- Trainee enters evidence of work-based learning linked to learning goals.

Observation capture
- Supervised observation of trainees' work-based performance linked to learning goals.

Rotation plan and progress report
- Plan learning and assess progress for the rotation

Phase plan and progress report
- Plan learning and assess progress for the phase of training

Written Examination
- Assess trainees' applied knowledge

Clinical Examination
- Assess trainees' ability to perform clinical assessment of patients

New Basic Training programs

The ten key learning goals will be continuously assessed to form an overall picture of trainees' progress over time

New Basic Training programs

Progress Review Panels will be based in training settings to make evidence-based decisions about trainees' progress through and completion of the program.

An improved online system will make it easier to complete work-based assessments, view trainees' progress through the program, and support handovers between supervisors.

Discussion

- When do you interact with your trainee / supervisor the most (top 5 interactions)?

- What works well in workplace training?

- What doesn't work well? How could you improve it?

Control

Accept   Influence
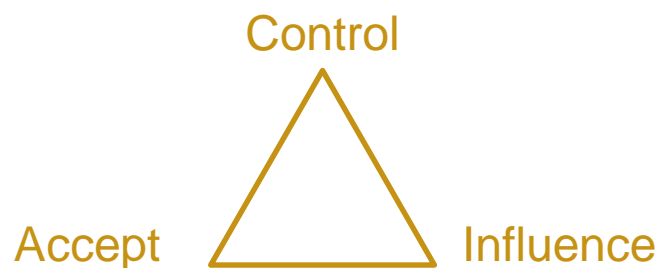
Discussion

- How do you decide if you can trust your registrars with work tasks?

- What observed behaviours might indicate that a trainee needs more supervision than their peers?

- What are the most common identifiers when trainees aren't on track?

Attachment 1 includes details on the learning goals Basic Trainees will be expected to achieve by the end of training.

Levels of Supervision

Level 1: Be present and observe

Level 2: Act with direct supervision
The supervisor is in the room

Level 3: Act with indirect supervision
Supervisor not present in the room but available within minutes. It includes the availability of supervision by telephone for advice.

Level 4: Act with supervision at a distance

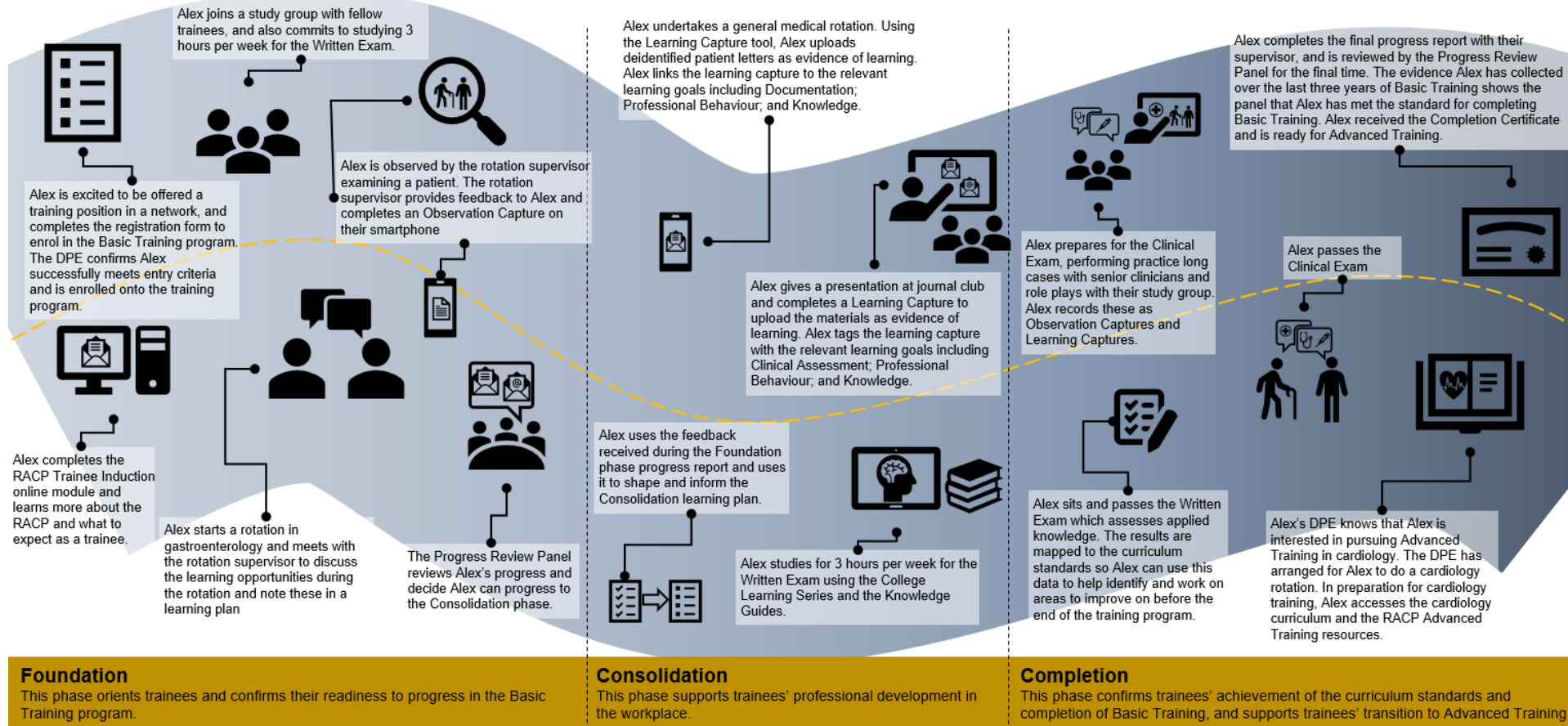**Level 5: Provide supervision** (not for Basic Training)

Assessments in the new Basic Training program

RACP Specialists. Together

Meet Alex
Alex is an Adult Medicine trainee who is completing Basic Training in New South Wales, Australia. Alex meets the accepted standards through their training at the expected pace. The diagram below depicts a number of snapshots of Alex's training experience.

