EVALUATION AND RECOMMENDATIONS FROM THE AFPHM SUPERVISOR WORKSHOPS 2011

Prepared by: Susanne Engelhard, *Associate Director of Education, Training and Development*
Dr Lynne Madden, *Chair Faculty Education Committee*

Contributors: Dr Judy Straton, *Lead Fellow Assessment*
Dr Mike Ackland, *Lead Fellow Accreditation*

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The workshops were developed and implemented by the Associate Director of Education, Training and Development in association with the following Fellows:

Dr Lynne Madden (Chair Faculty Education Committee)
Dr Judy Straton (Lead Fellow Assessment)
Dr Mike Ackland (Lead Fellow Accreditation)
Dr Marie-Louise Stokes (Lead Fellow Physicians as Educators – 2010)
Dr Neil Parker (Lead Fellow Teaching and Learning)

Belinda O'Sullivan of BOS Consulting developed and delivered the module for learning contracts. Dr Robyn Lucas reviewed and provided comment on the draft report.

Members of the AFPHM Faculty Office contributed to the planning and execution of the workshops.

1 INTRODUCTION

Background
On 1 January 2010 the Australasian Faculty of Public Health Medicine began a transition to the new education program for advanced training. The changes have achieved a greater alignment between the learning and assessment processes and the work that trainees perform as specialists in Public Health Medicine. This has required a significant redesign of the delivery of both learning and assessment within the Advanced Training Program and this has occurred incrementally through a process of staged implementation that has spanned 3 years.

Effective communication with supervisors and trainees about these changes and new processes is essential. As part of this communication strategy supervisor workshops were planned to:

1. provide an overview of the development to date of the new Faculty Education Program
2. explain what the final program will look like and when we will achieve this
3. explain the staged introduction of the major components (the curriculum, the learning contracts and formative and summative assessments)
4. provide an indepth learning opportunity regarding the new tools to be used (in particular the use of the learning contract) and formative assessment (for example the oral presentation assessment tool)
5. explain the summative assessment process that occurs at the national level and how this is linked to what happens in the workplace

Development of the workshops
In the first half of 2011, the Faculty Education Committee (FEC) and the Faculty Office coordinated the delivery of eight workshops for supervisors around Australia. The workshop was developed by the Associate Director of Public Health Medicine Training and Development in close association with members of the FEC. The section on learning contracts was developed and delivered at some workshops by Belinda O'Sullivan, a private consultant responsible for leading the pilot and implementation of learning contracts for the Faculty Training Program. The aim of the workshops was to inform and update participants on the new education program, and to provide an opportunity to enhance practical skills required for supervision. A variety of delivery formats were used over the course of the workshop with a mixture of didactic sessions, exercises and discussions.

The first workshop was delivered as a pilot with the Regional Education Coordinators from each state, and all the members of the FEC. This was delivered in Sydney at the RACP offices on 1 February, 2011. Seven people were involved in the facilitation of the pilot workshop (two external consultants, one RACP staff member, and four members of the FEC). Participants provided detailed feedback on the structure, content and flow of the workshop. This information was used to reshape and refine (simplify) the workshop structure, which was then rolled out in the following seven workshops.

Delivery of the workshops
The seven workshops were offered to all current supervisors, new supervisors in 2011, and those interested in being a supervisor in the future. The workshops were offered as a full day workshop (9am-3.30pm). The final workshop was offered as a half day session at the RACP Congress in Darwin (2pm – 6pm).

The schedule for the workshops was:

- Sydney (pilot) – 1st February
- Melbourne – 28th February
- Adelaide – 1st March
- Perth – 3rd March
- Canberra – 8th March
- Brisbane – 10th March
- Sydney – 11th March
- Darwin – 25th May.

The facilitation of these workshops was shared among a small team including primarily the Associate Director of Education, Training and Development, the Chair of the FEC, the Lead Fellow Assessment, and the Lead Fellow Accreditation (the Project Team). The workshop comprised the following sessions:

- The roles and responsibilities of the AFPHM supervisor
- The AFPHM education program
- The AFPHM Curriculum
- The AFPHM assessment requirements, including workplace reports and oral presentations
- The AFPHM teaching and learning requirements, including the learning contract
- Giving effective feedback to trainees.

A total of 94 people participated across the eight workshops. A list of participant numbers and facilitators is included in Appendix 8.1. A copy of the workshop program, presentation slides, and the guide for facilitators are provided in Appendix 8.2, 8.3 and 8.4 respectively.

A workbook was prepared to support the delivery of the workshop. This contained a comprehensive set of handouts that were used as background materials and for exercises. A copy of the handouts that comprised the workbook are provided at Appendicies 8.4-8.17 inclusive.

Evaluation

Each workshop was evaluated using both quantitative and qualitative methods. In addition the project team set aside time for reflection at the end of each workshop and made further refinements to the delivery in response to feedback from the participants.

2 CONTENT OF THE WORKSHOP

The workshop opened with participants being asked to rate themselves on a scale of one to ten according to their confidence in being a supervisor. This led into a session on **the roles and responsibilities of being a supervisor**, which explored how to establish and maintain an environment within the public health workplace that is supportive of learning. Central to this session was an exercise using a nominal group technique to explore with participants the following questions:

- What motives you to be a supervisor?
- What are the qualities that make for good supervision?

The observations made by participants are summarised in the following section of this report. This exercise stimulated a discussion about the structural, learning and emotional support that supervisors can provide to ensure a constructive workplace learning experience.

While the Faculty Training Program is a national training program most Fellows and Trainees are most aware of the progress of trainees within their own jurisdiction. Consequently the workshops allowed participants to gain a broader understanding of the **trainees distributed across the country**; descriptive statistics summarising the trends in training over time and the current national profile of trainees were presented.

The educational theory upon which the new education program is based is constructive alignment as described by Biggs and Tang[1,2]. The foundation of delivery is the new competencies that capture what we expect trainees to be able to do by the end of their training. These are presented as part of the new **curriculum document,** where the competencies are formatted into Domains, Themes and Learning Objectives. The workshops provided an opportunity to launch and distribute copies and a short didactic session introduced Supervisors to the format of the new curriculum.

During the overview of **AFPHM assessment** the types of formative and summative assessments that have been developed were described, as well as the timelines for the introduction of new assessment tools. A particular focus was the Workplace Reports which have replaced the Bound Volume. Trainees are required to submit three Workplace Reports over the three year full-time period of training. Participants were introduced to the guidelines that describe what comprises an acceptable Workplace Report and the role of the supervisor in the submission of these was explored through interactive discussion.

Learning Contracts allow for transparency and clarity in what the trainee plans to achieve in a workplace. While learner centred they facilitate an external review of the projects and strategies to achieve the learning planned. While the trainee is responsible for completing the learning contract, the supervisor must provide support in the initial development, ongoing monitoring and final formative assessment of the contract. A short didactic session provided the participants with the background to and rationale for the introduction of learning

[1] Biggs, J and Tang C. (2007): Teaching for Quality Learning at University, (McGraw-Hill and Open University Press, Maidenhead)

[2] Biggs, J (2003): Aligning Teaching and Assessment to Curriculum Objectives, (Imaginative Curriculum Project, LTSN Generic Centre)

contracts, including a description of the initial pilot. A number of exercises were provided for the supervisors to complete as groups and this exercise built their understanding of what comprised a comprehensive learning contract, as well as allowing them to familiarise themselves with the new curriculum document.

Effective feedback assists people to reflect on their practice; knowing how to give feedback is an essential skill for supervision. However many people find giving feedback a challenge, consequently this session was included to allow people an opportunity to practice in pairs techniques for giving feedback.

The final session was another exercise that allowed supervisors to use the new **Oral Presentation Assessment Form**. Participants used the form to assess a recorded presentation on a light and amusing non-public health topic.

3 UNDERSTANDING THE ROLE OF THE SUPERVISOR

At the beginning of the workshop supervisors were asked to rate their confidence in being a supervisor and were asked about their understanding of their role and the support that they feel they need to fulfil the role. This information, which is summarised here, was collated and a qualitative analysis undertaken to identify the themes that emerged. This information will be used to inform future supervisor workshops and the development of a supervisor handbook.

What motivates people to be a supervisor?

Participants were asked to write down the main reasons why they like to be a supervisor. The main themes to arise are presented below in the order of frequency of comments:

1. Building workforce capacity for the next generation of public health practitioners
2. Personal professional development
3. Giving back to the system
4. Personal satisfaction
5. Supporting and guiding trainees
6. Enhancing the capacity of your workplace
7. Developing high quality public health practitioners and building the profession
8. Good supervision contributes to the health of the population
9. Transfer of specialised knowledge
10. To be involved with the Faculty and College
11. Building collaborative practice.

Below is a summary of the participants' responses under each theme. For further detail the participants' responses are presented at the end of the report in Appendix 8.20.

Theme 1: Building workforce capacity through the next generation of public health practitioners

Many people feel a responsibility to help train future public health physicians by passing on their knowledge and skills. They view this as a contribution to succession planning and maintaining the profession.

Theme 2: Personal professional development

Supervising trainees promotes the learning of the supervisor and keeps skills and knowledge current. Engaging with trainees who are 'very bright and eager' is a mechanism for continuing to learn oneself and to improve your own practice. One supervisor observed that they 'learn a lot from the exchange associated with supervision'; others 'like to be challenged'. Being a supervisor also provides opportunities to get involved in projects in new areas of practice and learn new things. A very practical outcome from offering supervision is that it allows you to accrue Continuing Professional Development points.

Theme 3: Giving back to the system

Many supervisors supervise because they want to give back to the system that trained them. They see it as a professional and personal responsibility to contribute to the development of trainees by transferring their knowledge. It is 'nice to give back'.

Theme 4: Personal satisfaction

Being a supervisor is an enjoyable and satisfying experience, it 'makes work life interesting'.

Theme 5: Supporting and guiding trainees
Supervisors support trainees through their learning and development and help them to succeed by identifying opportunities. By supporting the trainees they are also supporting the Training Program.

Theme 6: Enhancing the capacity of your workplace
Trainees enhance capacity of the workplace that they are located in and help with the workload. Trainees tend to bring ideas and energy and also a fresh perspective. In this way they contribute to the development of the organisations that host them. Both rural and Aboriginal community controlled posts felt that if physicians had the opportunity to access these positions while in training they would be more likely to choose to work in these areas in the long term which leads to better recruitment retention.

Theme 7: Developing high quality public health practitioners and building the profession
By assisting trainees to be good public health practitioners you help maintain and improve the standards of the profession. This also helps to build the profession and promote public health.

Theme 8: Good supervision contributes to the health of the population
The ultimate outcome is to develop a competent workforce to improve the health of the populations of Australia and New Zealand.

Theme 9: Transfer of specialised knowledge
Some supervisors perceived that they have skills and experience in areas that few people have and consequently they have an opportunity to supervise in that area and pass on their knowledge and experience. Others were concerned to ensure that there are enough supervisors to allow for a range of training opportunities for trainees.

Theme 10: To be involved with the Faculty and College
Being a supervisor is necessary to the functioning of the Faculty and promotes building a critical mass of public health. It allows people to form active links with the Faculty/College and is a way of giving back to the Faculty/College.

Theme 11: Building collaborative practice
Supervision increases your network of colleagues and enhances collaboration and partnerships.

Recommendation 1: The FEC consider ways to use these findings including:
- Inclusion in a supervisor handbook
- As part of marketing material to promote supervision to Fellows.

What qualities make for good supervision?

Participants were asked what they considered to be the qualities of good supervision. The participants recognised that supervision is a relationship between the supervisor and the trainee and consequently both are responsible for good supervision to occur. The main themes to arise across the workshops are presented below. The themes to emerge were:

1. Supervisor skills that enable supervision
2. Providing support to the trainee
3. Supervisor as a role model
4. Knowledge about the Training Program and Faculty requirements
5. Trainee skills that enable supervision.

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What emerges is a description of a role that requires significant social maturity with many elements that can be learned and reinforced. Participants' responses are presented at the end of the report in Appendix 8.20.

Theme 1: Supervisor skills that enable supervision

A good supervisor makes time for supervision and makes themselves accessible and available to the trainee. Using their management skills they structure time for regular meetings and project planning.

They have good communication and people skills, in particular listening skills, are approachable and supportive and are able to identify problems and difficulties early. They are able to give effective feedback that is timely (prompt) about both the positive and the negative aspects of performance. Feedback is offered not only within structured meetings but also ad hoc to ensure timeliness of advice. Supervisors need to be honest, transparent and supportive of training.

As well as the technical development of trainees they are also interested in their personal development. A good supervisor demonstrates empathy for the trainee and understanding for the challenges of the role which in turn builds rapport and a relationship.

Supervisors ideally are enthusiastic, committed and personally invested in the role and they also have insight into their own strengths and weaknesses. They are also able to recognise the skills that the trainee brings to the workplace. They are able to apply situational leadership skills to tailor their approach to the needs of the trainee.

Theme 2: Providing support to the trainee

Good supervision provides the trainee with workplace opportunities that allow learning and professional development. Work projects are framed to allow the trainee to develop their skills and initiative rather than to overwhelm and demotivate them. Motivating trainees and providing knowledgeable guidance, identifying resources and ensuring the trainee is directed into useful channels were identified as roles for supervisors. A good supervisor is attentive to the detail of projects while being able to take a long view, a perspective of a project as a whole.

Supervisors with a broad experience and knowledge in public health and with sound analytical ability are able to create opportunities for learning. However the supervisor doesn't need to know everything relevant to all the competencies of the Training Program. Indeed being open about knowledge gaps was recognised as a positive quality.

Theme 3: Supervisor as a role model

Supervisors are a role model for trainees of professionalism, ethical behaviour and leadership in the workplace. They reflect and help the trainee to further develop their public health values. They model reflective practice and a good supervisor remembers to have a sense of humour.

Theme 4: Knowledge about the Training Program and Faculty requirements

Supervisors need to understand the Faculty Training Program and its requirements and the rationale behind the requirements. Supervisors have administrative and paperwork requirements to complete and some indicated that these can be a challenge at times.

This knowledge about the Training Program also informs in providing appropriate opportunities (projects that are linked to competency development) and in understanding the requirements and the timelines that the trainees need to meet. The supervisor can also help the trainee to manage the sometimes competing needs of the Faculty and the workplace.

Theme 5: Trainee skills that enable supervision

It was acknowledged that the Trainee also needs to be knowledgable about the requirements of the Training Program and that there is an added burden of being a supervisor of a new trainee. The communication skills of the trainee were recognised as being important for the success of the supervision relationship. It was acknowledged that flexible trainees made it easier for the supervisor to encourage learning, challenge the trainee, encourage reflection, acknowledge progress and deliver a graded transfer of responsibility.

Recommendation 2: The FEC to consider ways to utilise these findings including:

- Inclusion in a supervisor handbook
- Inclusion in a trainee handbook
- As part of marketing material to promote supervision to Fellows
- To guide the development of future training resources for supervisors

The challenges of supervision

At the first workshop participants were asked to comment on what they considered to be the challenges of supervision. Issues raised included having sufficient time to be a supervisor and in particular in dealing with someone who is not performing or who appears unsuited to public health, '*very challenging to give effective feedback to trainees when they are underperforming'*. Some participants felt that in non-government organisations sometimes the context does not always fit well with supervision requirements. Participants also noted that it is not always easy to recruit medical staff.

Recommendation 3: In future supervisor training, gather feedback from participants on the challenges of supervision. This information could prove useful to plan future training sessions.

4 EVALUATION OF THE DELIVERY OF THE WORKSHOP

Participants completed the RACP standardised PREP AT Evaluation form at the end of each workshop. On this form, participants were asked to assess the workshops against nine criteria:

- Training was relevant to my needs
- Materials provided were helpful
- Content was well organised
- Questions were encouraged
- Instructions were clear and understandable
- There was time to practice new information
- Training met my expectations
- Length of training time was sufficient
- The facilitator and/or presentation was effective.

The scale offered five options to rate each criterion: Strongly Agree, Agree, Neither Agree or Disagree, Strongly Disagree, N/A.

Qualitative information was also gathered. Participants were asked to self rate on a scale of 1-10 (where 1 = very low confidence and 10 = very high levels of confidence), at both the beginning and at the end of the workshop, how confident they felt in supervising an AFPHM trainee.

Delivery of the workshop

Sixty-seven participants (including the pilot) completed the PREP AT evaluation form, a 71% response rate. There was an overwhelmingly positive response to the workshops ,which is reflected in the results presented in Table 1. The majority of participants agreed or strongly agreed with each of the criteria.

Table 1. Responses provided by AFPHM supervisors regarding nine assessment criteria for 8 supervisor workshops delivered in across Australia in 2011.

Criteria	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Training was relevant to my needs (ie Prep Overview, Specific tools, effective feedback)	41 (61%)	26 (39%)			
Materials provided were helpful	46 (69%)	18 (27%)	3 (4%)		
Content was well organised	39 (59%)	27(40%)	1 (1%)		
Questions were encouraged	45 (67%)	20 (30%)	2 (3%)		
Instructions were clear and understandable	37 (55%)	29 (44%)	1 (1%)		
There was time to practice new information	27 (40%)	32 (48%)	6 (9%)	2 (3%)	
Training met my expectations	35 (52%)	32 (48%)			

Length of training time was sufficient	29 (43%)	35 (53%)	1 (1%)	2 (3%)	
The facilitator and/or presentation was effective	40 (60%)	27 (40%)			

By the end of the workshop, did the participants feel more confident to be a supervisor?

As noted above, at the start of each workshop, participants were asked to rate themselves on a scale of 1 to 10 on how confident they felt to be an AFPHM supervisor *right now*. At the end of the workshop people were asked to rate themselves again. This self-ranking exercise allowed the Project Team and the participants to gain an immediate impression of the effectiveness of the workshop. The participants appeared to enjoy this exercise as it provided an opportunity to share their experience of supervision with other participants. It also energised the group early in the day by asking them to reflect with each other about their current feelings about their capacity to supervise a trainee. By asking each person to reflect it drew all the participants into the process. Repeating the exercise at the end of the day once again drew everyone into the process of reflection and expressing what they felt they had gained through the workshop. It was also an effective way to visually demonstrate to both participants and facilitators an improved sense of confidence of the group as a whole.

Initial rankings

At the start of the workshop participants expressed a range of levels of confidence across the whole span of the ranking, from very low levels of confidence through to very high levels, but most placed themselves at the lower end. The reasons for this span are summarised below.

Participants expressing low levels of confidence had usually not supervised before or were new supervisors. Participants who had either just completed training or had been a supervisor a long time ago both expressed uncertainty; participants are aware that the Faculty Training Program has changed 'a lot'. Some participants had been mentors but not supervisors and are aware that the roles are very different. They expressed a desire to know about learning contracts, workplace reports, new assessments and the new curriculum.

Participants recognized that knowledge and experience of supervision gained in other settings was transferable; however they still felt that they needed to know the requirements of the Faculty Training Program to be confident. Supervisors of other trainees who learn in the workplace eg college trainees, medical students, NSW Public Health Officer Trainees and NZ trainees, as well as from academic environments for example Masters students, recognised that they had relevant experience as supervisors. People with experience in the general supervision of staff also acknowledged the value of this experience. An interesting observation is that people who were very confident also cited experience of supervising other groups of trainees, an observation that would be interesting to explore with supervisors. Alternatively people with knowledge of the Training Program but no experience or knowledge of supervision tended to rank themselves lower.

People who have supervised and found it challenging tended to rank themselves around the midpoint as did those with some knowledge of the Training Program but lower levels of experience as a supervisor.

As mentioned above people who were very confident were those who had supervised a lot and often had experience of supervising a range of different types of trainees including AFPHM trainees and of managing staff. However they wanted to understand the new

Faculty Education tools and learn about the new requirements, the new curriculum and forms.

Final rankings
All participants across all the workshops self rated their levels of confidence higher at the end of the workshop. The changes ranged from a couple of points up to 4 or 5 points in some cases (although it is hard to put actual numbers on this). A summary of the participant comments are provided below.

At the lower end of the scale some participants reported '*Feeling better about the process of being a supervisor, still unsure about the details'.*

The majority of participants expressed feeling moderately more confident having gained a better understanding of the processes and the tools and *'a much clearer understanding of the training requirements'.* Encouragingly they expressed '*feeling better about the knowledge'* and *'looking forward to putting it into practice'.* Some people who were able to confirm their knowledge and found this reassuring. Others expressed that they liked the standardised approach, that this was clearer and less open to interpretation, and '*promises a real attention to detail'.* One person offered that '*before it was confusing 'black magic''*.

A number of people expressed that they valued having support available '*I understand better, and also feel that there is the support that I can go to in the Faculty for specific things such as the learning contracts'.*

Generally people expressed being happier at the end of the workshop as it '*integrated the whole training program, the handbook is really helpful*'.

Those who expressed being much more confident valued having the theoretical basis for the changes explained and appreciated the '*ideas for trying things in a new context'.* These people tended to single out being much more confident in using the learning contract after the workshop.

Recommendation 4: Include the self-ranking exercise at the start and end of any future supervisor workshop.

Areas for further clarification
At the end of the workshop, participants were asked whether there were any areas that they felt needed further clarification**.** The following areas were raised:

- The 'art' of **supervision** was not explored enough. Participants asked for more exploration of what makes an effective supervisor beyond effectively applying the tools. Participants requested more advice for interceding with underperforming trainees and resolution of disputes between the supervisor and the trainee. One suggestion was providing a video example of giving feedback.

- Participants raised the challenge of co-supervision and asked "*What is the best way to structure co-supervision?'*

- Supervisors would like more information about the **assessment processes** and a number of queries were raised about the application of the oral presentation assessment which have been forwarded to the Assessment Subcommitttee for consideration.

Regarding the final oral examination, some people requested that there be consultation on its future role. *'It seems very unclear as to what is happening with it into the future. Would like to have a voice in deciding whether to have an oral exam – have a consultation on this.'*

More information was sought about the **learning contracts**, and the cycle that they go through. There is some uncertainty about the difference between the Learning Contract and the Learning Contract Report. Participants asked what needed to be subsequently submitted. There is also uncertainty how to assess levels of competence.

Further information about what **forms** must be submitted to the Faculty was requested as well as how to adequately complete forms.

Participants asked after the **role of the mentor** – '*does that continue on the same?'* Participants confirmed that the role of the mentor was important and felt that it should be retained by the Training Program.

