

Medical Education Fellow (Pre-vocational)

Year-end report - December 2016

Eleri Clissold

Background

The Medical Education Fellow (Prevocational) role is one of a number of fellowships in the Waitemata DHB Fellows Programme. The programme sits within the Institute for Innovation and Improvement (I³). Fellows are placed within departments across the organization and this role was allocated to the Medical Education and Training Unit, reporting directly to the Team Leader and is supervised by the Director of Clinical Training. The primary project for this role in 2016 was to establish a PGY2 teaching programme. This was in response to national changes in prevocational training and organisational requirements for protected teaching time for house officers. The clinical component (0.2FTE) was undertaken in the emergency department for 10 months and urgent care (Apollo Medical) for 2 months.

Outputs

PGY2 Teaching Programme 2016 – Evaluation in brief

The PGY2 Teaching Programme has now run for 6 months from June-November 2016. It is unique within New Zealand and designed using an innovative co-design approach.

Primary aims

To meet organisational requirements for teaching.
 To improve education provided to PGY2 doctors.
 To comply with MCNZ requirements.

Secondary aims

To improve PGY2 house officer welfare.
 To enhance organisations reputation.
 To improve staff experience.

Outcomes

86% (n=31.5) overall attendance. None of the surveyed roster co-ordinators felt the programme resulted in inadequate staffing (40% response rate, n=4). All educators who responded to the survey found the time commitment required to teach in the programme feasible (n=19). The proportion of PGY2s achieving the MECA mandated 2-hours of protected teaching per week has increased from 64% to 83%.



All surveyed educators (n=19) and roster co-ordinators (n=4) stated their support for the programme. They stated the strengths of the programme are:

- Small-group, interactive nature of workshops.
- Protected time without distractions from clinical duties.
- Simulation
- Clinical, relevant information
- Engaging educators who create a non-threatening, supportive environment.

Self-rated safety and confidence in specific taught skills has significantly improved. Anecdotal evidence suggests improved clinical practice although the true ROI for the programme is almost impossible to calculate.

The programme has enabled:

- Identification of doctors in difficulty and high-performing individuals.
- RMO engagement with three quality improvement initiatives launched and four RMOs participating in quality improvement as a direct result of the programme.
- Career support and peer support within the PGY2 group
- Educator development with 74% (n=11) stating they had developed as an educator as a result of teaching on the programme, two thirds of teaching delivered by individuals who not SMOs and a third of teaching delivered by inter-disciplinary team members.

Critical success factors

Strong, universal institutional support
 A strong belief in a co-designed model of education
 Engaged learners