Alex joins a study group with fellow trainees, and also commits to studying 3 hours per week for the Written Exam.

Alex undertakes a general medical rotation. Using the Learning Capture tool, Alex uploads deidentified patient letters as evidence of learning. Alex links the learning capture to the relevant learning goals including Documentation; Professional Behaviour; and Knowledge.

Alex completes the final progress report with their supervisor, and is reviewed by the Progress Review Panel for the final time. The evidence Alex has collected over the last three years of Basic Training shows the panel that Alex has met the standard for completing Basic Training. Alex received the Completion Certificate and is ready for Advanced Training.

Alex is excited to be offered a training position in a network, and completes the registration form to enrol in the Basic Training program. The DPE confirms Alex successfully meets entry criteria and is enrolled onto the training program.

Alex is observed by the rotation supervisor examining a patient. The rotation supervisor provides feedback to Alex and completes an Observation Capture on their smartphone

Alex gives a presentation at journal club and completes a Learning Capture to upload the materials as evidence of learning. Alex tags the learning capture with the relevant learning goals including Clinical Assessment; Professional Behaviour; and Knowledge.

Alex prepares for the Clinical Exam, performing practice long cases with senior clinicians and role plays with their study group. Alex records these as Observation Captures and Learning Captures.

Alex passes the Clinical Exam

Alex completes the RACP Trainee Induction online module and learns more about the RACP and what to expect as a trainee.

Alex uses the feedback received during the Foundation phase progress report and uses it to shape and inform the Consolidation learning plan.

Alex starts a rotation in gastroenterology and meets with the rotation supervisor to discuss the learning opportunities during the rotation and note these in a learning plan

The Progress Review Panel reviews Alex's progress and decide Alex can progress to the Consolidation phase.

Alex studies for 3 hours per week for the Written Exam using the College Learning Series and the Knowledge Guides.

Alex sits and passes the Written Exam which assesses applied knowledge. The results are mapped to the curriculum standards so Alex can use this data to help identify and work on areas to improve on before the end of the training program.

Alex's DPE knows that Alex is interested in pursuing Advanced Training in cardiology. The DPE has arranged for Alex to do a cardiology rotation. In preparation for cardiology training, Alex accesses the cardiology curriculum and the RACP Advanced Training resources.

Foundation
This phase orients trainees and confirms their readiness to progress in the Basic Training program.

Consolidation
This phase supports trainees' professional development in the workplace.

Completion
This phase confirms trainees' achievement of the curriculum standards and completion of Basic Training, and supports trainees' transition to Advanced Training.

Activity

> You are a rotation supervisor about to start working with a Basic Trainee in the third rotation of their Foundation phase (first year) of training.

1. Complete the learning plan template:
   - What are the top 5 learning/observation opportunities in your rotation?
   - Which of the ten learning goals could be observed during these activities?

2. Consider the trainee's last two rotation progress reports (Attachment 2).
   - What needs particular attention during this rotation?
   - What opportunities are available to the trainee to address these, and for you to assess progress?

Discussion

- How well did your learning/observation opportunities cover the learning goals?

- Are some goals more difficult to observe than others?

- How useful were the previous supervisor reports in planning some tailored learning activities for the trainee?

Scenario

Your trainee is finishing their rotation in your department. You have received information from:

- **Learning Captures** with examples of the trainee's patient letters and additional feedback from the clinic supervisor indicating that the trainee's letter writing has improved. (Attachment 2)

- **Observation Capture** on a handover session indicates that the trainee's handover was unstructured and omitted essential information about patients' management plans. (Attachment 2)

- **Anecdotal feedback** from nursing staff: the trainee's notes in patients' medical records are often incomplete or illegible; the trainee has been rude to nursing staff when questioned.

- The **trainee's self-assessment** in their end-of-rotation progress report indicates that, for each of the learning goals, they think they are performing at the expected standard for the end of Basic Training.

You complete your rotation progress report by rating the level of supervision you think the trainee needs for each of the learning goals. You comment on particular areas you recommend the trainee focuses on with their next rotation supervisor.

Discussion

- Would the additional information help you complete a progress report? Why / why not?

- How could it be improved?

Discussion

Working in medicine is complex with many demands on your time from service delivery, hospital executive, and training organisations.

- **Strengths**. What works well that is within your control or influence?

- **Weaknesses.** What doesn't work well that is within your control or influence?

- **Opportunities.** What external factors are likely to contribute to good workplace training?

- **Threats.** What external factors are likely to detract from good workplace training?

- What are some **strategies** for making workplace training work with maximum benefit to trainees and minimal disruption to our daily work?

Thank you

Find out more about the new Basic Training programs

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