Clarification was sought on the role of the **Regional Committees**, especially with sign off of learning contracts. Supervisors wanted to know what their relationship was to the FEC and what the communication lines are?

Recommendation 5: The FEC to discuss a strategy to address the areas needing further clarification. This strategy could include (but is not limited to);

- Developing a Frequency Asked Questions for supervisors
- Clarifying the role of mentors in the training program
- Clarifying the role of a co-supervisor

Recommendation 6: Future supervisor training to provide a more in depth coverage of the following sessions:

- Assessment
- The Learning Contract
- Giving Effective Feedback

Recommendation 7: The Assessment sub-committee to discuss the issues raised in this section:

- More information on workplace reports, exam preparation, the training summary
- Process for consultation on the future of the oral exam
- Clarify the marking system for oral presentations

Did the workshop objectives meet the expectations of the participants?

When participants at the beginning of the workshop were given the chance to reflect on the objectives, they expressed a desire for practical sessions and information confirming that the changes to the training program are both evidence-based and are strengthening the program. They also asked for information about dual training and co-supervision.

At the end of the workshop, all the participants when asked whether they felt the objectives of the workshop were achieved responded *Yes*. Consequently the Project Team conclude that the objectives of the workshop met the expectations of most participants.

Recommendation 8: In future supervisor training, include a session covering some practical tips, tactics and techniques for being a supervisor

Recommendation 9: Develop a FAQ sheet for Supervisors that covers information about dual training options and co-supervision.

5 SUPPORTING SUPERVISORS

At the end of the workshop supervisors were asked what ongoing support would they like from the Faculty.

Firstly they raised that they would like to be able to **find information** more easily. They would also like ongoing communication with the Faculty and asked for a feedback loop between the supervisors and the FEC (suggestion was for teleconferences 2 times a year).

They also suggested establishing '*some kind of peer support for supervisors'.* Mechanisms for **providing support** were suggested and included: having supervisor mentors; a supervisor buddy system (a new supervisor with an experienced supervisor); a supervisor forum; and producing a supervisor handbook that includes worked examples of the various forms eg of a good learning contract.

Supervisors looked for support in completing **the learning contract** and asked also for access to other completed learning contracts.

People asked for **continuing training** and suggested that workshops should be held regularly, and should be held whenever there are substantial changes or new developments affecting the Training Program. Other formats for delivery suggested were half day, at the end of the Annual Scientific Meeting, by webinar, and by videoconference (at least 2 hours) and involving the regional committee. It was also suggested that the training should be compulsory for supervisors.

Workshops for helping trainees prepare for the final oral examination were also suggested '*A workshop before doing the Viva exams to train the people who are running the mock exams'.*

Recommendation 10: The FEC to discuss a strategy for supporting supervisors. This strategy should include (but is not limited to);

- Developing a supervisor handbook
- Introducing a regular communication forum between the FEC and Supervisors
- Introducing a peer support program for new supervisors

6 FINAL COMMENTS

At the end of the workshop, participants were asked if they wanted to provide any other comments or feedback.

Theme: Assessment

- Put the oral presentation marking form onto an A3 sheet (and folded) so that you do not have to turn over the sheet during the presentation to read the descriptions on the back
- The Trainee teleconferences in the lead up to the exam in 2010 were very valuable, especially as they started in April so they had access to this for much of the year. Were more valuable than the videoconferences
- The workplace reports are being sent to examiners with the names of the trainees still on it, they should be de-identified – can this issue be referred to the assessment sub-committee
- The oral presentation guidelines should be clarified to better describe the trainee and assessor responsibilities, including how the assessors should collate their feedback to give to trainee, and to clarify process requirements for identifying and requesting assessors.

Theme: Ongoing supervisor training

- Include some references/articles in the handout – put these on the website rather than printing
- Would be useful to know what the other topics are for videoconferences/national training days. Some people didn't know they could attend videoconferences.
- Communication training should be something we offer to supervisors and trainees
- If there is going to be a workshops around Australia in the future, it might be good to consider what else can be tacked on to it. It was very useful to have people come out and deliver this.
- It is invaluable, supervisors need to do this on a regular basis, for sustainability perhaps it could be combined with when trainees get together
- Next time we come together for a supervisor workshop/session can we cover with what is a supervisor to do for trainees in their last year, eg gap identification, or if a trainee does need remediation

Theme: Supervisor Resources

- The handbook is a good tool, would be good to convert this into a supervisor handbook
- The curriculum is a really useful tool, much easier than going to the website to get the competencies
- In the handbook, include a brief explanation of what PREP AT, and also how does the professional qualities curriculum fit in
- Give supervisors access to the portal so they can access for continuing professional development points, and also to see what the trainees have access to – they might be under my resources as well
- Include a key contacts page so people know who to contact
- An online roadmap of the progression through the training program – from the MPH level through the training program would be useful

Theme: Communication

- Supported the idea of having a 6 month teleconference linking FEC with supervisors. Also peer review lists can be good, or an email list?
- We support the idea to have a 6 monthly teleconference or web based activity for supervisors to connect with the FEC and the Faculty.

Theme: Trainee support

- Is the trainees café something our trainees can join?

- Collate a list of each of the training positions, including the STP roles, and which competencies they offer so that trainees who need to address gaps can have an idea of what roles there are out there
- Get feedback from trainees as to how they are finding the changes, do they feel that they are beneficial

Recommendation 11: The Assessment sub-committee to discuss the issues raised in this section:

- Format of the oral presentation marking form
- Maintaining trainee confidentiality of workplace reports during the marking process.

Recommendation 12: The FEC to discuss introducing regular supervisor training; consideration should be given to the following suggestions:

- ½ day vs full day format
- Videoconferencing
- Web based training modules
- Including a supervisor training session as part of Congress.

Recommendation 13: The FEC to discuss the feasibility of consulting with trainees in the future to gather data on their experiences with the new training program.

Recommendation 14: The FEC to consider general issues raised including:

- Developing online roadmap of the progression through the training program
- Exploring the feasibility of supervisors having access to the trainee's portal
- Ensuring supervisors are aware of the videoconference sessions on offer so they can also join if interested
- Consider opportunities to encourage supervisors to come together to share experiences, provide peer support and in general build a community of practice.

7 SUMMARY OF RECOMMENDATIONS

The workshops implemented across Australia benefited from the intensive involvement of three members of the Faculty Education Committee, the Associate Director Public Health Training and Development and others intimately involved in the development and delivery of the training program. Although it was not the main intent of the workshop, the workshops provided a natural opportunity for the participants and the representatives of the FEC to communicate face to face. This allowed the supervisors in the various locations the opportunity to express the issues they were concerned about.

A set of recommendatons has been developed from the findings of the Evaluation to:

- ensure that future workshops build on the experience of the 2011 workshops,
- ensure that supervisors are provided with the support they need to provide high quality supervision to AFPHM trainees
- allow feedback between the workshop participants, the FEC and its subcommittees.

Recommendations
Understanding the role of the supervisor
'Why be a supervisor?'
1: The FEC consider ways to use these findings including:

- Inclusion in a Supervisor handbook
- As part of marketing material to promote supervision to Fellows.

What qualities make for good supervision?
2: The FEC to consider ways to utilise these findings including:

- Inclusion in a supervisor handbook
- Inclusion in the trainee handbook
- As part of marketing material to promote supervision to Fellows
- To guide the development of future training resources for supervisors.

The challenges of supervision
3: In future supervisor training, gather feedback from participants on the challenges of supervision. This information could prove useful for planning future training sessions.

Evaluation of the delivery of the workshop
4: Include the self-ranking exercise at the start and end of any future supervisor workshop.

Areas for further clarification
5: The FEC to discuss a strategy to address the areas needing further clarification. This strategy could include (but is not limited to);

- Developing a Frequency Asked Questions for supervisors
- Clarifying the role of mentors in the training program
- Clarifying the role of a co-supervisor

6: Future supervisor training to provide a more in-depth coverage of the following sessions:

- Assessment
- The Learning Contract
- Giving Effective Feedback

7: The Assessment Sub-committee to discuss the issues raised in this section:

- More information on workplace reports, exam preparation, the training summary
- Process for consultation on the future of the final oral examination

- Clarify the marking system for oral presentations

Did the workshop objectives meet the expectations of the participants
8: In future supervisor training, include a session covering some practical tips, tactics and techniques for being a supervisor

9: Develop a FAQ sheet for supervisors that covers information about dual training options and co-supervision.

Supporting Supervisors
10: The FEC to discuss a strategy for supporting supervisors. This strategy should include (but is not limited to);
- Developing a supervisor handbook
- Introducing a regular communication forum between the FEC and Supervisors
- Introducing a peer support program for new Supervisors

Final Comments
11: The Assessment sub-committee to discuss the issues raised in this section:
- Format of the oral presentation form
- Maintaining trainee confidentiality of workplace reports during the marking process.

12: The FEC to discuss introducing regular supervisor training, consideration should be given to the following suggestions:
- ½ day vs full day format
- Videoconferencing
- Web based training modules
- Including a supervisor training session as part of Congress.

13: The FEC to discuss the feasibility of consulting with trainees in the future to gather data on their experiences with the new training program.

14: The FEC to consider general issues raised including:
- Developing online roadmap of the progression through the training program
- Exploring the feasibility of supervisors having access to the trainee's portal
- Ensuring supervisors are aware of the videoconference sessions on offer so they can also join if interested
- Consider opportunities to encourage supervisors to come together to share experiences, provide peer support and in general build a community of practice.

Conclusion
The evaluation has demonstrated that the workshops met their objectives and were perceived by the participants as a valuable experience that would assist them in providing effective supervision. By offering the workshops in a concentrated period of time across the country it has provided an important opportunity to update and create a common understanding among the current group of regional supervisors about the development and implementation of the new Education Program. Additionally, the Project Team reported that the delivery of these workshops nationally brought positive benefits through providing an opportunity to engage in a meaningful way with regional Fellows.

8 ATTACHMENTS

Attachment 8.1

Workshop details

SUPERVISOR WORKSHOPS 2011

	Sydney – pilot **Friday** **1st February 2011**	**Melbourne** **Monday** **28th February 2011**	**Adelaide** **Tuesday** **1st March 2011**	**Perth** **Thursday** **3rd March 2011**
Participants	= 14	= 4 (8 started the day)	= 6	= 13 (including 1 staff)
Facilitating	Dr Lynne Madden Dr Marie-Louise Stokes Dr Judy Straton Ms Carmen Axisa Dr Elyssebeth Leigh Ms Belinda O'Sullivan	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden	Ms Susanne Engelhard Dr Judy Straton

	Canberra **Tuesday** **8th March 2011**	**Brisbane** **Thursday** **10th March 2011**	**Sydney** **Friday** **11 March 2011**	**Darwin** **Wednesday** **25th May 2011**
Participants	= 9	= 16 (including 1 staff)	= 6	= 13 (including 1 staff)
Facilitating	Ms Susanne Engelhard Dr Judy Straton Dr Mike Ackland	Ms Susanne Engelhard Dr Neil Parker Dr Judy Straton	Ms Susanne Engelhard Dr Mike Ackland Dr Lynne Madden Ms Belinda O'Sullivan	Ms Susanne Engelhard Dr Judy Straton Mike Ackland

Total number of people attending (and completing) the pilot and the other 7 workshops = 94. This figure includes 3 staff members but does not include the facilitators.

Attachment 8.2

Workshop program

AFPHM Supervisor Workshops 2011

9am – 3.30pm

Melbourne 28 Feb
Adelaide 1 March
Perth 3 March
Canberra 8 March
Brisbane 10 March
Sydney 11 March

PROGRAM

8.45am	Registration
9am	Welcome and introduction
9.10am	Supervision
9.30am	Overview of the AFPHM Education and Training Program
9.45am	The Advanced Training Curriculum
10.00am	Overview of the AFPHM Assessment
10.30am	Morning Tea
10.45am	Introducing Learning Contracts
12.30pm	Lunch
1.15pm	Giving Effective Feedback
2.15pm	The Oral presentation
3.15pm	Wrap up
3.30pm	Close

This is a recognised RACP MyCPD activity (3pt/hour of attendance)

Attachment 8.3

Workshop presentation slides

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The AFPHM Supervisor Training Workshop

Melbourne 28 Feb
Adelaide 1 March
Perth 3 March
Canberra 8 March
Brisbane 10 March
Sydney 11 March
Darwin 25 May

Group activity

On a scale of 1 – 10, (one side of the room is a 1 = low confidence, the other side is a 10 – high confidence) stand up and move to where in the room best represents how confident you feel *right now* in supervising an AFPHM trainee.

Consider and discuss with the people around you:

What motivates you to be a supervisor? What are some of the challenges that you face or think you will face as a new supervisor?

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Workshop Overview

- The roles and responsibilities of the AFPHM supervisor
- The AFPHM education & training program
- The AFPHM Curriculum
- The AFPHM assessment requirements, including workplace reports and oral presentations
- The AFPHM teaching and learning requirements, including the learning contract
- Giving effective feedback to trainees

Do you have other objectives you would like to cover?

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The Roles and Responsibilities of being a Supervisor include:

- Being a role model for professional practice
- Supporting the Trainee's learning
- Working with the Trainee to develop their learning contract
- Providing timely and constructive feedback to the trainee
- Completing relevant organisational, reporting and administrative tasks

Any others you think are important?

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Helpful links:

- AFPHM office

Email: afphm@racp.edu.au

Phone: 02 9256 9622

- The Advanced Training Curriculum

Website: http://racp.edu.au/page/advanced-curricula

- Training requirements

Website: http://racp.edu.au/page/racp-faculties/australasian-faculty-of-public-health-medicine/education-and-training/

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Our next session is…

An overview of the Education and Training Program

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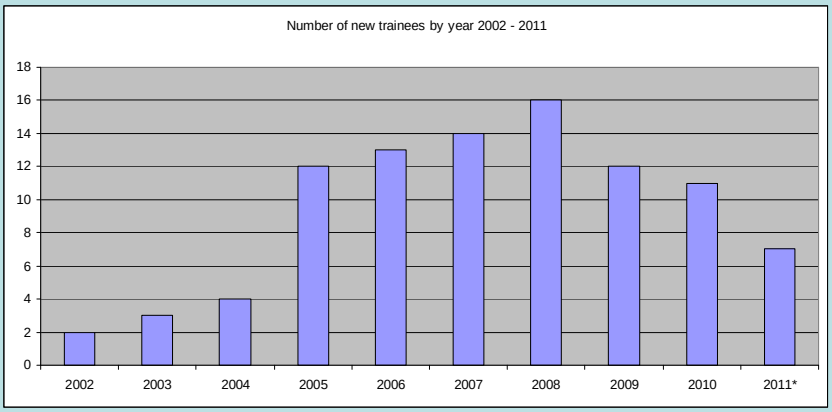
A snapshot of our trainees
- new trainees -



* 2011 figure is year to date

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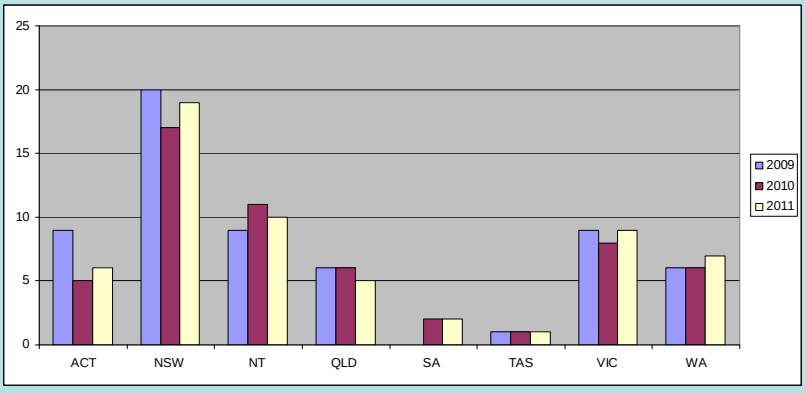
A snapshot of our trainees
- their location -



- Total number is 60 Trainees (plus 3 OTPs = 63)
- Only includes those STP positions that have recruited (5 so far in NSW).

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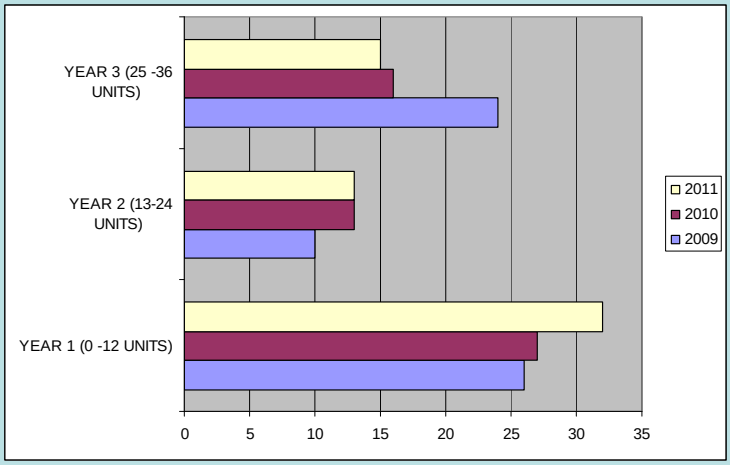
A snapshot of our trainees
- their year of training -



- In 2011 there is a reduced burden of 3rd year trainees, however an increase in first year trainees

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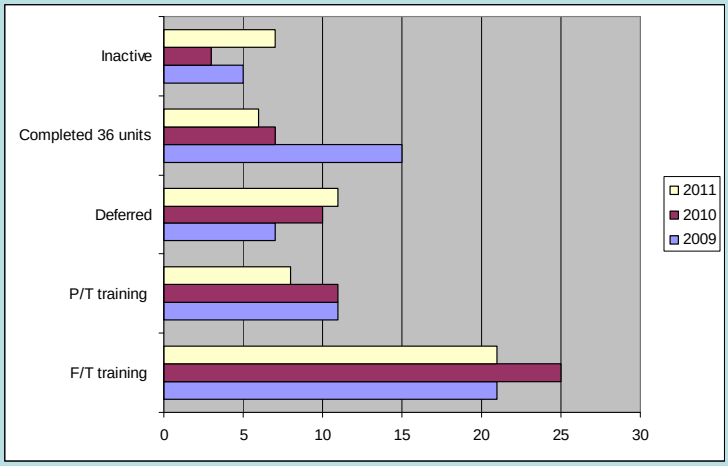
A snapshot of our trainees
- their training status -



- increased number of deferred trainees (mainly maternity leave)
- reduced no. with 'completed units'

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Achieving constructive alignment

Our achievements in 2010 and plans for 2011

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Achievements in 2010 include:

- 2010 = first year of a 3 year training cycle, ensuring all competencies are covered in training activities
- Monthly videoconferences, 2 national training days and a series of exam teleconferences held in 2010
- Learning contracts piloted with a small group of trainees
- National Training Days were held in March. Based on feedback from previous year, all sessions in 2010 were interactive.
- Online Advanced Training Portal developed and live from April 2010

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Achievements in 2010 continued…

- STP recruitment strategy – links established with MPH students
- John Snow Scholarship – links established with medical students
- Site accreditation process piloted with 24 STP sites

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Plans for 2011 include:

- Supervisor training across Australia
- Development of Problem Based Learning exercises
- Implementation of Learning Contracts
- Review of assessment workshop
- The Oral Presentation becomes a summative assessment
- College-wide consultation process with Supervisors to determine a new supportive supervision structure
- Development of formative assessment tools

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Our next session is…

The Advanced Training Curriculum

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Why do we have a new curriculum?

- Pressure from external influences such as the AMC
- Consistent with modern adult education philosophies

What has changed?

- The content is the same as the AFPHM competency document
- The curriculum is a new format that is consistent across the RACP:
  - Domains
  - Themes
  - Learning Objectives

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Domains (formerly called 'themes')

- The 'themes' from the Australasian Competencies for Public Health Medicine are now called Domains

1. General professional practice
2. Cultural competencies
3. Information, research, evaluation
4. Policy
5. Health promotion and disease prevention and control
6. Health sector advocacy, development and management
7. Organisational management

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Domains

- 'Policy' has been separated from 'Information, research, evaluation and policy', to become its own domain
- 'Health sector development and organisational management' has been renamed 'Health sector advocacy, development and management'

Themes

- The 15 'areas' from the Australasian Competencies for Public Health Medicine are now called 'themes'.
- There have been no major changes to these, except for the creation of one additional theme called 'Advocacy'

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Learning Objectives

- The 'competencies' have been translated into 'learning objectives'.
- There has been a reordering of the learning objectives so that those with competencies to be achieved at level 2 appear first in the list under each theme.

Elements of competence

- Finally, the detail for each competency has been listed as 'elements of competence' in dot-point form under each learning objective. Again, there has been no change to this content.

DOMAIN 1	GENERAL PROFESSIONAL PRACTICE
Theme 1.1	Professional Development and Self-Management

Learning Objective 1.1.1	Establish and maintain career direction and motivation	Level 2
Elements of competence		
• establish long-term career goals • develop an awareness of the role and legacy of public health • maintain personal resilience commitment and support (e.g. through engagement with colleagues and communities).		

Learning Objective 1.1.2	Manage one's own training and continuing professional development	Level 2
Elements of competence		
• understand training, continuing professional development (CPD) and recertification systems operating in Australia and New Zealand • critically assess one's own personal limitations and development needs based on career goals and required competencies • learn from errors • obtain feedback about one's effectiveness and implement active processes to maintain and improve performance • provide effective and timely reports of training and CPD activities to meet Faculty and Medical Council / Board requirements.		