Challenges

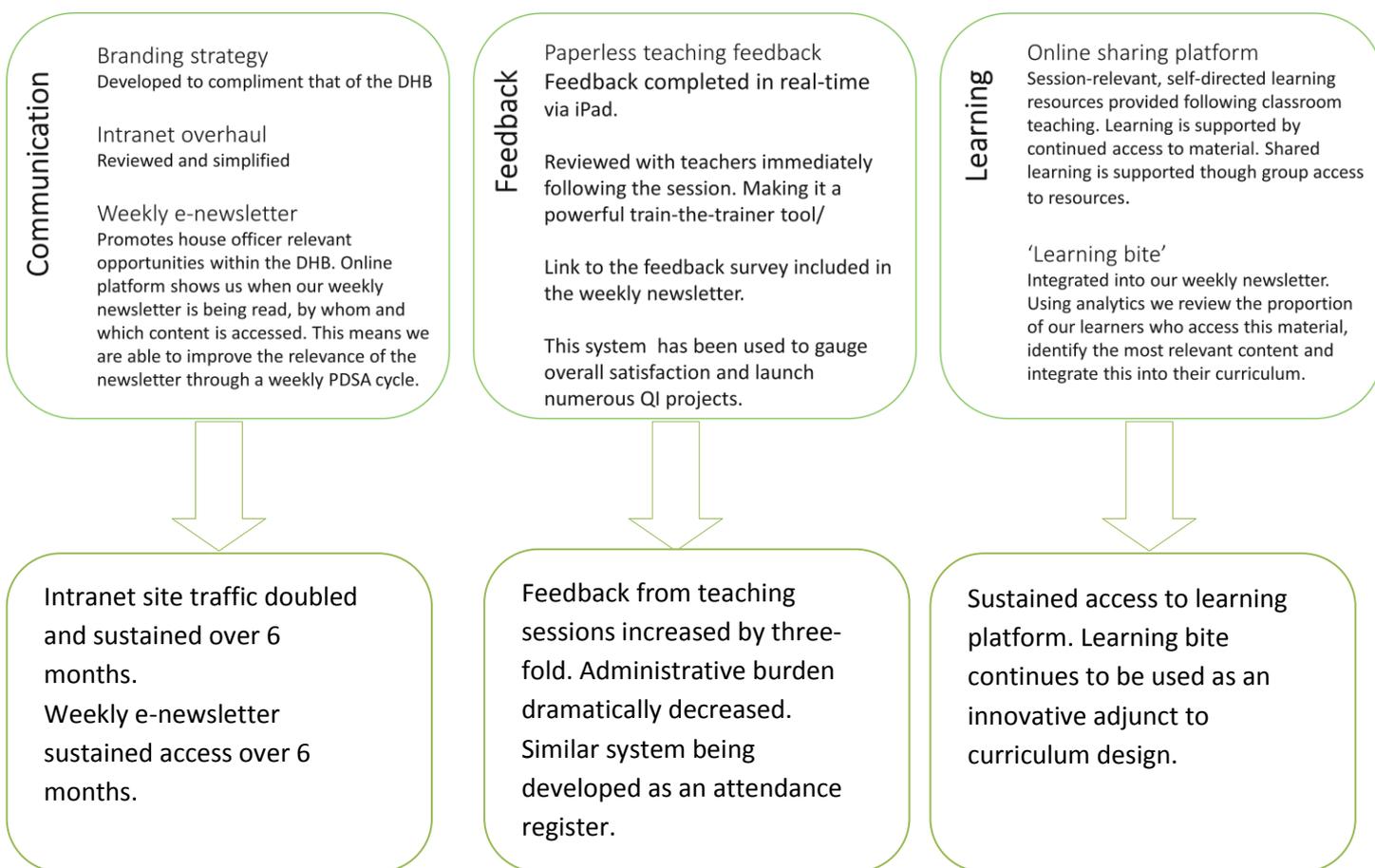
Room bookings
 Ensuring appropriate cover

Conclusions

Delivering a high quality, truly protected, formal education programme to this group is feasible. The programme is delivering against primary and secondary aims as well delivering unforeseen benefits to the organisation such as improved inter-professional working and house officer engagement.

Full report available on request.

RMO engagement – technologies bundle



Other Projects	Role	Output
Peri-operative care audit	Co-author	Completed, presented to SMAC. Quality improvement interventions in planning stages.
DOM Registrar chest drain orientation	Project team member	Feasibility demonstrated – now rolled out by DOM across procedures.
DOM Electronic education sign-in system	Developer	System being piloted by DOM.
Medical Education Resource Group	Vice-chair	Group mandate agreed. Awaiting outcome of education clinical governance review before the group meets again.
RMO online learning platform	Brief scoping exercise conducted and pitched to regional group.	Prioritized for MEF 2017. Regional working group to commence 2017.
Pharmacy coaching orientation for RMOs	Project advisor	Approx 25 RMOs paired with pharmacists over the last 9 months.
ADAM Health	Co-author – feasibility study	Recommendation made not to pursue product.

Additional work

- Contributions to PGY1 teaching programme, orientation and welfare issues.
- Ad hoc house officer representation and advocacy.
- Attending and contributing to the Education and Learning Governance Committee