Our next session is…

Overview of the AFPHM Assessment

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The New Assessment Scheme

- Linked to achievement of competencies
- Formative and summative assessment
- Emphasis on on-going workplace-based assessment
- Reduced emphasis on end of training assessment
- Aligned with developments in RACP Deanery

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Formative and Summative Assessment

Formative assessment - decisions made *with the candidate* about what to learn and what areas need improvement I.e. used for providing feedback and guiding learning

Summative assessment - decisions made *for the candidate* about progress in the training program and about completion of the program I.e. used for making high stakes decisions

Note:
Formative assessment does not mean **optional** assessment

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Methods of assessment

- **Written output** (workplace evidence)
  - Workplace reports
  - Other written reports e.g reflective commentaries*
- **Direct observation of performance**
  - Oral presentation
  - Multi-source feedback*
  - Observer ratings of other specific tasks e.g chairing a meeting*
- **Oral assessment**
  - Oral Examination at end of training

* *Still being developed*

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Workplace Reports

Aim

- To demonstrate the Trainee's ability to undertake public health projects and produce high quality written work

Examples

- Report of a project where Trainee has taken a major role, e.g.
  - Outbreak investigation, analysis of routinely collected data, lit review for policy development, evaluation of public health policy
  - Trainee must be first author of the report
  - May be in the form of published paper in peer-reviewed journal (Trainee must be first author)

The role of the supervisor

- Assist Trainee to identify suitable reports for assessment
- Supervise the writing of the reports with appropriate feedback on content and quality of writing
- Verify to the Faculty the Trainee's contribution to the project and to the report

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Oral Presentation

- Two over the course of training
- Summative from 2011
- Details later in the workshop
- **Supervisor's role**
  - Assist trainee to identify opportunity to present
  - Support in practice presentations - formative assessment/feedback

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Oral examination

- Summative assessment
- At or near end of training
- Centrally organised: one hour interview format with two separate panels, each with 3 examiners
- Content: Key areas of public health as per advanced training curriculum

Plain Language	Australian health system
Environmental health	Indigenous health
Communicable disease	Health inequalities
Health promotion	Epidemiology
Policy development	Public Health Evidence
Evaluation	

- Timing of exam and opportunities for remediation being reviewed

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Professional Development Portfolio (PDP)

- Collation of evidence of achievement of competencies
- Not an assessment method *per se*,
  - evidence in the portfolio to be used for formative assessment
- Contents will include
  - workplace reports
  - learning contracts and learning contract reports
  - Reflective commentary on competency attainment
  - Published papers and conference presentations
  - Outcome of relevant courses studied
- Status: specifications still being developed – implementation 2012
- Portfolio to be reviewed annually by a regional panel (formative)

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Assessment by year of completion of training

Year of Completion of Training	Summative assessment	Formative Assessment
2010	•Three written workplace reports •Training summary •Final oral assessment	Oral presentation
2011	•Three written workplace reports •Training summary •One oral presentation •Final oral assessment	2011 Learning Contract
2012	•Three written workplace reports •Training summary •Two oral presentations (one completed in 2011, one in 2012) •Final oral assessment	2012 - To be confirmed *(e.g. Direct observation: Multi-source feedback (MSF), Case/Scenario-based discussion, Preparation of Professional Development Portfolio, Reflective Commentary, PQR)*
onwards	•New assessment scheme The Final structure will depend on development work in Interim Phase. Will include written reports, direct observation and oral assessment	

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SUMMARY OF ASSESSMENTS REQUIREMENTS FOR AFPHM

Type of Assessment	Number in Program	Number per year	Formative/Summative
1. WRITTEN OUTPUT			
Workplace Reports (Refer to: *Guidelines for Workplace Reports 2010*)	3 over period of training	unspecified	Summative Marked by assessors Centrally organised
Reflective Commentary	3	1 per year	First two to be formative Third to be summative
Professional Development Portfolio (Guidelines to be developed)	1	n/a	TBC
2. DIRECT OBSERVATION OF PERFORMANCE			
Public Health Assessment eXercise (PHAX or DOFS)	3	1 each year	Formative Locally organised
Oral presentation assessment exercise	2 over period of training	unspecified	Formative 2010 Summative 2011 Locally organised
Multi-Source Feedback (MSF)	3	1 each year	Formative
Case/Scenario-based discussion	TBC	TBC (2 recommended)	TBC
3. ORAL ASSESSMENT			
Oral Examination	1	End of training	Summative Centrally Organised Assessed by appointed examiners panel
4. OTHER (T&L Tools)			
Professional Qualities Reflection (PQR)	TBC	TBC	Requirement, but not assessed
Learning Contract (equivalent to Learning Needs Analysis – LNA)	As necessary (at least 3)	1 minimum	Formative (judgement by Supervisor)

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Recent Achievements

- Introduction of oral presentation as a summative assessment.
  - Assessor forms and guidelines developed
- Introduction of separate workplace reports (WPR) to replace Bound Volumes.
  - Guidelines and marking forms produced
  - Preliminary approval process trialled
  - Reports can now be submitted electronically
- Oral Exam 2010
  - 13 candidates – 85% pass rate
- Development, trial and implementation of Learning Contracts as formative assessment
- Preliminary work on reflective commentaries and PDPs

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Plans for 2011:

- Review of Assessments Workshop (completed)
- Final development of Learning Contracts
- Finalise requirements for reflective commentaries
- Guideline development for Professional Development Portfolio
- Oral Presentation becomes a summative assessment
- Development of formative assessment tools aligned with RACP Education
  - Multi-Source Feedback
  - Direct Observation of Skills e.g chairing meeting
- Supervisor and assessor training

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Our next session is…

Introducing the Learning Contracts

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Introducing Learning Contracts

Background

- Learning & assessment tool used in other settings to:
  - provide the framework upon which to base formative assessment
  - help guide summative assessment, and
  - orientate learning to the intended training goals for the trainee, supervisor and training program management

Dec 2009 →	Jan 2010
The trainee application process was reviewed **Result** =Lack of clarity and limited use in formative assessment	Pilot of a new Faculty learning contract endorsed

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Introducing Learning Contracts

Background *(Handout 7)*

Phase 1 May-Aug 2010	Phase 2 Nov 2010 –Jun 2011
Clarified the projects +++ for supervisors/ coordinators & administration	Test implementation learning Contract Reports where document used for formative sign off
Need to be timely	Address in phase 2
Did not describe all workplace activities	Address in phase 2

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Process being piloted 2011 – *Handout 8*

Action	Timeline
1. Trainee develops concept of workplace training opportunities in liaison with supervisor 2. Trainee drafts The Learning Contract 3. Review by supervisor and central personnel 4. Supervisor / trainee negotiate and sign 5. Submission to Faculty	Within six weeks
1. Faculty forwards to Regional Education Coordinator	Within 6-7 weeks
1. Learning contracts discussed at Committee level 2. Provide clear picture of all training happening in each state	
1. Trainee drafts Learning Contract Report / review and submission	Within two weeks of completing a period of work / minimum annually

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What does it look like? – *Handout 9*

The Learning Contract	The Learning Contract Report – Attached to LC
Identifying information	Retrospectively amend Learning Contract – changes tracked in and appended
Dates	Formative assessment – list evidence and level of competency worked at (elements of competence as guide)
Workplace learning activities and projects: their rationale, objectives, methods and expected outputs. Competencies working across	Reflection – replace supervisor's report
Signatures	Signatures

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Supervisor role

When trainee comes to your workplace	When trainee has been in workplace some time
Find out past work history, baseline skills and interests	Monitor progress against the learning contract
Find out gaps in learning and learning objectives	Ensure workplace activities and projects remain feasible
Talk with trainee about specific projects/ activities and roles to meet these	Consider new workplace activities that will give exposure to other competencies
Discuss limitations within workplace	Review the Learning Contract Report
Review The Learning Contract	Liaise with Faculty and Committee concerning any issues concerning progression

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Handout 9: **Learning contracts**

You are the trainee- draft it

- Using the description provided, outline your main roles activities and learning strategies

Handout 10: **Learning contract**

You are the supervisor – give feedback

- What improvements can the trainee make to improve clarity?
- What main competencies can you suggest will be covered by the work?

Handout 11: **Learning Contract Report**

You are the supervisor – give feedback

- What competency attainment is possible?
- Read project description and evidence

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Our next session is…

Giving effective feedback

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Feedback in medical education is:

"specific information about the comparison between a trainee's observed performance and a standard, given with the intention to improve the trainee's performance"

Its has the purpose to:

- Raise a trainee's self-awareness about their performance and leaves them to choose their future actions
- It can reinforce good practice as well as be corrective

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Feedback language tips to reduce defensiveness (refer handout)

1. FOCUS ON YOUR VIEWPOINT

Use I think rather than *we think* or *most people think*

2. BE LESS CONFRONTATIONAL

Ask what, when, where and how questions, rather than *why*

3. BE OPEN

Use and rather than *but*

4. *AVOID BLAMING*

Use you might consider, rather than *you should never/always*

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Activity 1

In pairs, choose who will be the trainee and who be the supervisor for this exercise

Part 1: Supervisors are to imagine a common scenario where you will be likely to provide feedback to a trainee. Role Play giving feedback to the trainee where you use language that <u>increases defensiveness in the trainee</u>

After 2 mins trainees and supervisors swap roles.

Part 2: Now do the same exercise but this time use language that <u>decreases defensiveness</u>

Feedback to the group

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The under-performing trainee

- Poor performance is a symptom not a diagnosis: need to identify the cause/s
- Potential contributors

    1. Competence
    2. Work environment
    3. Factors affecting trainee outside of work

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Dealing with the under-performing trainee

- Meet and set clear expectations initially

If significant concerns arise

- discuss these early in a separate meeting
- use plenty of examples
- explore any background factors
- plan remedial actions / timeframe
- indicate what is going well
- set a review meeting date

- Process and documentation are very important!
- The AFPHM curriculum competencies may be helpful in explaining the deficits
- Talk to a member of the Regional Committee early in the piece if you have significant concerns

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Using reflection to improve performance

1. SHARE AND DESCRIBE
   Seek a trainee's perceptions, and let a trainee describe their concerns.
   Eg "do you have any concerns? Did it go as well as you hoped? "

2. COMMENT AND PROBE
   Supervisor provides a view, asks trainees to reflect. *Eg "it was clearly difficult to do, anything you can think of to make it better next time?"*

3. REFLECT AND REPLY
   Trainee responds with specific actions. *Eg "next time I could…"*

4. ELABORATE AND CONFIRM
   Supervisor elaborates and checks for trainee's understanding
   Eg. "*yes that's a good point, another suggestion is…"*

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Activity 2

Form groups of 3. Choose who will be the trainee, the supervisor and an observer for this exercise

Refer to Handouts 14 & 15 for the scenarios.

Use the 4 steps of reflection to provide feedback to the trainee. 10 mins for this exercise

Feedback to the group from the perspective of the observer, the trainee, and the supervisor

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Some helpful starters

- Is there another way you could have done this…
- It was particularly good when you did… because…
- Have you thought about trying…
- What do you think the problem might be…
- I really liked the way you…
- I would have liked to see… it would show…
- Do you have a reason for doing it that way…

M Bell 2005. Peer observations partnerships in Higher Education

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Our next session is…

The oral presentation

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The marking form – *refer to handouts*

- Content
- Delivery
- Visual aids
- Organisation
- Language
- Responses to questions and comments

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Guidelines – *refer to handouts*

Assessor responsibility

- use the standard form to assess the trainee
- discuss the presentation with the trainee and provide feedback

Preparation for the assessment

- liaise with trainee about the date, time and location of the presentation
- ensure you are familiar with the instructions and assessment form
- agree with the co-assessor about which of you will provide feedback to the trainee

During the oral presentation

- Judge the presentation against the criteria listed on the back of the assessment form
- Provide ratings for each domain and give an overall rating of the trainee's oral presentation skills
- Write detailed comments on the trainee's strengths and areas for improvement

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Activity – *seeing* the behaviours we need to name

Groups of 3

- Before the video is played agree which domain each person will observe
  - **Delivery**
  - **Visual aids**
  - **Organisation**
  - **Language**
  - **Questions and answers/Interaction with audience**

  Focus as much as you can on how the speaker addresses that domain
- After the video ends discuss the 'competence' of the presenter in regard to each domain. Note your scores on the observation sheet
- Identify issues that arose in deciding competence
- As a whole group we will consider what was discussed and scored

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Wrap up

- Do you feel the session objectives have been met?
- After today, are there other areas that need further clarification?
- From your perspective, what will be the easiest/hardest of the new tools to implement? What is the best way for the faculty to follow up with you in the future about your experience with using the new tools?
- What ongoing support would you like from the Faculty in fulfilling your role as a Supervisor?
- Any other comments or feedback on the workshops?

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Final Group activity

On a scale of 1 – 10, (one side of the room is a 1 = low confidence, the other side is a 10 – high confidence) stand up and move to where in the room best represents how confident you feel ***right now*** in supervising an AFPHM trainee.

How does where you are standing compare to the start of the day?

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Thank you for attending the AFPHM Supervisor Workshop

Please complete the Evaluation Form

We wish you a safe journey home

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Attachment 8.4

Workshop facilitator guide

AFPHM SUPERVISOR WORKSHOP

PROGRAM GUIDE FOR FACILITATORS

Workshop Details:	PREP Advanced Training Supervisor Workshop - AFPHM
Venue Details:	
Date/Time:	9.00 – 3.30 pm
Duration:	1 day
Facilitators:	

WORKSHOP OVERVIEW

1. Welcome and introduction
2. Supervision
3. Overview of the AFPHM Education and Training Program
4. The Advanced Training Curriculum
5. Overview of the AFPHM Assessment
6. Introducing Learning Contracts
7. Giving Effective Feedback
8. The Oral presentation
9. Wrap up / Close

Approx Length of Session	Session	Who	Details / Key Points	Resources
9.00 (10 min)	**1. Welcome and introduction**		• Introduce Session and Facilitators • Any ground rules • Sign attendance sheet for our records • Icebreaker exercise: Pick one side of the room as being a 1 – low confidence and the other side of the room being a 10. Invite people to stand up and ask people to move to where in the room they feel they rank themselves in their confidence in being an AFPHM supervisor. Ask them why they chose that particular number. • Workshop objectives : If people have any other objectives write them on the whiteboard or flip chart	PPT Attendance Sheet Pens PPT
9.10am	**2. Supervision**		• The key tasks of the Supervisor in the new	PPT

Approx Length of Session	Session	Who	Details / Key Points	Resources
(20 min)	***Session Objectives*** Participants engaged in workshop, and provide feedback to the Faculty. Participants understand the role of the Supervisor		education and training program • AsK: Are there any other roles and responsibilities that you think are important? • Where to find more information, including a link to the training processes, and RACP policies	Whiteboard & markers
9.30am (15 min)	**3. Overview of the AFPHM Education and Training Program, including the Advanced Training Curriculum** ***Session Objectives*** Participants able to explain the components of their Advanced Training program,		• Snapshot of our trainees • Overview of AFPHM Education & Training Program • Achievements in 2010 • Plans for 2011	PPT
9.45 (15 min)	**4. The Advanced Training Curriculum** ***Session Objectives*** Participants able to be familiar with the layout of the curriculum, and its transition into this format		• Why we have a new curriculum • Outline of the curriculum	Hard copies of the Curriculum
10.00 (30mins)	**5. Overview of the AFPHM Assessment** ***Session Objectives*** Participants able to: • explain the components of the assessment requirements • understand the role of the workplace reports • understand the role of formative vs summative assessments in the training program		• Overview of AFPHM Assessment • Aim of the Workplace Reports • What is suitable to submit as a Workplace Report? • Trainee / Supervisor roles in the assessments	PPT - handout photocopies of the Workplace report assessment form - Handout photocopies of the presentation Handout 1 – assessment by year of completion Handout 2 – summary of assessments Handout 3 – Guidelines for workplace reports (also hold up the final version in colour) Handout 4 – Oral presentation

Approx Length of Session	Session	Who	Details / Key Points	Resources
				assessment guidelines Handout 5 – Oral presentation assessment form
10.30am (15 mins)	**Morning Tea**			Coffee/Tea Fruit/Biscuits
10.45am (1 hr, 45 mins)	**6. Introducing Learning Contracts** ***Session Objectives*** Participants able to: ▪ apply the learning contract to advanced training in public health ▪ understand the role of the learning contract in formative assessment and the level of detail required for this purpose		• Aim of the learning contract (LC), • Background and results of pilot • Trainee / Supervisor roles • Activity 1: Small group discussion: Stage 1 of a LC (trainee perspective) - identify the main roles activities and learning strategies • Feedback: Ask each group to report back on their experience • Summarise: The key points raised by the groups • Activity 2: Small group discussion: Stage 1 of a LC (supervisor perspective) – suggest improvements the trainee could make to improve clarity of the LC for assessing competence levels. What main competencies can you suggest will be covered by the work? • Feedback: Ask each group to report back on any issues that arose • Discuss: What level of detail is needed in the initial LC so that competence can be assessed • Activity 3: Small group discussion: The Learning Contract Report (supervisor perspective) – decide on level of attainment by considering project description and evidence	PPT Handout 6 = results of pilot Handout 7 – instructions Handout 8 - Learning contract template Handout 9 – example of a mock project description for Activity 1 (trainee perspective) Handout 10 – for activity 2 (completed learning contract for comments) Handout 11 – for activity 3 on Final learning contract report

Approx Length of Session	Session	Who	Details / Key Points	Resources
			• Feedback: Ask each group to report back on any issues that arose • Discuss: Any issues that arose in determining competence attainment? • **Conclusion**: Key things to know when working with LCs	
45 mins (12.30 start)	**Lunch**			Catering
1.15pm start (1 hr)	**7. Giving Effective Feedback** ***Session Objectives*** Participants able to: • appraise approaches to giving feedback and identify components of effective feedback. • recognise and deal with the under-performing trainee		• **Why give feedback?** *(Principles of effective feedback)* • Feedback language tips to reduce defensiveness (refer handout 13) Activity 1 – (refer handout 13) – pratice language skills to reduce defensiveness, swap roles. The underperforming trainee – potential contributors • Using reflection to improve performance (refer handout 12) Activity 2 – use the scenarios to practise reflection. Role Play a Feedback session. Groups of 3. (Supervisor, Trainee, Observer). • Feedback: Ask each group to report back on any issues that arose	Handout 12 – Giving feedback Handout 13 – Feedback summary Handout 14 - Giving Feedback Role Play – Supervisor Handout 15 – Giving Feedback Role Play – Trainee

Approx Length of Session	Session	Who	Details / Key Points	Resources
2.15pm start (1 hr)	**8. The Oral presentation** ***Session Objectives*** Participants able to: ▪ apply the oral presentation as an assessment tool ▪ help participant to identify non-content cues.		*Allow 5-7 minutes for reading and discussion of each form.* Refer to slide and handouts to lead a short review of the content of the Rating Form – allow enough time for reading if this is the first time participants are seeing it. • *About 20-30 minutes for activity and discussion* Small Group Activity – *Seeing the behaviours we need to name.* In groups of 3, participants are each to focus on one of the non-content criteria of the presentation, they select their domain before the video begins. After the video trios discuss and agree their rating/s. **Play the video.** • Report back: Each group reports their ratings and offers reasons/factors they used to arrive at it • Discuss: what issues arose in determining competence attainment on each of the domains. What behaviour would merit a higher rating? What would indicate a lower one? What would "unsatisfactory" look like on each of the domains? What does "satisfactory" look like? How close is this to a "superior" presentation? *About 10-15 minutes to comment on the two documents.* Discussion of the form – lead a short discussion on the use of the form. This is intended to be used in summative settings. How easy was it to use? What factors might make it harder to use? How does it help guide the observation process? What else would an observer need to know/ understand to be able to use it confidently? Do not offer 'answers' [you do not have to defend the form] invite participants to suggest solutions to problems and issues raised.	CD – 2 comedians
3.15pm start (15 min)	**9. Wrap up / Close**		• Refer to objectives set at start of session • Cover any objectives on whiteboard that were added by the participants at start of workshop • Ask: Each of the questions on the Wrap Up slide, and record answers so that they can be collated onto a FAQ sheet	PPT Look at whiteboard Evaluation Form

Approx Length of Session	Session	Who	Details / Key Points	Resources
			• Activity: redo the icebreaker exercise from the beginning of the workshop and ask participants to comment on why/why not they chose that position compared to the morning • Summary and Evaluation *(ask participants to complete evaluation form)* • Thanks	

Venue / Technical Requirements:
Laptop, data projector, large screen (to project PPT and DVD), whiteboard, sound for DVD, signage, pens, whiteboard markers, and flip charts

Participants Pack to include:
Program
Print out of presentation

Handout 1 – Assessments by Year of completion of training
Handout 2 – Summary of assessment requirements for AFPHM
Handout 3 – Guidelines for workplace reports
Handout 4 – Marking form for workplace reports – this will not be ready in time to get printed so will be handed out on the day
Handout 5 - Oral Presentation Guidelines
Handout 6 - Oral presentation marking form
Handout 7 – The results of the Learning contract Pilot
Handout 8 – The Learning contract template
Handout 9 – Information and instructions for the Learning contract
Handout 10 - Example of a mock project description
Handout 11– Example of a completed Learning contract
Handout 12 – Example of a Learning Contract Report
Handout 13- Giving Feedback
Handout 14 – Giving Feedback summary
Handout 15 - Giving feedback role play - supervisor
Handout 16 – Giving feedback role play - trainee

Facilitators / Organisers Pack to include:
Facilitator Guide
Participants Packs
Powerpoint presentation
Oral presentation DVD
Oral Presentation detailed facilitators notes
Advanced Training Curriculum
Attendance sheets
Evaluation forms

- The pilot results (at a minimum the exec summary) (handout 1)
- The new lc template (handout 2)
- Information and Instructions (handout 3)
- Excercises (handouts 4, 5 and 6)

Notes for the Introduction to the workshop – 2 minutes

On behalf of the Faculty Education Committee and the Faculty Office I am delighted to extend a very warm welcome to you today.

I would like to open the day by acknowledging the traditional owners of the land on which we meet and of the elders past and present.

This is a very important occasion in the development of the new education and assessment programs for the Training Program of the Australasian Faculty of Public Health Medicine, work which began over 3 years ago and to which many people have contributed.

It is our responsibility as a collegial network of Fellows, supported by the Faculty office, the Deanery and other experts, to develop skilled public health physicians who are able to meet the demands of sustaining the health of Australians.

A robust Training Program is essential to achieving this.

While the work to build this new education and assessment program for the Training Program is not yet finished we are at a point where we can begin to roll-out current achievements across the country. This training will also allow us to engage with all the supervisors who are currently involved in the program. As regional coordinator you are an essential part of the success of the delivery of the Training Program and today you will be helping to refine and make clear this long awaited supervisor training.

It is with great pleasure therefore that I introduce x who is the Lead Fellow Physician as Educator for the Faculty and who will be chairing the day.

Attachment 8.5

Handout 1 - Assessment by year of completion

ASSESSMENT BY YEAR OF COMPLETION OF TRAINING

Year of Completion of Training	Summative assessment	Formative Assessment
2010	• Three written workplace reports • Training summary • Final oral assessment	Oral presentation
2011	• Three written workplace reports • Training summary • One oral presentation • Final oral assessment	During 2011 • Learning Contract
2012	• Three written workplace reports • Training summary • Two oral presentations (one completed in 2011, one in 2012) • Final oral assessment	During 2011 and 2012 To be confirmed *(e.g. Direct observation: Multi-source feedback (MSF), mini-PHAX, Cas/Scenario-based discussion, Preparation of Professional Development Portfolio, Reflective Commentary, PQR)*
2013 onwards	- New assessment scheme Final structure will depend on development work in Interim Phase Will include written reports, direct observation and oral assessment	

Attachment 8.6

Handout 2 - Summary of assessments

SUMMARY OF ASSESSMENTS REQUIREMENTS FOR AFPHM

Type of Assessment	Number in Program	Number per year	Formative/Summative
1. WRITTEN OUTPUT			
Workplace Reports (Refer to: *Guidelines for Workplace Reports 2010*)	3 over period of training	unspecified	Summative Marked by assessors Centrally organised
Reflective Commentary	3	1 per year	First two to be formative Third to be summative
Professional Development Portfolio (Guidelines to be developed)	1	n/a	TBC
2. DIRECT OBSERVATION OF PERFORMANCE			
Public Health Assessment eXercise (PHAX or DOFS)	3	1 each year	Formative Locally organised
Oral presentation assessment exercise	2 over period of training	unspecified	Formative 2010 Summative 2011 Locally organised
Multi-Source Feedback (MSF)	3	1 each year	Formative
Case/Scenario-based discussion	TBC	TBC (2 recommended)	TBC
3. ORAL ASSESSMENT			
Oral Examination	1	End of training	Summative Centrally Organised Assessed by appointed examiners panel
4. OTHER (T&L Tools)			
Professional Qualities Reflection (PQR)	TBC	TBC	Requirement, but not assessed
Learning Contract (equivalent to Learning Needs Analysis – LNA)	As necessary (at least 3)	1 minimum	Formative (judgement by Supervisor)

Attachment 8.7

Handout 3 - Guidelines for workplace reports

Guidelines for Workplace Reports

Background

In 2010 the Bound Volume was abolished and replaced by separate pieces of workplace evidence, the Workplace Reports, which do not have to be submitted as a single Bound Volume at the end of training.

Candidates are able to submit reports that they have produced for their workplace, in the form in which they were produced. The reports do not need to be converted to BV format with its strict page limits and format. For 2011 only, candidates who have already prepared one or more of their BV technical reports may use them to meet this requirement.

The competencies associated with planning, executing and reporting on a piece of work in the workplace are essential for public health practice. A Workplace Report must meet the standard required by the Faculty; because a report has been accepted by the workplace does not automatically mean that it meets the standard. It is recognised that there are different types of Workplace Report and the marking forms are intended to give sufficient flexibility to markers to take this into account. Following feedback after the first year of operation, some modifications have been made to the marking forms in 2011, to reflect better the flexibility needed for different types of reports.

It is NOT the intention that reports should be forced into the format required for a research project. Whatever the subject or type of Workplace Report, there is a need to describe adequately the background and context of the work, to plan and execute and report on the work effectively and to discuss sensibly the findings and their implications. The ability to present reports in a clear, concise and organised way, with correct spelling and grammar, and to reference source material accurately, applies to all types of reports.

What is acceptable as a Workplace Report?

It is recognised that trainees are placed in a broad range of employment settings during their training, with different work opportunities, and so a range of Workplace Reports is acceptable.

What will be acceptable:

- "Report" where the candidate has taken a major role, for example
    - Outbreak investigation
    - Cluster investigation
    - Analysis of routinely collected data
    - Risk assessment
    - Literature review for policy development
    - Evaluation of public health policy
- Published paper from a peer-reviewed journal (1st or 2nd author)*
- Policy proposal relevant to a population health initiative
- Grant application for a specific project
- Public health textbook chapter
- Other reports may be appropriate

A report may include additional material, presented in appendices, to demonstrate communication of the work and how it has had a public health impact. This material may be used as evidence for achievement of additional competencies but will not be marked as part of the WPR.

Examples of additional material include:

- Poster presentation/conference abstract/conference presentation?
- Ministerial submissions/briefs
- Responses to Senate questions/media questions
- Information packages/pamphlets
- Formal PowerPoint presentations
- Media article/release

Requirements for workplace reports

Trainees are required to submit **three** Workplace Reports over the period of training. Trainees should, in their choice of reports, aim to demonstrate the breadth of their training. The project should be one in which the trainee has played an essential role. It may be acceptable for two reports to be derived from a single large project provided that they reflect substantially different work.

The projects may be undertaken at any time during advanced AFPHM training, including any period after the candidate has completed their 36 units.

The trainee must be the **sole author** of at least one of the three Workplace Reports. It is recognised that this may present difficulty to some Trainees, but it is the only way in which a Trainee's own writing skills can be assessed. If you are not able to meet this requirement in the workplace, you will need to undertake a piece of work specifically for the assessment, such as a literature review for policy development.

At least one of the three Workplace Reports must demonstrate the capacity to analyse and report on **quantitative data.** Such a report could have as its subject a piece of epidemiological research, an evaluation study, a needs analysis, an outbreak investigation, or other work requiring collection and analysis of quantitative data. It is recommended that at least one report shows evidence of communication, eg risk communication, with the public.

No more than one of the three Workplace Reports may be a **peer-reviewed publication**.

Overseas Trained Physicians are expected to complete the same assessment requirements as Advanced Trainees. It is expected that the workplace reports will be generated from their position while under supervision in Australia. If an OTP has difficulty in producing the required number of reports from their period of supervised practice, they can apply for inclusion of a piece of work carried out before their supervised practice commenced. No more than one such piece of work will be approved for submission.

Format of reports

Length: there is no strict length requirement for reports; however candidates are encouraged to keep reports concise.

Each report should have the *Approval Form for Submission of Workplace Reports (see below)* attached as a cover sheet.

The report should be submitted in the format that was required by the workplace, except that there is an additional requirement for an Abstract (see below).

Please note that it is NOT necessary to have your report in the same format as the marking scheme.

Approval process

To avoid confusion about the suitability of reports for assessment, there is a preliminary approval process. Trainees must submit to the Faculty Office a completed *Approval Form for Submission of Workplace Reports*, which includes

- a structured outline of the report
- a detailed statement of the candidate's contribution to the work
- a statement of any particular privacy or confidentiality issues with the report.
- supervisor verification of the Trainee's contribution

The information will be reviewed by the Assessment Sub-committee, to confirm the suitability of a particular report for submission for assessment.

Submission processes and timing

Approval forms may be submitted at any time during the year, but must be submitted at least four (4) weeks before the deadline at which you intend to submit your report.

In each year, there are two deadlines for the submission of Workplace Reports. For 2011 they are: 1st April 2011 and 29th July 2011.

The reports should be submitted electronically to the Faculty Office via the Advanced Training Portal

Abstract

All Workplace Reports must be accompanied by a separate abstract of no more than 400 words. This applies even if the Workplace Report contains an abstract or executive summary. The abstract may be the same (in terms of content and format) as the outline provided on the approval form, provided it is updated as necessary. However, the abstract must be submitted as a separate document to your Workplace Report. It is insufficient to refer back to your Approval Form.

Assessment of reports

The criteria for marking the reports can be seen on the marking forms (attached). As noted earlier, they are intended to be flexible enough to cover a range of report types. It is not necessary to have your report in the same format as the marking scheme, although it would be expected that the five areas would be covered in any report.

1. Abstract
2. Background/Context/Rationale
3. Planning and Execution
4. Discussion/Conclusions/Implications for Public Health
5. Style/Presentation

Attachment 8.8

Handout 4 - Oral Presentation Guidelines

AFPHM Oral Presentation

The Royal Australasian College of Physicians

AFPHM
Oral Presentation Assessment Guidelines

Purpose

Public Health Physicians need to make oral presentations in a variety of settings, from presenting a research paper at a conference to addressing a public meeting about a contentious public health issue.

The Oral Presentation Assessment Exercise is designed to assess the Competency '*Ability to communicate effectively through oral discussions and presentations*', and to provide an opportunity for feedback to the trainee.

It is not designed to assess the scientific quality of any work on which the presentation is based. However, if the presentation is for the Gerry Murphy Prize competition, the scientific quality of the work and the significance for public health are considered, and there are additional criteria for this situation.

Overview

- The Oral Presentation Assessment Exercise involves delivery by the trainee of an organised oral presentation to an audience and its assessment by two assessors.
- The presentation should be at least 10 minutes long.
- The assessors then give feedback to the trainee about strengths and areas for improvement.

Choice of Oral Presentation

The Gerry Murphy Prize provides one opportunity for trainees to present in a formal setting. Other options include conference presentations, presentations at team meetings or presentations to the public.

Domains for Assessment

1. Content
2. Organisation
3. Delivery
4. Language
5. Visual Aids
6. Responses to Questions

The criteria for judging each of these domains are on the Assessment Form.
Additional domains for the Gerry Murphy Prize ONLY: Quality of project and Importance of the findings.

Trainee Responsibilities

- Choose an occasion when an oral presentation will be made.
- Identify assessors with the help of your Regional Education Coordinator.
- If the presentation is for a summative assessment, the supervisor must not be one of the assessors.
- Provide assessors with the relevant paperwork.
- After the presentation, return the signed forms to the Faculty Office.

Assessor Responsibilities

- Use the standard form to assess the trainee
- One assessor discusses the presentation with the trainee and provides feedback.

AFPHM Oral Presentation

Process for Oral Presentation Assessment

Preparation for the assessment

Trainee

- Identify an opportunity for an oral presentation assessment.
- Arrange two assessors, who should be Faculty Fellows (FAFPHM). If you are unable to arrange two Fellows, one assessor may be a non-Fellow with appropriate seniority. Liaise with your Regional Education Coordinator about this.
- Supply the assessors with the assessment form and guidelines and confirm the date, time and location of your presentation.

Assessors

- Liaise with the trainee about the date, time and location of the presentation.
- Ensure you are familiar with the instructions and assessment form before the presentation.
- Agree with your co-assessor about which of you will have the follow-up discussion with the trainee.

During the oral presentation

- The assessors rate each domain using the criteria on the back of the assessment form.
- The assessors write detailed comments on the trainee's strengths and areas for improvement.
- The written comments should be as specific as possible and aligned with the ratings so as to provide constructive feedback.

After the oral presentation

- For formative assessment, use domain ratings for feedback only.
- If summative assessment, assessors determine whether the trainee has met the requirements
  - average of at least 5 out of 9 (56%) across the domains, and
  - no more than one domain rated as unsatisfactory.
- For ranking in Gerry Murphy presentation, sum the ratings for all domains.
- Forms signed by trainee and assessors.
- Follow-up discussion with one of the assessors
  - Trainee asked to reflect first on their performance
  - Assessor provides constructive feedback on strengths and areas for improvement.
- Trainee returns scanned copy of assessment forms to **afphm.edu.au** within one week of follow-up discussion.

More information

Australia and New Zealand
Email: afphm@racp.edu.au
Website: www.afphm.racp.edu.au

AFPHM Oral Presentation

Attachment 8.9

Handout 5 - Oral Presentation Assessment Form

AFPHM Oral Presentation

The Royal Australasian College of Physicians

Public Health Medicine
Oral Presentation Assessment Form

Trainee & Assessor details

Trainee's name : ..... Date of assessment : ____ /____ /_____

Assessor's name (please print) : ..... Assessor's email : .....

Title of presentation : .....

Ratings

- **Please rate each domain using the criteria on the back of the form.**
- **Consider first whether the performance in the domain is Unsatisfactory, Satisfactory, or Superior.**
- **Then circle a number within the appropriate category.**

	Unsatisfactory			Satisfactory			Superior		
1. Content	1	2	3	4	5	6	7	8	9
2. Organisation	1	2	3	4	5	6	7	8	9
3. Delivery	1	2	3	4	5	6	7	8	9
4. Language	1	2	3	4	5	6	7	8	9
5. Visual Aids	1	2	3	4	5	6	7	8	9
6. Responses to questions	1	2	3	4	5	6	7	8	9

Strengths

Suggestions for development

If a trainee receives a rating which is unsatisfactory, the assessor must complete this section for the form to be submitted.

Additional 'Project' criteria to be used ONLY if the presentation is for the **Gerry Murphy Prize:**

	Unsatisfactory			Satisfactory			Superior		
1. Quality of Project (sound methods, appropriate analysis, findings justified)	1	2	3	4	5	6	7	8	9
2. Importance of findings (originality, significance for public health)	1	2	3	4	5	6	7	8	9

AFPHM Oral Presentation

PTO

Assessment Criteria

Use the criteria below in rating the trainee's performance on each of the domains

Content

- Purpose clear; content appropriate to purpose
- Introduction: background/context/aims clearly described
- Body of talk: key messages soundly based and clearly presented
- Conclusions and implications clear and coherent

Organisation

- Appropriate to purpose
- Coherent and logical; easy to follow
- Main points clearly structured
- Time management: appropriate time on each section
- Appropriate level of complexity for target audience

Delivery

- Captures attention of audience: engagement, eye contact
- Clear, audible, fluent, appropriate pace
- Speaks confidently, with interest and enthusiasm
- Uses notes unobtrusively

Language

- Straightforward, understandable
- Avoids unnecessary jargon
- Appropriate for target audience

Visual aids

- Appropriate for presentation and message
- Clear, readable, well-designed
- Add to understanding

Responses to questions and comments

- Understands and responds directly; seeks clarification if needed
- Responses knowledgeable, concise, reasoned
- Language appropriate to target audience

Feedback about the form

Assessor satisfaction with using the form	LOW	1	2	3	4	5	6	7	8	9	HIGH
Trainee satisfaction with using the form	LOW	1	2	3	4	5	6	7	8	9	HIGH

Comments

Assessor's signature : ..... Trainee's signature : .....

Data from these assessments will be collated for the purpose of evaluating this instrument as an assessment tool for use with trainees - individual, identifiable data will not be presented in any reporting.

AFPHM Oral Presentation

Attachment 8.10

Handout 6 - the results of the Learning Contract Pilot

PHASE 1: Pilot of Learning Contracts to Support Public Health Physician Training

THE AUSTRALASIAN FACULTY OF PUBLIC HEALTH MEDICINE

The Faculty is committed to its Fellows having the competencies necessary for the practice of Public Health Medicine. To this end the Faculty is concerned to have an education program and assessment scheme which assists Trainees to develop the necessary competencies.

12 September 2010

BOS Health
Belinda O'Sullivan

Acknowledgements

I gratefully acknowledge the input of Dr Lynne Madden, Dr Judy Straton, Ms Nina Darling, Ms Susanne Engelhard and Ms Claire Maskell who contributed to planning and overseeing the pilot

Contents

Executive Summary

This report discusses issues around the potential application of learning contracts to support public health physician training in Australia by outlining the results of a learning contract pilot (Phase 1) done between May and August 2010, involving five trainees and their supervisors. Trainees worked with their supervisor and an external reviewer to record, in a learning contract, a description of the major projects planned to be undertaken at their workplace and the competency areas they plan to address (as a signed statement of intent). The complete set of five learning contracts was then sent to a sample of Regional Education Coordinators (Coordinators) and administrative staff from the Faculty. A follow up interview asked questions about the clarity and completeness of learning contracts, issues with their implementation and whether learning contracts could replace the current training application process used by the Faculty.

Participants reported that the learning contract clarified the projects and their steps and ensured there was an engagement with competencies, particularly for Coordinators and administrative staff located external to the workplace. However, to promote project planning and early clarification around training activities, it is necessary for learning contracts to be written close to the commencement of a program of work and to have appropriate written resources and training to induct people to the system.

As the learning contract is set out, all participants felt it did not adequately describe all the activities trainees do in the workplace that contribute to their training. Adding a section that describes professional roles and activities being conducted by the trainee would help. The capacity for the learning contract to adequately describe all training activities at the commencement of a work program was also thought to be hindered by the unpredictable training environment and the fact that trainees sometimes have limited control over their program of work; public health work is iterative, emergent and can be quite reactive.

Developing learning contracts tended to stimulate discussion concerning requirements around competencies, evidence and assessment, for example the supervisor's role in sign off. Most trainees, supervisors and coordinators thought there were too many competencies to cover in adequate depth within Faculty training, particularly for trainees not attached to rotational training schemes. The risk of failing to cover all the competencies could potentially be mitigated by increasing competency-specific project planning; pre-testing of project conditions and having an outcomes focus with regard to workplace evidence. Feasibility testing of competencies before their full implementation was recommended, as was developing training pathways that promote competency coverage, potentially allowing trainees to 'opt in' to deep learning in a limited set of elected competencies, rather than trying to achieve all of them at a surface level.

Whilst it was considered that the learning contract could replace the traditional application process if it included more administrative information, the document could be more concise. The broader roll-out of learning contracts might explore whether a revised version which incorporates the new curriculum allows for greater representation of what trainees are doing in the workplace

to learn about public health medicine; testing of the clarity of the final learning contract; the ease of signing of competencies and listing workplace products; the satisfaction of all parties with the system. The viability of learning contracts across structured and unstructured training sites and feasibility of competency coverage needs to be discussed.

Recommendations

1. Change the learning contract template to reflect suggestions from Phase 1 (simplify, consider including a semi-structured supervisor's report, include administrative information and a place for professional role description/ workplace activities and reflect the new curriculum)
2. Provide written resources and training for all parties, potentially over the web, whilst maintaining the role of a central external reviewer
3. Convene an initial meeting of all parties prior to trainee commencing training, which includes the trainee, coordinator, supervisor/s and the external reviewer, to allow training goals to be established for each twelve month period.
4. Discuss and resolve action concerning:
    a. testing the feasibility of competency coverage, comparing structured and unstructured training environments, eg map three years work of past trainees to new competencies
    b. developing training pathways that promote competency coverage. For example allowing trainees to "opt in" to deep learning in an elected number of competency areas with coverage at a basic level in another sub set
    c. the provision of off the job training for particular competencies by the Faculty
    d. the Faculty's involvement in providing flexible ways to meet competency needs particularly for non rotating trainees
    e. the protocols for supervisors signing off competency achievement in final learning contracts and benchmarking the standard of workplace evidence.
5. Discuss methods that could increase early project planning and pre-testing of project conditions to increase project stability across a range of workplace training settings affiliated with the Faculty.
6. Test in the broader roll-out of the new learning contract:
    - If a new version allows for greater representation of what trainees are doing in the workplace to learn about public health medicine
    - Clarity around identifying supervisors
    - Clarity of documenting evidence and the ease of signing off competencies and listing workplace products

- The satisfaction of trainees, supervisors, coordinators, administrative staff, mentors and committee members with the system
- Issues related to the ongoing implementation of learning contracts

Introduction

This report outlines the results of Phase 1 of a pilot study of learning contracts within the Australasian Faculty of Public Health Medicine (the AFPHM or Faculty). Phase 1 of the pilot process trialled the use of learning contracts and their potential application to support public health physician training in Australia.

The purpose of a learning contract is to set out a working agreement between a trainee and supervisor concerning how a trainee or student will meet specific learning objectives. It is intended to collect a minimum set of data at the beginning of each placement, including a description of the major projects to be undertaken, the competency areas on which the trainee[1] will be working. The contract is revised at the end of the placement to retrospectively describe the projects that were completed, the main evidence or products that will be produced in the placement, and the level of competence achieved.

The Faculty is currently implementing its new Assessment Scheme, 2010, which will involve changes to assessment tools and processes aimed at improving the quality of advanced public health physician training, particularly by driving learning through application of a new competency framework and continuous assessment. The new Scheme will have an increased emphasis on workplace based assessment and to achieve this it is necessary to improve the quality of information collected about the learning undertaken in public health physician training, and how it relates to the required competencies.

For a number of years, the Faculty has used an older set of competencies to guide its training in a general sense, and trainees were only required to loosely report how their training met these, on at least an annual basis in an *Application for Commencement [or Continuation] of Advanced Training* (Application process). In the lead up to this pilot, in late 2009 a review of the Application process was done and reported that, despite the Application form outlining a program plan, work done by trainees in the workplace was often not described in enough detail to allow competency review by others not immediately associated with the placement. The Faculty Education Committee subsequently proposed that learning contracts be trialled in two phases, with the first phase piloting the development of initial learning contracts with five trainees and their supervisors (May - Aug 2010) and the second phase piloting the implementation of learning contracts with AFPHM trainees nationally (Oct 2010-Oct 2011).

It is hoped that learning contracts will help all Faculty trainees, supervisors, administrative staff, coordinators and Committees to clearly define what a trainee is doing in the workplace to contribute to their Faculty training, link this with competencies and provide evidence for formative and summative assessment. This structure has been used successfully in the NSW

[1] For the purpose of this report 'trainee' has been used to describe physicians training in the workplace

Public Health Officer Training Program and is being adapted with permission from the NSW Department of Health.

The aim of pilot Phase 1 is to implement a draft learning contract and do an in-depth interview to ascertain the clarity of the document for a range of groups, its capacity to capture training activities, issues concerning its implementation; and whether it can potentially replace the current *Application to continue training*.

Methods

Pilot Phase 1 commenced at the end of May 2010, and was coordinated by Belinda O'Sullivan of *BOS Health*, who has over ten years of experience in the application of learning contracts in postgraduate public health education, in New South Wales. Belinda was principally supported by Dr Lynne Madden, Chair of the FEC, and Dr Judy Straton, Lead Fellow Assessment and staff within the Australasian Faculty Public Health Medicine, Royal Australasian College of Physicians. The group worked together alongside key staff from the Faculty to devise the letter of introduction, the learning contract template, evaluation questions and select participants.

All current trainees were given the opportunity to participate at the national training day in late May; two opted to participate in the pilot, and three other trainees were identified as potential participants through an initial teleconference. The Faculty wrote to all participating trainees and their supervisors to formally explain the pilot, at which point the pilot team contacted trainees and supervisors to seek consent and provide materials required for the pilot, including a learning contract template and the Faculty's competencies.

The learning contract template included an example project to guide trainees as to how much detail to include and what sort of competencies to map. Trainees and supervisors were asked to work together to complete a draft of the learning contract, and participants were invited and encouraged to seek advice from the external reviewer at any point during the process. Regular contact was made with all parties to ensure they understood what was required.

Trainees submitted their learning contract to the external reviewer electronically; these were reviewed by checking the title page, clarity of the project description, detail of the project steps and the range and main competencies that were expressed and providing comment via teleconference and email using *tools track changes* "comments". Trainees then worked with the supervisor to revise the learning contract and upon agreement that it was accurate, signed and submitted a final version to the external reviewer.