Academic Outputs

Title	Role	Status
Developing a post-graduate year 2 teaching programme	Lead author	Poster presentation at <i>21st International Prevocational Medical Education Forum</i> .
RMO engagement via new learning technologies	Co-author	Poster presentation at <i>21st International Prevocational Medical Education Forum</i> . Submitted for poster presentation at <i>Australian and New Zealand Health Professional Educators Conference 2017</i> .
Chest drain teaching sessions for registrar orientation	Co-author	Poster presentation at <i>21st International Prevocational Medical Education Forum</i> and <i>British Thoracic Society Winter Meeting 2016</i> . Accepted for poster presentation at the <i>Waitemata District Health Boards Health Excellence Awards 2017</i> . Submitted for poster presentation at <i>Australian and New Zealand Health Professional Educators Conference 2017</i> .
RMO Training Feedback: a novel approach using existing technology	Co-author	Poster presentation at <i>21st International Prevocational Medical Education Forum</i> .
Waitemata District Health Board's Fellows Programme: Developing future leaders	Co-author	Poster presentation at <i>21st International Prevocational Medical Education Forum</i> .
Waitemata District Health Board: Creating leaders, inspiring innovators	Co-author	Submitted for presentation at <i>Australian and New Zealand Health Professional Educators Conference 2017</i> .
Pharmacy coaching for international medical graduate junior doctors – a new paradigm in orientation	Co-author	Submitted for poster presentation at <i>Australian and New Zealand Health Professional Educators Conference 2017</i> .
Experiences in a co-designed teaching programme	Co-author	Submitted for presentation at <i>Australian and New Zealand Health Professional Educators Conference 2017</i> . Accepted for presentation at the <i>Waitemata District Health Boards Health Excellence Awards 2017</i> .
SMO Delphi process – establishing a PGY2 curriculum	Lead author	Data collection completed.
CRAFT – Department of anaesthesia	Investigator	Pilot study completed. Grant outcome awaited.

Professional Development Activities

Innovation and leadership	Medical education	Clinical Practice
<ul style="list-style-type: none">•Fellow's forums•Tier 1 Transforming Care•NZMA Trainee Summit 2016•NZRDA Clinical Governance Conference 2016•Pre-vocational Conference 2016•Health Informatics New Zealand – Primer, conference 2016,•GROWTH coaching•I3 activities – Patient summary working group, Mayo clinic social media seminar	<ul style="list-style-type: none">•4th year refresher – Clinical tutor•Remedial students 1-on-1 coaching – Clinical tutor•Pre-vocational Training Committee member – Regional forum•EDTT601 Curriculum Design and Evaluation in Tertiary Education, AUT•Ward Sim – Faculty on a UoA medical school 2-day simulation course	<ul style="list-style-type: none">•ILCOR NZ Resuscitation Council Conference 2016•CALD Level 1•Awhina education workshops – Systematic review, grant writing•Grand round, emergency departmental and METU teaching sessions

Critical success factors

- Strong support and a high level of autonomy from the Medical Education and Training Unit Team Leader and Director of Clinical Training.
- Working closely with I³ and other fellows in particular Medical Education Fellow (Undergraduate).
- Strong relationship between I³ and METU.
- A clear and sustained commitment from all parties to ensuring work undertaken is project work and not service provision or business as usual.
- The emergency department were supportive, understanding and flexible with relation to clinical duties.

Challenges

- Unavoidable staffing issues meant the team were without an administrator for 3 months. This impacted on my ability to produce fellow-quality outputs but has now been resolved.
- Embedding an understanding of the fellows role and scope within the wider organization.
- Career planning – This has largely been due to my choices and immigration status and has now largely been resolved.

Threats

As more fellow roles are developed the move towards recruiting all roles to start simultaneously has been expressed as preferable. This would need careful consideration with regards to this role – much of the work is related to the quarterly ebb and flow of house officers. To attract the best candidates from medicine it would be preferable to advertise roles in line with the clinical training year (i.e. April for a November start).

Should this role remain in the prevocational education space in the medium to long term an increased emphasis may need to be placed on ensuring adequate innovation in the role, as opposed to continuing projects initiated by previous fellows.

Opportunities

The Medical Education Fellow (Undergraduate) role brings a natural link to the Centre for Medical and Health Sciences Education, University of Auckland. It would be beneficial to explore this link both in terms of collaborative work in the prevocational space and training and higher education for both Medical Education Fellows.

As the post-graduate medical education community increasingly realizes the value of innovation and leadership training, there seems to be emerging opportunity to work directly with vocational training colleges, RACMA in particular due to close alignment with their broader objectives.

Recommendations

- Continuing the Medical Education Fellow (Prevocational) role – there is a near endless supply of appropriate project work.
- There is an abundance of quality work that would benefit from an RMO perspective but doesn't fall strictly within the pre-vocational education space. I would urge the consideration of a Quality Improvement Fellow role recruited from a medical background in the future.
- That the incoming Medical Education Fellow focus on applying an innovative, co-designed approach to orientation and developing online and social media based learning for RMOs.