Trainees and supervisors were then contacted to participate in the follow up interview, which was conducted over the phone in the format of a semi-structured interview using open questions and prompts which allowed a range of issues to be explored. An example of the questionnaire is in **appendix 1**.

To establish the use of the learning contract for a broader audience, two administrative staff and three Regional Education Coordinators from the Faculty were contacted and asked to read through the five completed learning contracts and participate in a feedback interview concerning elements about the documents which they liked, and things that could be improved.

Interviews ranged from 20 to 30 minutes in length. Responses from participants were directly transcribed during the interview with their permission.

Qualitative information was analysed by categorising responses to structured questions, defining main themes and exploring differences of opinion. The report contains de-identified information.

Results

The group

The trainee group was made up of five trainees, two of whom were on structured training programs, one based in New South Wales and one in Victoria. Two trainees were based in NSW, two in Victoria, (one of whom was attached to the Commonwealth Department of Health and Ageing, ACT) and one in Western Australia. All were based in state or commonwealth health bureaucracies. Of the group, two trainees were familiar with learning contracts and sat within structured training programs.

The supervisors were similarly located across New South Wales, the ACT, Victoria, and Western Australia. One had recently completed their Faculty training. Three supervisors were connected with structured training programs and were familiar with learning contracts of some description.

Of the Coordinators, one was based in New South Wales, one in the ACT and one in Victoria. All had completed their Faculty training within the last five or so years, so had a fairly recent perspective of trainee experience. Most described their role as being a conduit for training and monitoring trainee progress overall.

The response rate was 100 per cent acknowledging that in one case where a trainee had listed two projects supervised by different supervisors, the second supervisor did not participate in the follow up interview. The learning contracts are attached in **Appendix 2**.

Clarity and use of learning contract

Three of the five trainees reported it was ‘easy’ or ‘very easy’ to understand the purpose of the learning contract whilst the remaining two reported being ‘fairly clear’. One trainee who was not familiar with learning contracts prior to the pilot said:

> *I needed to articulate everything that I had to do in order for it to be aligned to competencies for assessment. It all made sense... It did help me to clarify things like stakeholders and processes to finalise the project.*

Another trainee who was familiar with learning contracts stated:

> *It made it* [my work] *clearer, I had a vague idea before, but the learning contract helped to nut it out*

Most trainees found that the learning contract clarified project objectives, rationale and steps, particularly if they were early on in their placement. One of the five trainees, unfamiliar with learning contracts but fairly clear about their purpose, commented that the contract does not necessarily clarify project steps, but merely states the information about what is happening in the workplace training environment, to inform others.

> *It doesn't add anything* [in terms of understanding project steps]. *It is more for the administration than the trainee...*

Two other trainees, who both reported the purpose was 'clear', commented that the ease of filling in the contract related strongly to the type of project you were doing. The trainee who was familiar with learning contracts stated:

> *If I had put my previous project of a needs assessment down, it would have been harder, because the project evolved over time, which is the nature of work in public health.*

Four of the five trainees reported at various levels that the learning contract as an initial statement of intent can have limited use in the real workplace setting where projects frequently evolve:

> *It provides a guide, but in reality, quite often you deviate from the original plan... particularly in more muddled projects that involve inter-sectoral collaboration*

> *I was six weeks into the placement when I did the contract and a project is being over-run by another high priority piece of work...*

If projects change due to unforeseen circumstances most trainees commented that amending the contract would only create more work, and several commented that learning contracts need a degree of flexibility to accommodate the nature of public health work, which is iterative and emergent at times. Only two of the five trainees commented that having an initial learning contract would be useful if things changed:

> *I think it is useful to clearly delineate proposed steps, even if these change over the course of time.*

Yes, as a point of reference, for example if a project becomes multicultural, then the project and competencies are merely revised, and more steps can be added

Three supervisors specifically commented that the learning contract provides clarity:

... It formalises it, it has strengths because it forces a discussion...

And went on to comment in line with the trainees that the original plan easily deviates in the Faculty training environment depending on how much control the trainee has:

...but it also has weaknesses because usually people don't have that much control over what projects they are doing. It needs to remain flexible. If you fail to do anything, then the process still needs to accommodate this situation.

Of the two others one understood its purpose but commented:

'I am not sure about its effectiveness.'

And the other commented

I thought so but then as we did it, other questions came up that weren't clear up front.

One supervisor commented that the contract provided clarity for trainees located remotely from supervisors and welcomed the learning contract in terms of meeting trainee's needs:

The clarity [of the learning contract] *is something that we have wanted for a while, certainly from the trainee's perspective... The remote location* [of my trainee] *has made a learning contract useful. It is easy for the trainee...limits recall bias.*

Another supervisor found the learning contract worked well in a structured training environment possibly questioning the application of learning contracts and competencies outside of that environment.

It was easy in the three areas we are working on

Two administrative staff commented on the possible connection between a well written contract and previous experience of trainees with learning contracts:

X's was the clearest and most detailed form and probably because X is used to doing these forms

One of the administrative staff participants commented positively about the information in the learning contract

...the information is really accessible in this format, and it is easy to see what they are doing...what competencies they are working towards. We currently have no monitoring process for competencies but it would help us to put one in place.

Adequately encompassing all training related activities

Three supervisors, four trainees, two administrative staff and two coordinators reported that the learning contract fails to capture some useful information about all the things that trainees do in the workplace to learn about public health medicine. Some said that the old application process did a better job at this (mainly in the learning objectives section). It was considered that for many in positions, particularly those not inside structured training programs, much of the daily professional workload sits outside the 'project' format.

Four trainees were not convinced that their learning contracts demonstrated all their public health training such as follows:

> [The] *form does not completely describe all activities being undertaken during a given placement...*
>
> *There are parts of my workplace day to day role that I have not included, since I didn't see them as fitting into a project with an aim and rationale....*

Only one trainee who worked within a structured training environment and was familiar with learning contracts commented positively:

> *It encompasses every detail; it does not leave anything out.*

In line with the opinion of several trainees, three of the five supervisors of trainees, two of whom reported querying the effectiveness of the contract and one who found it clear, reported that the learning contract does not adequately describe all the training and professional activities that trainees are doing in the workplace. The one who found the purpose to be clear queried how well the contract could capture work, influenced by the predictability of your work role:

> *...The contract lends itself to project work, and not work roles...What level you are in the job you are doing can make things unpredictable, it is easier if you're a registrar, but I...did training in my normal job, which was unpredictable....*

The other two supervisors who queried the effectiveness described:

> *Unless you recognise they are juggling lots of balls in the time in the placement... then the contract does not necessarily reflect the full range of activities spent training in the placement*
>
> *I suppose the contract doesn't capture the other things [x] has done, [x] was pulled into a measles outbreak to do an urgent public health response.*

Two of the three coordinators reported similarly that this document does not adequately describe all training activities:

> *The learning contracts all tended to be projects of day to day work and not cover all the other things that are outside project parameters.*
>
> *Perhaps this document doesn't capture all the day to day things a trainee does*

Guiding ongoing training

All trainees and supervisors reported the learning contracts would be useful to guide training beyond this placement, with three reporting this because it would help determine gaps in the latter part of training, and three also commenting 'yes' if they were completed in a timely fashion so as to establish project steps at the beginning. One trainee commented:

> *Yes, if they are timely, it would be useful to sit down and plan and conceptualise...and make sure you are covering competencies in the workplace, particularly where you are late in training and need to address specific competencies.*

One supervisor commented that learning contracts could be used to help plan and pre-test feasible projects:

> *The contracts should be written based on planned projects in which the data is pre-determined and the steps have been checked for feasibility, and timely to the process... it would [also] help look at what covered and what is needed.*

Other supportive comments from two different supervisors included:

> *It would have been handy to see contract of incoming trainee who has scored themselves in previous projects and see the gaps and work to these.*
>
> *...it would give me a picture of where they are up to, which tell a story of what they've done.*

All coordinators reported feeling positive about the ability to get an over-arching perspective by reading learning contracts:

> [With the learning contract]...*it would be easier to work out what trainees are doing compared with the traditional system*
>
> *For me it is good for knowing where trainees are at and being able to use the check list at the end.*

Competencies, evidence and assessment

Trainees and supervisors raised issues concerning evidence and assessment, including signing off competencies. Four of five trainees and all the supervisors found it easy to map competencies to projects, with one trainee commenting on the time needed to do this.

> [Mapping competencies was] *fairly straightforward, just time consuming.*

The one trainee who commented that mapping competencies was a task of 'medium' difficulty commented:

> *... I had to orientate to them* [the competencies], *the rest of the contract made sense... We had good discussions about it, it wasn't totally clear and we needed to work together...*

This trainee and supervisor pair worked together for 2-3 hours to scrutinise the competencies, and provided detailed feedback about the competencies which is attached to this report (**Appendix 3**). Their feedback outlines specific issues around the clarity of competencies, and proposes a project to test their feasibility and reconsider the wording before they are implemented.

The need to map competencies directly to work was reported to require judgement:

> *The competencies are clear, but I was not sure exactly which ones to include...we will be doing pilots with Aboriginal people included on an advisory committee, but this engagement only touches the surface...*

Three trainees and four supervisors commented on the large number of competencies and the risk of not covering them, particularly if their training is unstructured and does not involve rotations. They commented that it can be extremely hard to find opportunities to work in certain areas and some trainees are not given the flexibility to move around:

> *I don't think I could achieve all of the competencies in my time on the training program... I have been trying to find rotations and projects in different areas so I can achieve different competencies...Not all trainees are able to be that flexible...*

> *It is hard to believe anyone would cover all the competencies in three years. My approach is to get whatever I can get out of training without thinking about competencies, there are way too many...You need to be practical in the workplace...*

This was reiterated by four supervisors:

> *Competencies are best achieved in mobile training, if in a job already, then it is difficult, you may have to torture your job to get them achieved.*

Doing all the areas would be really hard, eg health economics is a complex technical skill and it is hard to find a job where you can do health economics.

Even a slouch who moves around would not meet all the areas...The concern is for people who are not in structured programs.

I am not entirely clear on how trainees are meant to achieve all the competencies, then each trainee would need to cover 20 in each placement and sign off at what level – a '2'.

The other supervisor did not specifically comment on competency coverage but commented:

I preferred the old competencies, which were fewer in number, some things are better in this model, but overall I think not.

The expected level of application of the competencies was also considered unreasonable by another supervisor:

There seems to be too many level =2, seems unreasonable, one could not necessarily meet the level expected. This needs to be reviewed before launching into assessment.

This supervisor commented that mapping competencies for the learning contract was easy because:

It was based on an easy competency and some for the competencies are harder to achieve.

In response to the perceived extensive number of competencies, two trainees, one of whom was from a structured training program, suggested:

It would be more achievable for me to nominate a certain number of competencies as core components to complete and some electable ones..Maybe of all the competencies, it might be worth assigning six that are crucial and the others might be "opt in". The remaining ones could require basic knowledge...

These approaches to overcoming the large number of competencies were qualified by two supervisors:

There might be a need to provide an off the job course to allow people to attain skills in competencies that are unable to be filled in the workplace.

One competency which was mentioned by a trainee as requiring the support of a training course was that of first aid and another was health economics.

One of the supervisors who commented that achieving completion of all competencies at level 2 was unreasonable suggested this option:

For the critical ones ... all fellows could complete them, and then select some competencies where you might do more extensive work...this would address the realities of the training environment.

All supervisors agreed that learning contracts would help when signing off competencies however one commented that to sign someone off:

... it would help [for the project] *to have a tangible outcome... eg a publication or a policy change or change in practice, or something that has been adopted, and endorsed*

There was a comment on the need for the level of involvement of the trainee in collaborative work to be made explicit in learning contracts to allow sign off, with one supervisor commenting:

...if the trainee was one of many in a team, then, and if someone else was doing the analysis, it would be harder to say whether the trainee would be able to be signed off...

All supervisors requested more information and guidance concerning assessment of evidence. Some examples of comments included:

The exact role of the supervisor and the mechanisms of sign off / formative and summative assessment need to be established before any system of learning contracts is enacted.

...some clear guidance [is needed] *as to the role of the placement supervisors in terms of monitoring evidence and providing appropriate advice around assessment of competencies.*

Improvements to supervisor training and support and what constitutes appropriate level of attainment.

Process of drafting the learning contract

On average it took about two weeks to develop an initial learning contract to the standard submitted, through a very iterative process involving the trainee, supervisor and external reviewer. Whilst this process was led by the trainee in all cases, two trainees had strong input from supervisors in the formative stages. The other three trainees reported having already engaged in detailed discussions with their supervisors about their projects; all five had developed project plans prior to this pilot.

...we had already done the project plan so a lot of the content of the contract was covered. We had already done the work in a slightly different context.

All trainees and supervisors commented that greater supervisor involvement would be required should they seek to develop a learning contract within the first six weeks of a placement, often before a project plan has been developed.

> *If done earlier, this process would give you more ideas, planning out the steps rather than just being an accurate depiction of what 'did happen'*

Two trainees whose supervisors were familiar with learning contract structures and were employed in structured training programs reported strong supervisor involvement.

> *I got good supervision and he reviewed and gave feedback on all the drafts. It was valuable.*

> *We worked together - I wrote up a draft and then sent it to my supervisor; we discussed the draft and she made additional suggestions and modifications to the document.*

From one supervisor's perspective, it was seen as appropriate that the trainee take a lead in drafting a learning contract, with supervisor and external reviewer input:

> *It is appropriate for the trainee to run with it and to have access to an external person if needed, but the supervisor should have input at the end. It might be useful to have a three way chat at the beginning particularly for new supervisors.*

Four of the five supervisors commented that they had done a lot of the groundwork on defining projects with their trainees prior to the pilot, resulting in low involvement in drafting the contract.

> *If it was done from the beginning I would have had a lot more involvement. It would have been more 50-50 involvement.*

> *It took 10 minutes because I was very familiar with the project. When we developed the application to continue training, it was more like 2-3 hours, because we went through an iterative process.*

Only one supervisor, who was supervising a trainee at the beginning of a placement attached to a structured training program, reported using an iterative and involved process to develop the learning contract.

> *We initially sat and discussed it, X drafted and we discussed again and reviewed it. It was iterative...It is good to sort out early since it avoids misunderstandings.*

Support and Materials

The learning contract being piloted included an example project, intended to give cues as to how to fill in the document, how much detail was required and an example of mapping competencies to a project. It was reported to be useful or very useful by four trainees but one trainee and supervisor pair commented that more examples of a range of projects would be of more use, for example by giving trainees access to a completed learning contract that includes three or more projects in different competency areas.

> *What could help is to have a whole contract filled in with completely different projects that fit into the framework, rather than the one example*

Their supervisor reported:

> *...perhaps a broader range of examples for the harder competencies, eg cultural competencies, which are not concrete.*

Although another trainee found the example useful, their lack of familiarity with the document and process meant further clarification was still required.

> *The example was very useful but I still needed to clarify the instructions around the project description.*

The two trainees, who were both unfamiliar with learning contracts prior to the pilot, reported being fairly clear but reflected that the external reviewer helped to clarify project steps and how much detail was required from the perspective of people sitting external to the project:

> *...it was important to have someone there to talk you through it in the absence of written guidelines.*

> *...I guess the only thing would have been knowing more about the level of detail in the description, which was the main thing which had to be clarified and expanded.*

The other trainee who was previously unfamiliar with learning contract, but found it easy to write the learning contract also reported that the external review helpful:

> *When the reviewer gives feedback it allows more attention to detail...helped me to be more specific about what I am doing and how I am implementing it.*

Information as to who should be recorded as the supervisor was considered confusing for one or the two trainees on a structured training program, with the workplace supervisor not considered the overarching supervisor for all the training they are doing:

> *...the additional 'supplementary' activities were not listed as they were not directly supervised by the worksite supervisor...*

Only three supervisors reported that they thought the example project possibly assisted them, including the supervisor who wanted more example projects; only one supervisor was very positive about the example project. Of the other two, one supervisor was confused by the example, thinking it was their trainee's project and another supervisor couldn't recall it, as they were focusing on their own trainee's writing within the contract.

There was a general consensus that training and further support for supervisors and coordinators was required by coordinators and administrative staff. One coordinator commented:

> *Supervisors and coordinators could use some training to orientate to the process, the competencies and the assessment.*

Another coordinator commented:

> *There will need to be some orientation to the document or instructions to ensure it is well understood and particularly to the summary section. At first I didn't understand if it was prospective versus retrospective.*

The administrative staff confirmed the need to provide training and support:

> *There may need to be some training for supervisors and trainees concerning what to do... otherwise written instruction or web based instruction.*

Compared with the Application to Continue Training

Compared with the existing documentation to approve and oversee Faculty training, the learning contract was considered to take more time, but to provide a more accurate and transparent picture of the steps involved in training, with a new emphasis on how these map to competencies. Compared with the '*Application to Commence/Continue Training'* system however, one trainee and a separate supervisor commented that the 'Application' allowed for professional roles to be clearly defined as objectives without having to fit into a 'project outline'.

When comparing the two systems, two trainees commented positively about the learning contract in terms of how well it encompassed their work in the field, with one mentioning there are some similarities between the 'learning objective' of the application process and the learning contract:

> *Only the over-arching competencies were expressed in the previous system.*

The application to continue training included learning objective...but it could also be quite minimalist...The learning contract is clearer, and the competencies and how they are linked are clear...But it needs to be timely.

Another trainee commented that whilst learning contracts are clear on setting direction, they require reviewing: *Perhaps there needs to be a review before the end of the project to make sure you're still on track. Someone from outside might need to drive this process, because realistically it wouldn't get done because the trainee and supervisor might put it aside.*

Two of the three coordinators specifically commented that to replace the existing system, the learning contract would need a bit of extra information to reflect the other activities trainees do in their professional role, that do not necessarily fit into 'projects'.

A cover page might capture the information needed for registration / other info in the current application to continue training... It might be good to have a work or professional role description at the start of the learning contract...

This was reiterated by another coordinator:

Perhaps this document doesn't capture all the day to day things a trainee does, but the original application process did. It had learning objectives... perhaps move away from language about 'project' and more towards a general 'description' of work

Two of the three coordinators commented that to improve upon the application process, the learning contract could be briefer in nature, potentially not outlining all breakdown of competency in section 5, and possibly reducing repetition by stating competencies related to the projects in section 2, rather than section 1.

I think learning contract would be better than the application to continue training but it would be good if it was more concise and linked so you have a picture of what is happening

The other commented on the use they have for the supervisor's report in the traditional application process, in that supervisors are required to report in a semi-structured format that helps ascertain achievements of the trainee as well as future goals for training.

It reflected qualitative description of where the trainee is at on certain parameters. The supervisors were required to report under sub headings related to competencies...This process would be possible with a learning contract.

The three regional coordinators agreed that if learning contracts were to potentially replace the existing Application process, the process by which projects are monitored and training is approved may change slightly, but none considered this to be detrimental, given the added value that learning contracts would provide them in their role of overseeing trainee progress. However one commented that they would be happy to keep the workload required to approve training should this be required.

I am ok not signing people off to continue training as long as the process [of having learning contracts centrally reviewed] *is rigorous enough...I think I would be a bit overwhelmed to do the reviewing as well...*

My role would change if I don't have to sign off. I would keep a copy on file, and look it up as required. It would be good to have a three way teleconference at the commencement of a trainee in the training with supervisor and trainee, coordinator and central reviewer when trainees are new to the training and setting up their first ever projects.

The two administrative staff commented that the learning contract title page is clearer than the application process, but to replace the application process, the learning contract would need to include extra information for administrative purposes (**appendix 4**).

The front page is clear and easy to see, the start date, end date, full time etc, which is clearer than what it is in the application... Having information about placement commencement and completion date is good because the previous application process was unclear about this

Discussion

The pilot showed that learning contracts are an appropriate structure to clarify training being done by public health physicians nationally, promote engagement with competencies, and allow for greater oversight by a range of parties, as to the direction and depth of training in the workplace, despite taking longer to complete than the traditional 'Application' process. A range of suggestions were made to ensure the learning contract structure is improved towards adequately encompassing all training happening in the workplace as well as a range of revisions to ensure the learning contract is concise and captures an adequate amount of administrative information, and possibly a semi-structured supervisor's report.

The pilot stimulated discussion concerning the feasibility of covering all competencies in the Faculty's training environment and to what level. Some of the concerns about trainees completing all of the competencies in time and to the adequate depth are not insignificant and may have come about because this pilot of the learning contract is the first time competencies have been directly mapped to work and there is still a fair degree of uncertainty in the field concerning what constitutes enough work and what workplace evidence is required to sign off trainees, which is understandable given the implementation of the new Assessment Scheme only recently commenced. Some trainees in rotational training schemes also had trouble working out which supervisor oversees their work. The ratification of the new curriculum in August 2010 might also impact the expectations around training and the achievement of competencies. These issues will require further clarification.

There was a general consensus around needing resources and training to support the implementation of learning contracts. Some things to include when initiating staff to the learning contract system will include explaining the need for timeliness, issues around ownership of the document, the ability to adapt the document to changing work in line with the concept that project work is pre-tested and feasible when initially defined, make it clear which parts of the document are prospective and retrospective and which supervisors should be included.

The central external review system seemed to have worked reasonably well to oversee learning contracts for trainees in different states and territories, some of which were in structured and unstructured training environments. The pilot established the natural process for developing the learning contract was for it to be drafted by the trainee, after discussion with the supervisor and reviewed by the external person before revision and sign off. The role of the mentor in the chain of developing and circulating learning contracts needs to be defined.

The pilot does not reflect reality of using learning contracts because there are constraints on time and motivation by trainees when merely doing a pilot rather than a real learning contract that is linked to assessment. The pilot is also limited in scope in that it has included a small sample only, which is not representative of all trainees, but the approach of separately interviewing four groups has helped to explore in some depth the issues the different perspective around implementing learning contracts in the Faculty's learning environment.

The pilot focused on initial learning contracts which in some cases did not mirror where trainees were realistically up to with their projects, but was the least time consuming approach for trainees and supervisors in the attempt to explore early issues around structure of the document and its implementation. All five trainees reported having already done a fairly detailed project plan or another learning contract prior to this exercise, despite two only recently having commenced a new placement, perhaps limiting the capacity to explore how well the learning contract clarified project goals, however, most agreed that above all, the pilot demanded a review of these documents against the competency set.

The way that the purpose of the learning contract was defined in this project was fairly restrictive and prohibited the ability to capture the concept of the day to day work roles that Faculty trainees are in. The contract was defined as a document which "sets out a working agreement between a trainee and supervisor concerning how a trainee or student will meet specific learning objectives...including a description of the major projects." It has been established through pilot phase 1 that a more suitable aim, which encompasses the Faculty' training environment is for the contract to be a statement which "sets out activities in the workplace that contribute to Faculty training, including a description of professional roles as well as specific projects."

For learning contracts to work optimally the Faculty may need to consider their application within a wider range of training sites where trainees have a variable amount of control over their work program. The second phase of the pilot needs to test the degree to which the learning contract structure can drive engagement in early project planning for high quality training that is

linked to competencies, whether the version which is developed to support the broader roll-out of learning contracts allows for greater representation of what trainees are doing in the workplace to learn about public health medicine, how clear supervisors are when seeking to sign off competencies and relay evidence from the workplace, further issues related to their broader implementation and the satisfaction of a range of parties with the document's potential to support public health physician training nationally.

Conclusion

Phase 1 of the pilot process showed that learning contracts are a useful way to conceptualise projects and competency coverage when done in a timely fashion and flexible enough to include emerging work. They need to however, also include some administrative information, as well as a description of professional roles (day to day activities aside from projects) that also contribute to training as a key component. The further implementation of learning contracts will rely on consideration as to whether the competencies are feasibly able to be covered and in what depth within the broad ranging training environment of the Faculty, as well as the implications by way of evidence and assessment. Generally, all parties would find it useful to be provided specific resources and access to an external reviewer to support the process, and whilst the traditional application process might be superseded, the role of the coordinators might still be to oversee training related matters at a regional level, and troubleshoot where required. It is hoped that the broader roll-out of the new learning contract will test whether a new version allows for greater representation of what trainees are doing in the workplace to learn about public health medicine, the clarity of documenting evidence and signing off competencies, along with issues related to the broader implementation of learning contracts in line with the new curriculum.

Attachment 8.11

Handout 7 – The Learning Contract Information and instructions

Information and instructions (attachment 1)

What is the objective of the Learning Contracts and Learning Contract Reports within Faculty training?

Learning contracts are negotiated documents that describe training goals and activities that are agreed upon between a trainee and supervisor to meet learning objectives as set out in the *Public Health Medicine Advanced Training Curriculum* (AFPHM, 2011).. They **'set out all the activities in the workplace that contribute to training, including a description of professional roles, public health projects, training attended and conferences, all of which link to the Faculty's competencies / learning objectives and are presented as a commitment to intended learning outcomes by both the trainee and supervisor'.** The Learning Contract Reports are completed at the end of a period of training and link to the Learning Contract. As they are retrospective in nature, they require the trainee and supervisor to reflect upon the Learning Contract, consider the trainee's progress, and make a formative assessment about the depth and quality of learning against the relevant competencies.

As part of the New Education Program, all Faculty trainees are expected to transition to learning contracts from November 2010 onwards, as is considered feasible. Learning contracts and the Learning Contract Reports are intended to ensure trainees are working within the framework set by the Australasian Competencies for Public Health Medicine (2009) and the learning objectives outlined in the *Curriculum* (AFPHM, 2011). The competencies / learning objectives provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria and identifying a range of teaching and learning strategies.

Attaining competencies / learning objectives to an appropriate level in all aspects of the Curriculum is expected to take three years full-time equivalent of training. It is expected that all teaching, learning and assessment associated with the Curriculum will be undertaken in the context of the public health physician's everyday practice and be included in a sequence of learning contracts that cover the trainee's time in Faculty training.

What is the timeline for reviewing and signing learning contracts?

1. **The Learning Contract** (statement of what is planned) by six weeks into a new program of work / been approved to commence or continue training or rotated and;
2. **Learning Contract Report** (statement of what happened and formative assessment of competence) in the last week of completing a program of work / completing a

placement/rotation or when you would normally submit the application to continue training.

What needs to be in a Learning Contract?

The learning contract collects a minimum set of data at the beginning of each placement, program of work, new work role or when you would normally submit an application to commence or continue training. It includes a description of the major public health training activities planned, including professional roles and public health projects within the workplace, the main steps involved and the competency areas / learning objectives they cover.

All public health work related activities should be included in the learning contract, whether they are 'projects' or not. Three example activities public health physicians routinely carry out are listed:

Workplace activities	**How to include this in the learning contract?**
Acting as a secretariat Public health management activities infectious diseases control activities	**Description:** Provide rationale and history of the broader group you work within, define the broad program of work they cover, define your role, and the frequency and main purpose of meetings/consultations/presentations or writing you do. Define period of involvement **Steps:** list all methods such as communications with defined stakeholders, methods of consultation, the drafting of terms of reference, meetings, minutes and strategic input and development of workplace products or outputs eg. Delivered a strategic planning day, consultation document, issues paper, control of outbreak, media release, data analysis, publication. **Competencies:** The steps are then linked to Faculty competencies.

Public health projects can be written up using the standard abstract format and with explicit information about method and trainee's roles and responsibilities.

What if activities or training are a small component of the placement, but could still be linked to competencies?

If activities in the workplace are not considered large or substantial enough to write in the abstract format, they are written into the section called associated projects and other activities.

Things like training days can be included here, if the supervisor and Faculty are aware of you attending.

What level of detail is required in project description and main roles / activities?

The Learning Contract needs to be specific enough for any health literate person to pick them up and make sense of the range and quality of activities that are being done in the workplace, so as to make a judgement about competence of the trainee and potential evidence arising from the activities you carry out as part of your training. As an example, activities around outbreak control can be described in two different ways:

Example of main roles/activities	**Comment from reviewer**
Worked with stakeholders to control the outbreak'	Very sparse information. Hard to know level of who stakeholders are, trainee's involvement and lacks information about method.
Chaired outbreak control meetings with Communicable Diseases and AIDS Infectious Diseases Branch, NSW Department of Health across three one hour teleconferences to review the evidence and develop plans and responsibilities with respect to outbreak control.	Provides more information about your involvement, the method and stakeholders. This level of detail is essential.

What needs to be in The Learning Contract Report?

At the completion of a placement, the original Learning Contract is taken out and any changes to the original document are written in highlighted text to state retrospectively, the public health training activities as they happened in the workplace for the contract period and the competency range that was addressed (more often than not, this matches what is in the Learning Contract). Where required, explanations for changes to the original Learning Contract are appended or footnoted to account for sizeable changes to the original plan. The evidence produced within the workplace is then listed against each competency.

When describing workplace evidence, it is intended that both processes and evidence produced are outlined, including briefs and minutes, terms of reference, literature reviews, project plans and consultation documents, final workplace reports or publications as examples. The intention is to link all competencies to a piece of evidence.

A five-point scale is used to indicate the level of competency required and / or achieved as stated in the Curriculum. The relevant levels to public health medicine trainees are levels 1 and 2.

Levels of formative sign off	Example
Level 1 *Understands key concepts and important factual knowledge*	Understands steps in recognising, investigating and controlling outbreaks and main methods demonstrated through participation in team meetings – emails and minutes of meetings
Level 2 *Demonstrates effective application of the competency, at least in a supported environment*'	Participates in an outbreak investigation as part of an experienced investigation team, taking the lead in identifying the source of outbreak and liaising with key stakeholders to control outbreak – published paper

The level expected for each competency/ learning objective is outlined in the Learning Contract Report summary table. The trainee and supervisor work with support from the reviewer to consider signing off competencies to specific levels of attainment. **This is formative assessment only**, with the expectation that final products arising from the workplace activities will be produced for summative assessment (these summative materials can be indicated in the learning contract with an asterix). The elements of competence outlined in the *Public Health Medicine Advanced Training Curriculum* provide information about what skills, knowledge and applied practice are required within each competency or learning objective. For example

Learning objective / competency	Elements of competence
3.1.10 Design and evaluate screening programs	• evaluate evidence and screening test performance • using criteria for deciding whether screening should • be established for a particular condition • define how a screening program should operate • identify factors that influence participation in a screening program • evaluate and improve an existing screening program.

The supervisor and trainee both provide an end of placement / work program reflection in the Learning Contract Report, and this replaces the traditional 'Supervisor's Report' reflecting on learning within the workplace**,** how developed competence (reflecting on range and level of competencies), challenges faced, experience of navigating barriers and dealing with unexpected circumstances**,** relationship with colleagues and staff and other comments.

When do I have to do a learning contract?

Once you have established your first learning contract, these documents are reviewed at a maximum of once every three months (depending on whether you are rotating or surging into a new role), and a minimum of annually, depending on what is happening with your training. The trainee is responsible to organise the development and review of learning contracts. The stimulus for a new learning contract or revising an existing one (they are live working documents that can be modified at any point to ensure they are accurate) is when a trainee:

- is rotating or moving workplaces
- is taking on new work in the current workplace
- would normally be submitting an application to commence or continue training
- starts working on an outbreak or emergency response scenario
- surges into a new role, for example acting up
- is moving in or out of active training

Who drafts the learning contract?

Generally, the trainee discusses the activities they are doing in the workplace with their supervisor and then proceeds to draft the learning contract for the supervisor and reviewer to see. The Learning Contract Report is also reviewed in the same fashion.

What happens if my work changes or new activities take place compared to those that were planned?

If a new opportunity arises to take on a public health workplace activity or project for example, an outbreak in the middle of a Learning Contract, it is generally expected that the trainee and supervisor would work together using the Learning Contract, to check whether new activities are justified when keeping in mind original training goals for the period and whether the new activity would only repeat competencies the trainee has work across in other settings. If the new activity is non negotiable or will assist trainees to work across new competencies, and will not compromise existing activities, the new activity is written into the Learning Contract in highlighted text. In this sense the Learning Contract is a 'live document'.

Who reviews them?

Learning Contracts and Learning Contract Reports are reviewed by the trainee, supervisor and central education support person (Belinda O'Sullivan in the interim) who work iteratively and provide comment to help the trainee make sense of all the activities that might contribute to competency development / achievement of learning objectives. The person carrying out the role of the 'reviewer' is someone with an overarching perspective of the learning objectives and setting related to the Faculty's advanced public health training. Having a central reviewer ensures consistency across jurisdictions, and a pilot showed that value was placed on this role by both trainees and supervisors.

Much of the reviewing work can happen through email, but it is helpful to at least hold one telephone call between the trainee and reviewer and supervisor if they are available, to discuss your learning within the workplace, using the learning contract as a guiding document.

Who sees the Learning Contract and Learning Contract Report once it is completed?

When it has been agreed upon, both the supervisor and trainee sign the contract and submit it to the Faculty's administrative staff who will forward it to the relevant Regional Education Coordinator. It may be further reviewed or discussed at a regional level through Committees associated with Advanced Public Health Training as a way of clarifying training opportunities for people in various jurisdictions and checking formative assessment.

It works out that as you finish one placement / piece of work, you are probably starting another, so often you will have a review of a Learning Contract Report and within the next six weeks, have a review of the new Learning Contract for work that is intended for the next four – twelve months.

How do Learning Contracts and Learning Contract Reports work across my whole time on the Training Program?

Across you whole time as a trainee, you may end up with between 4 and 12 final signed Learning Contracts and Learning Contract Reports, which cover the full range of public health training activities and projects in the workplace that have been done as a Faculty trainee. This will limit bias in recalling what you did in your first year of training and help to guide the collection of evidence from your placements, such as workplace reports, presentations and evidence for a portfolio. They will be used as part of formative assessment and may form part of a portfolio. They should be taken to meetings with supervisors as a way of checking progress across workplace activities and competencies.

Does it matter what sort of work I am doing?

Learning contracts and Learning Contract Reports are intended to equally capture work across the full range of competencies. Every trainees work is vastly different and no two learning contracts are the same. Part of the discussion with Belinda is to work out how to express various things you are doing in the Learning Contract format, and to tease out the main competencies that will be likely to be addressed and the other competencies that might be touched upon.

Further questions?

Please contact Belinda O'Sullivan 0417282014 or 98015030; bosul@optusnet.com.au

Attachment 8.12

Handout 8 - The Learning Contract template

Physician Readiness for Expert Practice (PREP)

Public Health Medicine Advanced Training

2011

The Royal Australasian College of Physicians

THE LEARNING CONTRACT

This learning contract has been adapted from the learning contract of the NSW Public Health Officer Training Program, New South Wales Department of Health. The Australasian Faculty of Public Health Medicine gratefully acknowledges the NSW Department of Health who endorsed its use.

Trainee Name:	
Professional role title	
Workplace	
%FTE of training	
Number of units expect to obtain from this placement	
Supervisor and co-supervisor(s):	
Learning contract commencement date (for the program of work or placement associated with this contract):	
Learning contract review date (minimum annually):	
Main workplace activities and public health projects:	1. 2. 3.

OVERVIEW OF PUBLIC HEALTH TRAINING ACTIVITIES/ PROJECTS

ACTIVITY / PROJECT 1 - TITLE		
Description of public health training activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main methods and possible broad outcomes	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**

ACTIVITY / PROJECT 2 - TITLE		
Description of main activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main method	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**

ASSOCIATED ROLES AND OTHER TRAINING

Record of associated roles and other training	Associated competencies

SIGN OFF -THE LEARNING CONTRACT:

We agree that this document represents a complete & accurate record of the planned activities, projects & proposed competencies that the trainee will work across in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I am prepared to act as the supervisor for advanced training, and to report to the Faculty as required. I have read the attachment outlining the roles and responsibilities of a supervisor. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

THE LEARNING CONTRACT REPORT *– (complete at end of period specified in learning contract)*

SUMMARY OF COMPETENCY RANGE, LEVEL AND EVIDENCE FROM THE WORKPLACE (BY PUBLIC HEALTH TRAINING ACTIVITIES OR PROJECTS)

PROJECT OR ACTIVITY 1

Title:	
Principle Products:	

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* ******* *indicate pieces of work intended for summative assessment*

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* ******* *indicate pieces of work intended for summative assessment*

PROJECT OR ACTIVITY 2

Title:	
Principle Products:	•

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* ******* *indicate pieces of work intended for summative assessment*

ASSOCIATED ROLES AND OTHER TRAINING

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* ******* *indicate pieces of work intended for summative assessment*

SIGN OFF - THE LEARNING CONTRACT REPORT

We agree that this document represents a complete & accurate record of the activities, projects & competencies that the trainee has worked across and to the level specified, in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I have read the attachment outlining the roles and responsibilities of a supervisor for advanced training. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

REFLECTION

Trainee Comments – *Personal reflection of the learning within the workplace, developing competence (reflecting on range of competencies worked across to various degrees of depth), challenges faced, experience of navigating barriers and dealing with unexpected circumstances, relationship with colleagues and staff and other*
Supervisor Comments – ***provide in semi-structured format***
1. *Reflection of the learning within the workplace, areas in which trainee is developing competence related to this period of work* ***2.*** *Challenges faced, experience of navigating barriers and dealing with unexpected circumstances* ***3.*** *Relationship with colleagues and staff* ***4.*** *Other comments*

SUMMARY OF COMPETENCY DEVELOPMENT BY PUBLIC HEALTH TRAINING ACTIVITIES / PROJECTS

	1.1 Professional Development and self management										**1.2 Communication, leadership and teamwork**									
Project/activity	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.1.7	1.1.8	1.1.9	1.1.10	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.2.7	1.2.8	1.2.9	1.2.10
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	2.1 Universal cultural Culture includes ethnicity, gender, age, disability, sexual orientation, religious and spiritual beliefs, socioeconomic status, occupation, geographic region and lifestyle							**2.3 Aboriginal and Torres Strait Islander**			**2.4 Ethnic minority health**	
Project/activity	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2.1.6	2.1.7	2.3.1	2.3.2	2.3.3	2.4.1	2.4.2
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2

	3.1 Public health information and critical appraisal													
Project/activity	3.1.1	3.1.2	3.1.3	3.1.4	3.1.5	3.1.6	3.1.7	3.1.8	3.1.9	3.1.10	3.1.11	3.1.12	3.1.13	3.1.14
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	3.2 Public health research and teaching										3.3 Health care & public health programme evaluation			
Project/activity	3.2.1	3.2.2	3.2.3	3.2.4	3.2.5	3.2.6	3.2.7	3.2.8	3.2.9	3.2.10	3.3.1	3.3.2	3.3.3	3.3.4
Attainment expected	1	1	1	1	1	1	1	1	1	1	2	1	1	1

	4.1 Policy analysis, development and planning									5.1 Health promotion and community development					
Project/activity	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.1.6	4.1.7	4.1.8	4.1.9	5.1.1	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6
Attainment expected	2	2	2	1	1	1	2	2	2	2	2	2	2	1	1

	5.2 Health protection and risk management											5.3 Infectious diseases prevention and control				
Project/activity	5.2.1	5.2.2	5.2.3	5.2.4	5.2.5	5.2.6	5.2.7	5.2.8	5.2.9	5.2.10	5.2.11	5.3.1	5.3.2	5.3.3	5.3.4	5.3.5
Attainment expected	2	2	2	1	1	1	1	1	2	2	2	2	2	2	1	1

	5.4 Chronic disease, mental illness & injury prevention						6.1 Health sector advocacy			6.2 Health sector development and operation								
Project/ activity	5.4.1	5.4.2	5.4.3	5.4.4	5.4.5	5.4.6	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2	6.2.3	6.2.4	6.3.5	6.2.6	6.2.7	6.2.8	6.2.9
Attainment expected	2	2	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1

	6.3 Organisational management						
Project/ activity	6.3.1	6.3.2	6.3.3	6.3.4	6.3.5	6.3.6	6.3.7
Attainment expected	2	1	1	1	1	1	1

Attachment 8.13

Handout 9 - Mock contract (project description)

Physician Readiness for Expert Practice (PREP)

Public Health Medicine Advanced Training

2011

The Royal Australasian College of Physicians

THE LEARNING CONTRACT

This learning contract has been adapted from the learning contract of the NSW Public Health Officer Training Program, New South Wales Department of Health. The Australasian Faculty of Public Health Medicine gratefully acknowledges the NSW Department of Health who endorsed its use.

Trainee Name:	**TB**
Professional role title	Public health registrar
Workplace/s	NSW Doh (Project 1) Northern Metropolitan Public Health Unit (Project 2)
%FTE of training	1 FTE
Number of units expect to obtain from this placement	12 Units
Supervisor and co-supervisor(s):	Project 1 –JM Project 2 - BH
Learning contract commencement date (for the program of work or placement associated with this contract):	15 Feb 2010
Learning contract review date (minimum annually):	15 Feb 2011
Main workplace activities and public health projects:	1. Outbreak in aged care facility 2. Literature Review of prevention strategies for youth interpersonal violence

OVERVIEW OF PUBLIC HEALTH TRAINING ACTIVITIES/ PROJECTS

ACTIVITY / PROJECT 1 - TITLE	Investigation of an outbreak of *Salmonella* in an aged care facility	
Description of public health training activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main method	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**
Institutions such as aged care facilities have a high risk of outbreaks of communicable diseases. In April 2010 an outbreak of gastroenteritis occurred in a Sydney aged care facility in an Area Health Service. The causative organism was found to be *Salmonella*, and it affected 22 residents over a two-week period. The aim of this investigation was to try and identify the cause of this outbreak. The trainee's role involved managing the outbreak in liaison with the team, and taking the lead with data collection, analysis and management. It was found that the most likely cause of this outbreak was a contaminated batch of thickened fluid powder served to the residents. The trainee was involved in outbreak control and led the write up of the investigation for a publication.		

ACTIVITY / PROJECT 2 - TITLE	Literature review of prevention strategies for youth interpersonal violence	
Description of main activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main method	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**
Violence is preventable and as such has been declared a public health problem by the Word Health Organisation. This research will inform a Broad Strategy between Injury Control Council of Western Australia Inc (ICCWA) and the North Metropolitan Area Health Services for the Prevention of Community Violence in the North Metropolitan Area of Perth. To inform the Strategy by firstly describing the epidemiological characteristics and trends of injury due to interpersonal violence in WA, and secondly researching interventions to prevent youth violence. The objectives will be addressed using two methods: 1) An epidemiological review of deaths and hospitalisations due to interpersonal injury in WA including descriptive epidemiology and health care information. 2) A literature review of interventions to prevent violence to identify effective strategies. Recommendations about the prevention of interpersonal youth violence will be made to the collaboration in liaison with the Area Health Service.		

SIGN OFF -THE LEARNING CONTRACT:

We agree that this document represents a complete & accurate record of the planned activities, projects & proposed competencies that the trainee will work across in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I am prepared to act as the supervisor for advanced training, and to report to the Faculty as required. I have read the attachment outlining the roles and responsibilities of a supervisor. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

Attachment 8.14

Handout 10 - Mock contract (Learning contract)

Physician Readiness for Expert Practice (PREP)

Public Health Medicine Advanced Training

2011

The Royal Australasian College of Physicians

THE LEARNING CONTRACT

This learning contract has been adapted from the learning contract of the NSW Public Health Officer Training Program, New South Wales Department of Health. The Australasian Faculty of Public Health Medicine gratefully acknowledges the NSW Department of Health who endorsed its use.

Trainee Name:	**TBC**
Professional role title	Medical Officer - Public health registrar
Workplace/s	Population Health Hunter New England Area Health Service (Project 1) DohA (Project 2)
%FTE of training	1 FTE
Number of units expect to obtain from this placement	12 Units
Supervisor and co-supervisor(s):	Project 1 – DD Project 2 - AP
Learning contract commencement date (for the program of work or placement associated with this contract):	1 April 2010
Learning contract review date (minimum annually):	1 October 2010
Main workplace activities and public health projects:	1. NSW Hendra virus policy and guidelines – chair working group 2. Review & Revision of the Australian Emergency Manuals (AEM) Series Disaster Medicine Manual

OVERVIEW OF PUBLIC HEALTH TRAINING ACTIVITIES/ PROJECTS

ACTIVITY / PROJECT 1 - TITLE	NSW Hendra virus policy and guidelines – chair working group	
Description of public health training activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main method	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**
Hendra virus was first described in 1994 in Queensland and is an emerging infectious disease. To date, there have been seven human cases reported. All seven people who were cases occurred from Queensland, Australia. The clinical presentations varied from a self-limiting influenza-like illness to influenza-like illness with complications, aseptic meningitis or encephalitis. Four of the seven cases died. Queensland Health is currently leading the drafting of national guidelines for Public Health Units for responding to Hendra virus. NSW is expected to contribute to ensure the guidelines and associated materials are relevant to the NSW context.	Chair of the NSW Hendra virus policy and guidelines working group: • Conduct a literature review on Hendra virus • Liaise regularly with all working group members • Work as secretariat for the group • Review guidelines and associated material for applicability to NSW • Collate comments from all working group members and provide feedback to Queensland Health • Identify issues relevant to NSW that are not covered by the draft national guidelines • Provide guidance and information about these issues to Queensland Health national guideline group. • First author of a paper	

ACTIVITY / PROJECT 2 - TITLE	Review & Revision of the Australian Emergency Manuals (AEM) Series Disaster Medicine Manual	
Description of main activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main method	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**
Emergency Management Australia (EMA) publishes a series of manuals that are distributed to states and territories to assist in the management of emergency situations. The Disaster Medicine Manual (DMM) forms part of the Australian Emergency Management series to support emergency medical responses and all health aspects of disasters. It is currently over 300 pages long. The DMM has not been reviewed since the publication of the second edition in 1999. EMA has asked the Department of Health and Ageing (DoHA) to undertake a review of the manual. The aim of this project is to review the current DMM to reflect current practice and to increase its relevance to the target audience. The review will include consultations with experts in disaster medicine as well as relevant stakeholders. An extensive literature review will be undertaken to inform the content of the revised manual. Finally a new draft version of the DMM will be written and submitted to the Health Emergency Management Branch of the Department of Health and Ageing.	• Overview of the subject area • Develop a project plan and timeline • Identify key stakeholders and disaster medicine experts • Identify main issues themes concerning revising the manual • Undertake consultations with stakeholders and experts. • Undertake a systematic review of the international literature • Review global and local data on disasters over the past 10 years to determine patterns in emerging hazards and their impacts. • Develop recommendations for the revised DMM based on the outcomes of the consultations and literature review • Release draft report • Revise draft of the new DMM and provide to DoHA	

ASSOCIATED ROLES AND OTHER TRAINING

Record of associated roles and other training	Associated competencies

SIGN OFF -THE LEARNING CONTRACT:

We agree that this document represents a complete & accurate record of the planned activities, projects & proposed competencies that the trainee will work across in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I am prepared to act as the supervisor for advanced training, and to report to the Faculty as required. I have read the attachment outlining the roles and responsibilities of a supervisor. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

Attachment 8.15

Handout 11 - Mock contract (Learning contract report)

Physician Readiness for Expert Practice (PREP)

Public Health Medicine Advanced Training

2011

The Royal Australasian College of Physicians

THE LEARNING CONTRACT

This learning contract has been adapted from the learning contract of the NSW Public Health Officer Training Program, New South Wales Department of Health. The Australasian Faculty of Public Health Medicine gratefully acknowledges the NSW Department of Health who endorsed its use.

Trainee Name:	BL
Professional role title	Senior Policy Officer
Workplace/s	Southern Area Health Service (Project
%FTE of training	1 FTE
Number of units expect to obtain from this placement	12 Units
Supervisor and co-supervisor(s):	Project 1 – DD Project 2 - AP
Learning contract commencement date (for the program of work or placement associated with this contract):	1 Jan 2010
Learning contract review date (minimum annually):	1 October 2010
Main workplace activities and public health projects:	1. NSW Parenting Program for prevention of childhood obesity: Program Manager

OVERVIEW OF PUBLIC HEALTH TRAINING ACTIVITIES/ PROJECTS

ACTIVITY / PROJECT 1 - TITLE	NSW Parenting Program for prevention of childhood obesity: Program Manager	
Description of public health training activities– public health projects and workplace activities Describe background, rationale, aim, involvement, dates and main methoD	**Main roles, activities and learning strategies** Dot point mapping of steps, being explicit about setting and stakeholders, trainee involvement, tools & methods (lit review, consultations, committees & analyses) and dissemination of findings (publications, presentations etc). Learning strategies (if relevant)	**Competencies expected to be addressed**
Childhood overweight and obesity is a public health crisis in NSW, affecting 25% of boys and 23% of girls of primary school age (SPANS 2004). The NSW Parenting Program uses the resources of MEND, a community based program that targets overweight children (aged 7-13) and their parents, with the aim of encouraging healthy eating and exercise behaviours. It consists of 2 x 2 hr sessions run over 10 weeks during school terms, and is being piloted in GSAHS, initially in Queanbeyan, then at 7 sites throughout the Area. The trainee's role will be that of Program Manager, involved in the implementation, management and sustainability of the program. Specifically, this will involve the development of a project plan for implementation for submission to the Centre for Health Advancement (CHA), liaison with local stakeholders including Health Development staff, Community Health and Allied Health managers, Divisions of GPs, health care providers, venue providers and primary schools; recruitment of Program Leaders and participants; arrangement of measurement sessions and Program events; and collection of data and feedback. This will be supported by use of an online web-based project management tool (OMMS). To ensure sustainability, partnerships with external organisations will be pursued.	• Develop a project plan • Attend MEND program manager training, including OMMS training • Recruit program leaders from local GSAHS staff, initially in Queanbeyan, then in Wagga Wagga, Tumut, Cootamundra, Deniliquin, Finley & Moama. Write job descriptions for Mind & Nutrition Leader, Exercise Leader and Program Assistant. • Conduct interviews & prepare contracts for non-GSAHS leaders • Organise & attend 2-day MEND leader training (40 leaders/3 sessions) • Identify & risk assess program venue/s • Plan participant recruitment strategy with target of 7-15 overweight children per group. Seek referrals by local health care professionals (GPs, paediatricians, dieticians and others in Community & Allied Health). Self-referral primarily via inserts in school newsletters (after consultation with principals). Advertising in the community: posters & flyers, media. • Liaise with GSAHS Media Unit and engage local media. Advocate for program through GSAHS Weekly Bulletin for staff. • Screen & register children & parent/carers, notify GPs • Receive and distribute program resource kit for leaders and program pack for participants • Organise pre-program measurement session & collate data: MEND standard questionnaires on nutrition, physical/sedentary activity, self-esteem, strengths & difficulties; BMI, waist circumference, fitness. • Manage program leader team: resources, incidents (eg, bullying), participant non-attendance, HR issues • Collate post-program data (as above) and feedback using MEND standard feedback forms. Disseminate results to leaders & participants. • Regularly update CHA & Area managers on progress and results • Prepare Service Agreements for partnerships with external organisations: Greater Murray YMCA, Southern GP Network, Intereach NSW inc. • Manage purchase orders and invoices for staff & consumables	**1.1 Professional development** 1.1.1-1.1.6 **1.2. Communication, leadership and teamwork 1.**2.1- 1.2.10 **3.1. Public Health information and critical appraisal** 3.1.11-3.1.13 **4.1. Policy analysis, development and planning** 4.1.6, 4.1.9 **5.1 Health promotion and community development 5.**1.3-5.1.6 **5.4. Chronic disease, mental illness and injury prevention** 5.4.1, 5.4.6 **6.1.Advocacy** 6.1.1, 6.1.2 **6.2 Health sector development** 6.2.6 **6.3. Organisational management** 6.3.2, 6.3.4-6.3.7

ASSOCIATED ROLES AND OTHER TRAINING

Record of associated roles and other training	Associated competencies
• Support development of physical activity group revenue policy	***4.1.1***
• Support development of local Health Development Evaluation Network	***3.3.1***
• Participation in Health Development Team Meeting (review of 2005-2009 Health Development Plan and future directions)	***6.3.1***
• Participation in CDB Epi-tutes and PHO journal clubs	***1.1.1***
• Participation in PHO Training Program Review of Rural Placement.	***1.1.5***

SIGN OFF -THE LEARNING CONTRACT:

We agree that this document represents a complete & accurate record of the planned activities, projects & proposed competencies that the trainee will work across in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I am prepared to act as the supervisor for advanced training, and to report to the Faculty as required. I have read the attachment outlining the roles and responsibilities of a supervisor. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

THE LEARNING CONTRACT REPORT – *(complete at end of period specified in learning contract)*

SUMMARY OF COMPETENCY RANGE, LEVEL AND EVIDENCE FROM THE WORKPLACE (BY PUBLIC HEALTH TRAINING ACTIVITIES OR PROJECTS)

PROJECT OR ACTIVITY 1

Title:	NSW Parenting Program (NPP) for prevention and treatment of childhood obesity: Program Manager
Principle Products:	Project plan, job descriptions, press release, minutes, terms of reference, service agreements

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* ******* *indicate pieces of work intended for summative assessment*
1.1 Professional development 1.1.1 Career Direction and Motivation		Learning contract; Attendance certificates from training days
1.1.1 Commitment to manage own training		Learning contract; Attendance certificates from training days
1.1.3 Optimise personal health		Learning contract; Attendance certificates from training days
1.1.4 Manage time and workload		Learning contract; Attendance certificates from training days
1.1.5 Commitment to use evidence		Learning contract; Attendance certificates from training days
1.1.6 Commitment to practise in a safe manner		Learning contract; Attendance certificates from training days
1.2 Communication, leadership		Development of formal partnerships with NGOs – Southern GP Network,

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* *******indicate pieces of work intended for summative assessment*
& teamwork 1.2.1 Highly effective working relationships		Greater Murray YMCA, Intereach NSW inc.
1.2.2 Lead and influence		Development of formal partnerships with NGOs – Southern GP Network, Greater Murray YMCA, Intereach NSW inc.
1.2.3 Work in multi-disciplinary team		Prepare Service Agreements for partnerships with external organisations: Greater Murray YMCA, Southern GP Network, Intereach NSW inc.
1.2.4 Contribute to organisational processes		Development of GSAHS Project Plan for Centre for Health Advancement, including project timelines, budget, project governance and risk management.
1.2.5 Support development of colleagues		Organise & attend 2-day MEND leader training (40 leaders trained in 3 sessions)
1.2.6 Manage projects effectively		Preparation of program leader job descriptions and project plan listed above. Manage program leader team: resources, incidents (eg, bullying), participant non-attendance, HR issues
1.2.7 Consult effectively with others		Contribution to monthly meetings with CHA and other participating AHS
1.2.8 Communicate effectively in written format		Dissemination of program progress and results to stakeholders. *****Collation of pre- and post-program data from participants, entry onto MEND on-line management system.
1.2.9 Communicate effectively through oral presentation		*****Oral presentation on NPP implementation at PHAA Conference
1.2.10 Communicate effectively using the mass media		Extensive liaison with GSAHS Media Unit, writing press releases, conducting interviews with local radio

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* *******indicate pieces of work intended for summative assessment*
3.1 Public Health information and critical appraisal 3.1.11 Advise on public health determinants and inequalities		Incorporated issues of ethnic and cultural disparity when preparing project plan, incorporated into considerations around recruitment and analysis and interpretation of results
3.1.12 Advise on issues affecting age and gender groups		Organise pre-program measurement session and collate data: MEND standard questionnaires on children's nutrition, physical/sedentary activity, self-esteem, strengths & difficulties; BMI, waist circumference, fitness.
3.1.13 Advise on optimal public health response		*******Dissemination of program progress and results to stakeholders. Collation of pre- and post-program data from participants, entry onto MEND on-line management system.
4.1. Policy analysis, development and planning 4.1.6 Manage policy implementation effectively		Dissemination of program progress and results to stakeholders. Collation of pre- and post-program data from participants, entry onto MEND on-line management system.
4.1.9 Analyse policy and proposals from an equity perspective		Liaised with other stakeholders to consider equity issues, and integrated these issue when recruiting subjects
5.1.Health promotion and community development 5.1.3 Enable individual and community participation in health promotion		Contribution to monthly meetings with CHA and other participating AHS
5.1.4 Establish effective partnerships and intersectoral action		Project plan

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* *******indicate pieces of work intended for summative assessment*
5.1.5 Advocate for action to respond to public health problems		Media liaison
5.1.6 Advise on development of health educational material		Communication with health care professionals (GPs, paediatricians, dieticians and others in Community & Allied Health) regarding results and how the feedback might inform ongoing materials and practice.
5.4 Chronic disease, mental illness and injury prevention 5.4.1 Advise on public health management of chronic disease, mental illness and injury		Regularly update CHA & Area managers on progress and results Organise & attend 2-day MEND leader training
5.4.6 Develop and implement effective intersectoral strategies to prevent chronic disease, mental illness and injury		Plan participant recruitment strategy with target of 7-15 overweight children per group. Organise & attend 2-day MEND leader training (40 leaders trained in 3 sessions) Identify & risk assess program venue/s Screen & register children & parent/carers, notify GPs
6.1 Advocacy 6.1.1 Promote a population health approach		Seek referrals by local health care professionals (GPs, paediatricians, dieticians and others in Community & Allied Health). Self-referral primarily via inserts in school newsletters (after consultation with principals). Advertising in the community: posters & flyers, media.
6.1.2 Influence clinical staff to adopt population health approach		Constant communication with health care professionals (GPs, paediatricians, dieticians and others in Community & Allied Health).
6.2 Health sector development 6.2.6 Manage contracting processes for services		Service Agreements

Competency	***Level of competency (0-2) FORMATIVE ASSESSMENT – Elements of competence for each learning objective / competency outlined in curriculum*** ***1=fundamental understanding concepts and facts*** ***2=*** *effective application* ***under supervision***	*Evidence from the workplace* *******indicate pieces of work intended for summative assessment*
6.3. Organisational management 6.3.2 Advise on organisational governance		Meeting minutes
6.3.4 Manage staff		Write job descriptions for Mind & Nutrition Leader, Exercise Leader and Program Assistant
6.3.5 Manage budgets		Project plan
6.3.6 Manage organisational changes		Management of formal partnerships with NGOs – Southern GP Network, Greater Murray YMCA, Intereach NSW inc.
6.3.7 Manage an organisation, health service or business unit		Development of GSAHS Project Plan for Centre for Health Advancement, including project timelines, budget, project governance and risk management.

SIGN OFF - THE LEARNING CONTRACT REPORT

We agree that this document represents a complete & accurate record of the activities, projects & competencies that the trainee has worked across and to the level specified, in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specified by this contract.

I am prepared to act as the supervisor for advanced training, and to report to the Faculty as required. I have read the attachment outlining the roles and responsibilities of a supervisor. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

REFLECTION

Trainee Comments – *Personal reflection of the learning within the workplace, developing competence (reflecting on range of competencies worked across to various degrees of depth), challenges faced, experience of navigating barriers and dealing with unexpected circumstances, relationship with colleagues and staff and other*
Supervisor Comments – ***provide in semi-structured format***
1. *Reflection of the learning within the workplace, areas in which trainee is developing competence related to this period of work* ***2.*** *Challenges faced, experience of navigating barriers and dealing with unexpected circumstances* *3. Relationship with colleagues and staff* *4. Other comments*

SUMMARY OF COMPETENCY DEVELOPMENT BY PUBLIC HEALTH TRAINING ACTIVITIES / PROJECTS

	1.1 Professional Development and self management										**1.2 Communication, leadership and teamwork**									
Project/activity	1.1.1	1.1.2	1.1.3	1.1.4	1.1.5	1.1.6	1.1.7	1.1.8	1.1.9	1.1.10	1.2.1	1.2.2	1.2.3	1.2.4	1.2.5	1.2.6	1.2.7	1.2.8	1.2.9	1.2.10
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	2.1 Universal cultural Culture includes ethnicity, gender, age, disability, sexual orientation, religious and spiritual beliefs, socioeconomic status, occupation, geographic region and lifestyle							**2.3 Aboriginal and Torres Strait Islander**			**2.4 Ethnic minority health**	
Project/activity	2.1.1	2.1.2	2.1.3	2.1.4	2.1.5	2.1.6	2.1.7	2.3.1	2.3.2	2.3.3	2.4.1	2.4.2
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2

	3.1 Public health information and critical appraisal													
Project/activity	3.1.1	3.1.2	3.1.3	3.1.4	3.1.5	3.1.6	3.1.7	3.1.8	3.1.9	3.1.10	3.1.11	3.1.12	3.1.13	3.1.14
Attainment expected	2	2	2	2	2	2	2	2	2	2	2	2	2	2

	3.2 Public health research and teaching										3.3 Health care & public health programme evaluation			
Project/activity	3.2.1	3.2.2	3.2.3	3.2.4	3.2.5	3.2.6	3.2.7	3.2.8	3.2.9	3.2.10	3.3.1	3.3.2	3.3.3	3.3.4
Attainment expected	1	1	1	1	1	1	1	1	1	1	2	1	1	1

	4.1 Policy analysis, development and planning									5.1 Health promotion and community development					
Project/activity	4.1.1	4.1.2	4.1.3	4.1.4	4.1.5	4.1.6	4.1.7	4.1.8	4.1.9	5.1.1	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6
Attainment expected	2	2	2	1	1	1	2	2	2	2	2	2	2	1	1

	5.2 Health protection and risk management											5.3 Infectious diseases prevention and control				
Project/activity	5.2.1	5.2.2	5.2.3	5.2.4	5.2.5	5.2.6	5.2.7	5.2.8	5.2.9	5.2.10	5.2.11	5.3.1	5.3.2	5.3.3	5.3.4	5.3.5
Attainment expected	2	2	2	1	1	1	1	1	2	2	2	2	2	2	1	1

	5.4 Chronic disease, mental illness & injury prevention						6.1 Health sector advocacy			6.2 Health sector development and operation								
Project/ activity	5.4.1	5.4.2	5.4.3	5.4.4	5.4.5	5.4.6	6.1.1	6.1.2	6.1.3	6.2.1	6.2.2	6.2.3	6.2.4	6.3.5	6.2.6	6.2.7	6.2.8	6.2.9
Attainment expected	2	2	2	2	1	1	2	1	1	1	1	1	1	1	1	1	1	1

	6.3 Organisational management						
Project/ activity	6.3.1	6.3.2	6.3.3	6.3.4	6.3.5	6.3.6	6.3.7
Attainment expected	2	1	1	1	1	1	1

I have read the attachment outlining the roles and responsibilities of a supervisor for advanced training. **SUPERVISOR SIGNATURE / DATE**	**TRAINEE SIGNATURE / DATE**

Attachment 8.16

Handout 12 - Giving Feedback

Giving Feedback

The Royal Australasian College of Physicians

What is feedback in clinical education?

Feedback is a formative tool, which can benefit trainees by enhancing their learning and skill development. Feedback reinforces good practice and can change behaviour, concepts or attitudes. It should be non-judgmental and objective, dealing with specific events or situations and framing them as opportunities for learning and professional development.

Wood BP. Feedback: a key feature of medical training. Radiology 2000; 215(1):17–9.

Why do we give feedback?

"Learning without feedback ... is like blind archery: it is just not possible to perform to a given standard if you do not know how well you are doing"

Hounsel, D. (2008) The Trouble with Feedback. Teaching and Learning Exchange. Issue 2: Spring.

"Trainees value feedback, which is well recognised as a valuable learning tool. Feedback deals with current learning needs and promotes autonomy. Effective feedback also connects prior knowledge with new experiences and facilitates opportunistic teaching."

Gordon J. ABC of learning and teaching in medicine. One-to-one teaching and feedback. BMJ 2003;326:543-545.

Nichol and Macfarlane-Dick identify seven principles of good feedback practice:

1. Helps clarify what good performance is (goals, criteria, expected standard);
2. Facilitates the development of self assessment (reflection) in learning;
3. Delivers high quality information to students about their ability
4. Encourages teachers and peer dialogue around learning;
5. Encourages positive motivational beliefs and self esteem;
6. Provides opportunities to close the gap between current and desired performance;
7. Provides information to teachers that can be used to help shape teaching.

Nichol, D and Macfarlane-Dick, D (2009) 'Formative Assessment and Self Regulated Learning: A model and seven principles of good feedback practice' Studies in Higher Education. 3/2: 199.

Use reflection to improve performance

"To learn effectively from one's experience is critical in developing and maintaining competence across a lifetime of practice."

Mann, K., Gordon, J., & MacLeod, A. (2007). Reflection and reflective practice in health professions education: a systematic review. Advances in Health Sciences Education, 14(4), 595–621.

Share and describe

1. Supervisor seeks a trainee's own perceptions of their performance and plans for improvement

"Let's review the activity. Anything you have concerns about that perhaps didn't go as well as you hoped?"

2. Trainee describes any concerns and what they would have liked to have done better.

"I like how I performed the...but I don't think I..."

Comment and probe

3. Supervisor provides views on the performance of concern and offers of support

"It was clearly difficult for you to...I find this hard too!'

4. Supervisor asks trainee to reflect on what might improve the situation

"Anything you can think of to make it work better next time?"

Reflect and reply

5. Trainee responds with specific action steps to improve the skill or technique

"Well, I was anxious, next time I could...."

Elaborate and confirm

6. Supervisor elaborates on trainee's response, correcting if necessary and checks for trainee's understanding.

"Yes that's a good point. Another suggestion is... Does that make sense to you?"

EA Hesketh, JM Laidlaw. Feedback, Scottish Council for Postgraduate Medical and Dental Education

How do we give feedback?

The Royal Australasian College of Physicians

1. Set the scene

- Consider a trainee's circumstances (year of training, cultural background)
- Discuss the purpose of the formative assessment (i.e. an exercise in self-awareness and reflection developed to assist the learning process)
- If there is a rating form discuss this with the trainee
- Allow time for the trainee to assimilate the information
- Prepare the trainee in advance for receiving feedback

2. Timing and environment

- Offer feedback at the time or shortly after the observation/event
- Offer feedback in private
- Ensure the environment encourages good communication (i.e. don't sit at opposite sides of a desk)

3. Focusing the feedback

- Limit feedback to one or two items
- Focus on actions or specific examples
- Avoid being judgmental
- Too much corrective feedback is likely to overwhelm and demoralise a trainee
- Link feedback to the criteria of the formative assessment
- Encourage a trainee to choose areas they would like to discuss and reflect on
- Collaborate to constructively deal with an issue
- Explore rejection of negative feedback, this may be in conflict with other feedback received

4. Balance the discussion

- Seek a trainee's own perceptions of their performance and plans for improvement
- Balance what they do well with what they can improve
- Describe specific actions or behaviours that a trainee can address
- Focus on what and how to improve rather than what went wrong.

5. Taking action

- Discuss the trainee's plans to narrow the gap between actual and desired performance
- Find resolutions to all learning issues
- Make feedback transparent to encourage future behavioural change
- Make suggestions for improvement
- Encourage trainee to identify strategies for improvement

6. Language

- Use 'we' not 'you' when recommending improvement
- Use 'you' when giving credit
- Use open ended questions to encourage exploration of positive and negative behaviours – "Which aspects do you think went well?"
- Describe rather that evaluate
- Be specific rather that making generalisations
- Use language that reflects openness - Use 'and' rather than 'but'
  - 'That's an interesting idea and here's another way to look at it.'

Giving effective feedback

By describing and commenting on their own performance, trainees learn how to critically assess and modify their own behaviour as they develop into independent practitioners.

The key is to **LISTEN** & **ASK**, rather than to tell and provide solutions.

Attachment 8.17

Handout 13 - Giving Feedback summary

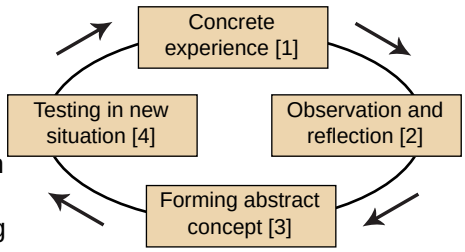
Feedback summary

The Royal Australasian College of Physicians

'What do the experts say?'

David Kolb's Experiential Learning Theory illustrates how feedback forms part of the learning cycle

Kolb and Fry (1975) argue that the learning cycle can begin at any one of the four points and that it should really be approached as a continuous spiral. However, it is suggested that the learning process often begins with a person carrying out a particular action and then seeing the effect of the action in this situation. Following this, the second step is to understand these effects in the particular instance so that if the same action was taken in the same circumstances it would be possible to anticipate what would follow from the action. In this pattern the third step would be understanding the general principle under which the particular instance falls.



www.infed.org/biblio/b-explrn.htm

Trainees value feedback and it is well recognised as a valuable learning tool

What is feedback in clinical education?

Feedback in clinical education is: *"specific information about the comparison between a trainee's observed performance and a standard, given with the intention to improve the trainee's performance."*

van de Ridder JMM, Stokking KM, McGaghie WC, ten Cate OTJ. What is feedback in clinical education? Med Educ 2008; 42: 189–197

Feedback has the purpose of raising a trainee's self-awareness about their performance and leaves them to choose their future actions. It can reinforce good practice as well as be corrective.

When reinforcing, it encourages continued good practice and has a motivating affect on the trainee. When corrective, it enables a trainee to recognise the consequences of their actions and encourages them to modify their behaviour to achieve a more desirable result.

Practical Tips

- Avoid being judgemental - think of feedback as *'This is what I saw – what do you think?'*
- Give positive feedback first - the trainee is then more likely to be receptive to negative feedback
- Try to ensure feedback focuses on actions or specific examples
- Feedback given unexpectedly - especially if negative, is likely to result in an emotional response that may inhibit a trainee from taking the information on board
- Prepare them for receiving feedback either through saying *'Shall we spend a few minutes discussing how the clinic went after your last patient?'* or, for a more formal feedback session, ensuring a trainee knows what the meeting is for
- Make sure the time and the place for an arranged feedback session is negotiated with a trainee rather than dictated to them – it helps to make the trainee feel valued
- In a formal feedback session pay attention to the seating arrangements to help ensure the atmosphere is relaxed
- Use open questions eg *'How do you think she felt?'*
- Use open ended questions eg *'Which aspects did you think went well with that procedure? Which do you think you can improve on?'*
- Further discussion may make having to point out a negative observation unnecessary
- If a trainee seems to reject any negative feedback given, explore with them why they feel like this rather than just leaving it to be taken on board
- They may be getting contradictory feedback from elsewhere which will prevent them from acting on your feedback and suggestions
- Always make suggestions at how to remedy any negative situations
- As a supervisor you may not be the best person to offer effective feedback as your source of information may be second or third hand - encourage a trainee to seek first hand feedback from others

E A Hesketh, J M Laidlaw. Feedback, Scottish Council for Postgraduate Medical and Dental Education

When giving feedback, make sure you cover all important areas of professional competence (knowledge, skills, communication, attitudes) and collect good data (from multiple people on multiple occasions) on which to base your feedback.

Good feedback should:

- **be timely -** Give feedback soon after an event and as regularly as possible (preferably daily or weekly). Waiting till the end of a rotation is too late. Don't give feedback at times when you or the trainees are tired or emotionally charged
- **be specific -** Trainees want the specifics, rather than a global *'overall, you are doing fine'*
- **be constructive -** Help provide solutions for areas of weakness. The positive critique, which looks at *'what can be improved' rather than 'what is wrong',* encourages looking for solutions
- **be in an appropriate setting -** Positive feedback is effective when highlighted in the presence of peers or patients. Constructive criticism should be given in private — an office or some neutral territory where you are undisturbed is ideal. Phones should be off the hook, mobiles and pagers turned off
- **be democratic -** Trainees should be given the chance to comment on the fairness of the feedback and to provide explanations
- **be positive -** Avoid jokes, hyperbole or personal remarks (concentrate on the act or behaviour, not the person)

Try not to dampen positive feedback by qualifying it with a negative statement 'I was very happy with your presentation, Sharon, BUT . . .'; 'Overall, James, we are pleased with your performance, HOWEVER . . .')

Feedback is:

- both formal (regular and covering rotation/run outcomes) and informal (daily)
- given as a positive critique (i.e., trainee lists good points, supervisor lists good points, trainee lists areas to improve, supervisor lists areas to improve) to encourage self-assessment and emphasise the positive
- specific and constructive, and done at the right time, in the right place
- for senior doctors, a good question to ask at the end of the day is, *"Have I given my trainees any feedback today?"*

Impact of feedback

Using regular feedback to encourage, enthuse and correct learning improves outcomes and helps to define goals

Vickery, Alistair W. Lake, Fiona R.
'Teaching on the run tips 10: giving feedback'. MJA , Volume 183, Number 5, 5 September 2005

Feedback language tips for reducing defensiveness

The language we use has significance in terms of the messages it conveys:

- supportive vs critical
- open vs rigid
- hierarchical vs collegial

1) **Focus on your own personal viewpoint**
'*I think*'… rather than '*we think*' or '*most people think*'

2) **Use language that is less confrontational**
Ask '*what, when, where*', and '*how*' questions… rather than '*why*'

3) **Use language that reflects openness**
Use '*and*' rather than '*but*'

'I appreciate the intensity of your feelings about this and I think if you were to hear what I think, you may feel differently.'

'That's an interesting idea, and here's another way to think about it.'

4) **Avoid using blaming language 'should' that shames the learner**
'In my experience, it is less/more effective when you…' or, *'You might consider…'* Rather than *'You should never/always…'*

'What gaps have you identified in your knowledge…?' Rather than *'You should have known…'*

www.csp.medicine.dal.ca /docs /Language_Tips_for_Giving_Feedback.pdf

Attachment 8.18

Handout 14 - Roleplay Giving Feedback (Supervisor)

Supervisor

A new trainee has joined your unit and he is in his final year of advanced training. From what you know his previous Supervisors reports have been generally satisfactory – and the scores have been consistent with “performing at the expected standard”. No concerns about the level of performance have been raised.

However, within the first two months you have noted the trainee’s level of knowledge and competence is not what you expect for someone in their last year of training. After reviewing the standards expected in Public Health Medicine Advanced Training Curriculum you conclude that his level of acquisition of specific public health competencies is less than appropriate. His communication, leadership and teamwork skills (Theme 1.2) are not satisfactory. In particular learning objectives 1.2.2 (lead and influence effectively) and 1.2.3 (contribute effectively to multidisciplinary teams). You feel that he is not working to the expected standard for most of the learning objectives under Theme 3.2 (Public Health Research and Training). In addition, other colleagues have commented that at times the trainee has been very quiet and distracted.

You are about to have your first quarterly appraisal meeting with the trainee. Talk to the trainee to give them some feedback on their performance.

Attachment 8.19

Handout 15 - Roleplay Giving Feedback (Trainee)

Trainee

You recently started a new role and you are about to see your Supervisor for your first quarterly appraisal meeting. In general, you think you are performing well in the new role. But at times you have struggled to keep up with the demands of the new job and feel a bit pressured as it is a heavier workload than you are used to. This year things have been a bit more stressful at home.

Your previous Supervisors have been satisfied with your work and commitment, and because there have been no major issues, you are expecting by the end of the year you will have completed the training requirements.

Attachment 8.20

Participant responses

Supervisor responses provided as part of an nominal group technique exercise during the Supervisor Workshops offered by the AFPHM in 2011

Why be a supervisor?

Theme 1: Building workforce capacity for the next generation of public health practitioners

- The future workforce, quality & numbers
- Passing on skills and knowledge to the next generation of physicians
- Maintenance of high quality PHM/PH generation
- Build capacity of PH workforce – succession planning
- Perpetuate the profession
- Professional obligation to train the next generation of public health physicians
- Need to continue to develop new PH physicians, which requires supervisors
- Increase body of professionals
- Overall capacity of public health
- Development of younger professionals
- Support replacement workforce
- Assist propagation of AFPHM workforce
- Succession planning
- Prepare the next lot of PHPs, provide a diversity of opportunity in PH
- Succession planning, learning both ways,
- Contribute to development of next generation of PH physicians/PH workforce
- building the workforce
- To help with training of future public health physicians
- Extended public health workforce
- Training of the PHPs of the next generation is a core role of the Faculty and the Fellows
- A means to personally influence the practice of future specialists

Theme 2: Personal professional development

- Helps keep you current
- Helps me scrutinize our work
- Supervising is an excellent way of improving one's knowledge/ testing one's understanding/keeping up
- Good learning is a lifetime investment – would like to be part of the process
- Best way to learn & keep up to date is to teach
- It will improve my practice
- Love the opportunity to discuss ideas and be challenged
- Enhance/continue to expand my PH knowledge/experience
- I learn a lot both professionally and personally
- Gets you involved in projects outside of your area of expertise
- Keeps you learning and building skills
- Good learning opportunity
- Good learning opportunity
- CPD points
- Personal skill development
- Keep current with the training program
- Helps with own professional and personal development
- Opportunity to learn from very bright and eager trainees
- To maintain skills and be challenged by new trainees
- Learn a lot from the exchange associated with supervision

- Engaging new ideas + other ways of thinking
- CPD and keep up to date
- CPD
- Helps develop and strengthen own practice when have to reflect and give feedback to others in mentoring or supervision role
- Improves own knowledge practice
- Increase number of CPD points
- Keeps me up to date
- CPD – a learning activity
- Adds to the ability to learn and stay across new and evolving knowledge

Theme 3: Giving back to the system

- = Transfer of knowledge
- A sense of 'duty' or 'payback'
- Public health medicine needs to be sustainable
- It is required to get the additional support & culture in place
- Your responsibility as a Fellow
- Put back what I have received, help trainees to succeed
- Support medical education and training
- Give back to training program as others taught and supervised me
- Responsibility to give back
- Medical culture/obligation
- 2 way street. Give back to PH, keeps up to date with my own knowledge & skills
- Giving back
- To give back to new trainees what other supervisors gave to us
- Giving back to the training cycle
- Giving 'something back'
- Contribute to junior medical officers development as others have done for me
- Contribute to PHM
- Professional obligation – expand + enrich profession
- Contribute to service of PHM
- Giving back to others
- Nice to give back

Theme 4: Personal satisfaction

- Personal professional satisfaction in "journeying" with a trainee to the goal of fellowship
- Fun
- Enjoy learning experience
- A buzz working with trainees
- Keen to have trainees 'graduate'
- I enjoy teaching (even in this model which is more of guidance rather than being didactic
- Rewarding
- Rewarding, keeps you thinking and enthusiastic about public health
- Professional satisfaction/development
- Interesting/challenging
- Contribute to personal growth
- Enjoy teaching
- Enjoy learning from trainees
- Personal motivation – like to do

- Enjoyable,
- Enlightened self interest – workforce & culture of learning
- Self gratification
- Makes work life interesting
- Makes life more interesting
- Enjoy the intellectual engagement
- Adds to your skill base

Theme 5: Supporting & guiding trainees

- Stimulate trainee & guide in right direction
- Support trainees through their learning and development
- To teach registrars to enjoy and excel in PH
- Support trainees
- Opportunities for graduates
- Wanting to help other trainees
- Help trainees to succeed
- Great to see people grow in professional skills
- Help facilitate the direct learning of trainees
- Show the way – structure path
- Small contribution to supporting the training scheme

Theme 6: Enhance the capacity of the workplace

- Ability to attract trainees to enhance capacity of my workplace
- My workplace has an ongoing assistance position so it is part of my job
- Registrars very useful part of the workplace to help with our workload
- May allow you to get projects you are interested in, but lack time to do yourself, to get done
- Enhances unit – workforce, ideas, energy
- To get an extra pair of hands to get the work done
- Contribute to my organizations development
- Fresh perspective in unit
- Opportunity to bring newly qualified, motivated people into your own work group
- Attract good people to regional/rural Aboriginal community controlled training post
- Provide opportunity for locally based GPs to apply (better rate of retention in rural areas)
- Enhance retention & recruitment to positions that trainees fill
- Increase the capacity for workforce in Aboriginal health
- Bring a new energy and different perspective in the workplace

Theme 7: Developing high quality public health practitioners & building the profession

- Assist people/trainees to be good public health practitioners
- Health of the people, good quality decisions, good quality people, motivation & education
- Improve standards
- Develop new people
- Promote our sub-discipline
- To assist to the development of good public health physician
- Promoting non-clinical medicine
- Participate in the system, promote Public health
- Enhance AFPHM and public health medicine
- Its all about the future, ensuring our world view and set of skills are transmitted and improved

- Building the profession

Theme 8: Good supervision contributes to the health of the population

- Supporting new people developing competency in PH medicine
- Ageing population, need to keep new trainees supported
- To encourage and support people to become a PH Physician in order to develop the workforce and improve the health of the population
- Shape future workforce so good outcomes for all
- public good/social good
- Contribute to future of people in Aus and NZ

Theme 9: Transfer of specialised knowledge

- I have some experience in environmental health, and few people available to supervise in that area
- Pass on knowledge & experience to trainees to improve patient care
- To ensure that there are enough supervisors to allow for a range of training opportunities and to ensure the next generation are supported
- Impart the knowledge, skills, experience
- Something to offer
- To show clinical leadership

Theme 10: To be involved with the Faculty and College

- Links with Faculty/College
- Necessary to the functioning of the Faculty
- Promotion PHM, critical mass Faculty,
- Help future members of the College
- Give some things back to the College
- Contribute to the Faculty

Theme 11: Building collaborative practice

- Establish good relationships with future colleagues
- Training network, collaborative
- Increase your network of colleagues
- Enhance collaboration and partnership.

What are the qualities of good supervision

- A good supervisor has good communication and people skills, in particular listening skills. They make time for supervision by making themselves accessible and available to the trainee. They also have good management skills allowing time for structured meeting times and project planning. They are approachable and supportive and are aware of problems and difficulties early . They are able to give effective feedback,that is timely (prompt) about both the positive and the negative aspects of performance.
- ensure the trainee is directed into channels that are useful to them
- Effective at providing feedback about performance against requirements/communication
- Provide structured and ad hoc guidance for self directed learning
- Attentive to the detail of trainees projects, able to take a long view, whole perspective
- Dedicated, committed, and invested in the role as a supervisor
- Enthusiastic and positive
- Broad experience and knowledge in public health

- Clarity/thought and analytical ability, objective
- Be accepting of change with new training requirements
- Being honest, transparent, supportive learning that is not top down
- Interest in both technical & personal development of junior professionals
- Having empathy and understanding the trainee
- Encourage learning, challenge trainees, encourage reflection, acknowledge progress, graded transfer of responsibility,
- Open minded to ideas
- Show professionalism, ethical behaviour, leadership
- Role modelling
- Patience
- Insight into own strengths, weaknesses
- Be reflective
- Recognize expertise of trainee, and that the supervisor doesn't need to know all specific competencies. Be open about knowledge gaps
- Development of public health values in the trainee
- Facilitating environment/opportunities for learning
- Having a sense of humour
- Openness, honesty
- Provide opportunities and frame the work to allow trainee to develop initiative and skills and active learning
- Being availability to trainees (without pandering to them)
- Participate in regular meetings and communication with the trainee
- Motivating trainees and providing knowledgeable guidance
- Good communication and listening skills, and allow lots of time to meet regularly with the trainee
- Regular feedback – both structured and ah hoc
- Provide assistance to support professional development for trainee
- Working in partnership with trainee
- Skills to guide trainees in areas for development and to encourage them during their training period
- Able to tailor their approach to the needs of the trainee, accessible, helpful, knowledgeable & supportive
- Building rapport & relationship
- Keeps to the contract in terms of the time allocation and meetings
- Up to date knowledge of the Faculty training program requirements
- Efficient timelines in turning around documents
- Understanding what is required of the trainee in their career (to be an effective PH specialist), to pass the training
- Good project(s) with manageable working time that will assist the trainee cover competencies
- Provide opportunities for development
- Know the curriculum
- Understanding of rationale for training and competencies
- Flexibility of training models
- Flexibility of trainees
- Awareness and communication skills of the trainee
- Manage the competing needs of the registrar, the faculty and the workplace

By the end of the workshop, did the participants feel more confident to be a supervisor?

At the start of each workshop, participants were asked to rank themselves on a scale of 1 to 10 on how confident they felt to be an AFPHM supervisor *right now*. At the end of the workshop people were asked to rerank themselves. This self-ranking exercise allowed the Project Team and the participants to gain an immediate impression of the effectiveness of the workshop. The participants appeared to enjoy this exercise as it provided an opportunity to share their experience of supervision with other participants. It also energised the group early in the day by asking them to reflect with the rest of the group about their current feelings about their capacity to supervise a trainee. By asking each person to reflect it also drew all the participants into the process. Repeating the exercise at the end of the day once again drew everyone into the process of reflection and expressing what they felt that had gained through the workshop.

At the start participants expressed a variety of confidence levels and in summary the reasons for expressed regarding levels of confidence were:

<u>Low levels of confidence</u>

- Haven't supervised anybody before
- Never properly supervised trainees and difficult to supervise peers, especially if things are not going well
- A long time since own training experience, Faculty requirements have changed dramatically
- Only recently graduated as a trainee, however the training program has changed a lot recently
- In the Faculty training requirements, including the paperwork and administrative requirements
- Although has supervised an AFPHM trainee before, it was a long time ago
- Has mentored before, but not supervised
- About learning contracts, workplace reports, new assessments, new curriculum

<u>Some confidence</u>

- Have supervised college trainees, and Masters students but do not know anything about the AFPHM assessments or the new curriculum
- Have supervised other staff, including public health officer trainees, medical students, clinical trainees, however never supervised an AFPHM trainee
- Has co-supervised in NZ so has general skills but needs to learn about the local context
- Has learnt a bit about the specifics of the training program with involvement with the Faculty but lacks experience in supervision
- Has supervised before and found the administrative requirements very challenging

<u>Mixed confidence</u>

- Reasonably confident, has some knowledge of the new training requirements, however not as confident about the supervision aspects
- Has supervised before however has had a different experience with each trainee. Has found it very challenging to give effective feedback to trainees when they are underperforming.

<u>Reasonably confident</u>

- Have supervised other staff, including public health officer trainees, or medical students, but never supervised an AFPHM trainee

- However unsure about translating theory of the new tools into practical side of supervision
- Supervised an AFPHM trainee before and feels as though it went ok, but needing to learn about the new requirements and paperwork

High confidence

- Experienced supervisor however unsure about the new training requirements
- Has supervised a lot, but wants to know more about the new curriculum
- Recently completed the training so feels quite connected to the training program, however recognizes this might be a false sense of confidence

End

All participants across all workshops improved in confidence by the end of the workshop. On the scale, it ranged from a couple of points and up to 4 or 5 points in some cases.. A summary of participant comments are provided below:

Slightly more confident

- Feeling better about the process of being a supervisor, still unsure about the details
- Moved up but still uncertain
- Feels less confident and realizes how new it all is and needs to go home and read it
- Moved up slightly, feels a little more familiar with the forms, feels that the more people can participate will be better. Not sure that the additional paperwork will improve the process for trainees and also the supervisors.

Moderately more confident

- A much clearer understanding of the training requirements
- Better understanding of the tools, now looking forward to putting it into practice
- Feeling better about the knowledge but needs the practice before feeling more confident about it
- Realised she knew more than she did
- Found it helpful to clarify the learning contract
- Greater clarity and understands the reasons behind the tools
- Better informed and will do the job in a more structured way
- Feel happier that has a better understanding and how to go forward
- Came feeling very overwhelmed, but realized that it isn't as onerous as she had first thought
- Helped clarify the forms and processes
- Really integrated the whole training program, the handbook is really helpful
- Feel much happier with the process and the tools that we have to assist us as supervisors. The next step is to practice the human element of it
- Good to address the knowledge, and also the qualities of good supervision, but of course it is personal experience that will help to build on this.
- Still haven't had the practical experience but feels she has a better understanding now of the processes, found the feedback session really useful
- Feels much better, feels it is a good initiative and likes that it has a standardized approach, when he was a trainee he felt the supervisors didn't really know what to do. Likes this more formal approach
- Good to practice, good to have the handbook in an easy format. Was a very useful day.
- It seems less scary that what she thought before. Before it was confusing ' black magic'.
- Hasn't changed much, felt the day went well, liked the more structured part of the day, and even though he doesn't like role playing this one was ok and was done well

- Was good to bring him up to speed, feels comfortable with the learning contracts
- Even though I am involved in the education committee, I still feel I have a long way to getting it right, and the structure put forward promises a real attention to detail
- Better understanding of the framework and the curriculum, and also the techniques for giving feedback - wants to share this with his family
- Feels better about knowing what is going on with the competencies and the assessment
- I understand better, and also feel that there is the support that I can go to in the Faculty for specific things such as the learning contracts
- Better understanding of what it involves, and also the help being available, but haven't had any experience yet in actually supervising

<u>Significantly more confident</u>

- Feels much more confident about the Faculty requirements
- Feels radically more confident in being a supervisor which has changed since he was a trainee two years ago
- Added to my experience of supervision, gave ideas for trying things in a new context
- Feels a lot more confident, the learning contract and understanding that was good
- Feels much more confident, particularly with the learning contract
- Confidence improved a lot, found it very useful, the theoretical construct was there and now needs to trial it in the practical world
- Was very helpful, when people apply for jobs she can be clear on what the requirements are