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Why the idea was needed

Historically, following post-graduate year 1 (PGY1), house officers have been left **without formal grade specific teaching** until joining a vocational training college. Existing registrar teaching and recycled PGY1 education are inappropriate for this group.

In 2013 the Medical Council of New Zealand launched a national strategy for change within pre-vocational training which supported the development of PGY2 specific teaching.

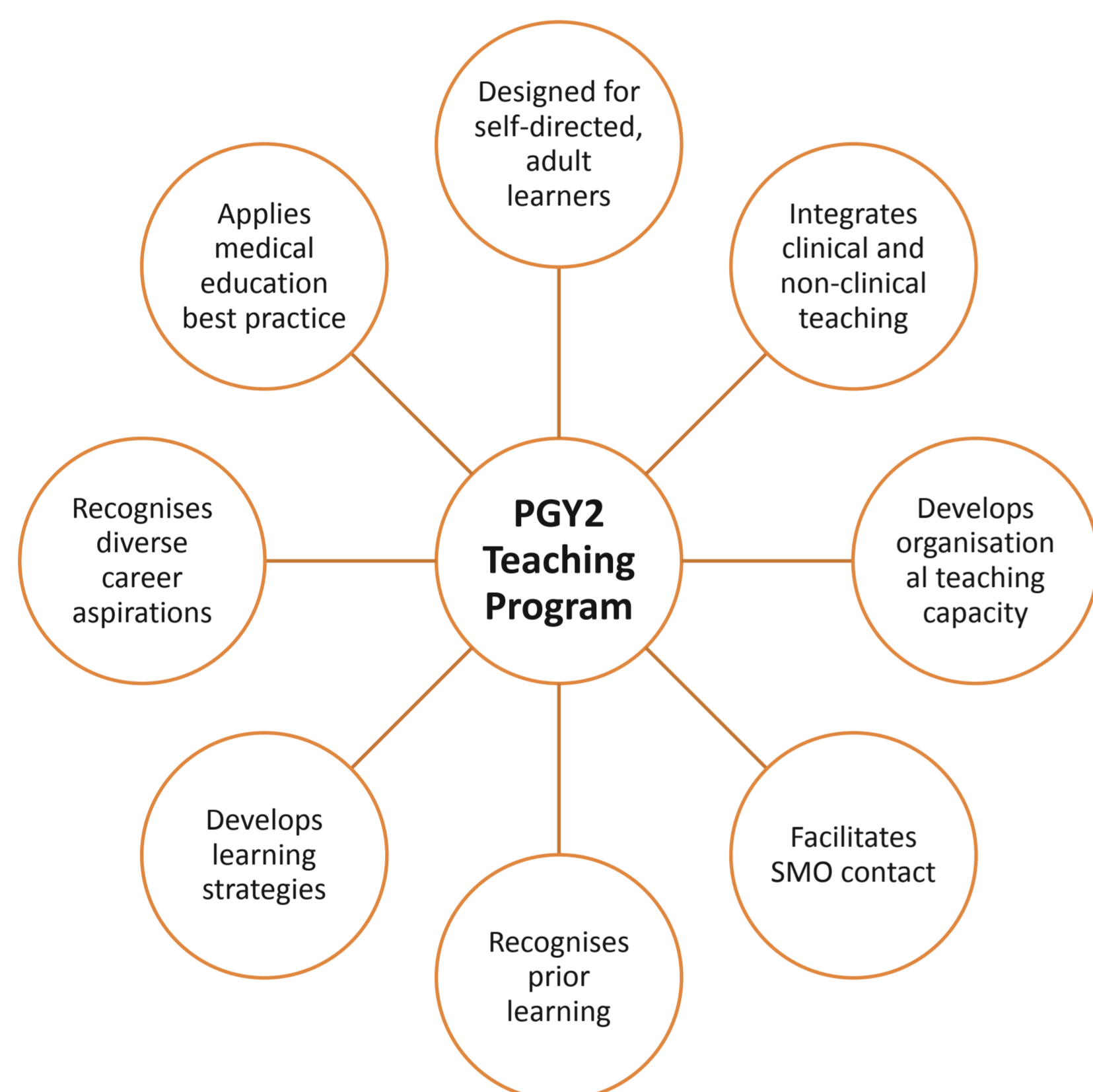
Our PGY2 programme was developed in order to provide an excellent training experience while fulfilling institutional teaching requirements.

What was done

Consultation & co-design

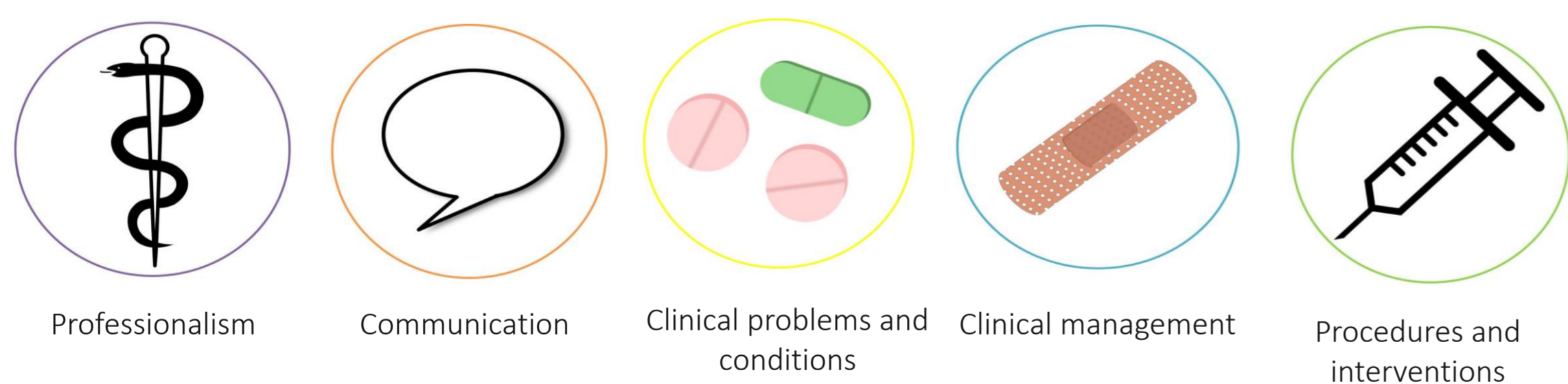
The programme has **been developed and implemented by a PGY3 house officer** in a Medical Education Fellow role. A co-design and consultation process involving several key stakeholders was then undertaken.

Consultation with our PGY2s highlighted the practical need for *truly* protected time and provided the ethos underlying our curriculum, shown below:



Development

Overarching learning objectives and the balance of content is guided by the five domains of the *New Zealand Curriculum Framework* (below) (REF). Session objectives have been determined by learner needs, institutional requirements and subject-matter experts.



Implementation

Once the need for a workshop format had been established our Clinical Director’s forum, the Resident Doctors’ Association and roster coordinators were consulted. We identified a preference for **one-day workshops, attended by a third of the PGY2 group at a time**. Support from our regional training hub then enabled reliever cover to be sought.

Critical success factors	Institutional support	Challenges	Securing ward cover
	Dedicated, enthusiastic learners		Additional administrative burden
	Co-designed		Teaching space
	Committed teachers		Diverse career aspirations
	Innovative means of engagement		Differing levels of experience
			Differing

Practical Overview

During each 13-week attachment an individual PGY2 attends two workshops. To enable ward cover each workshop is run three times.

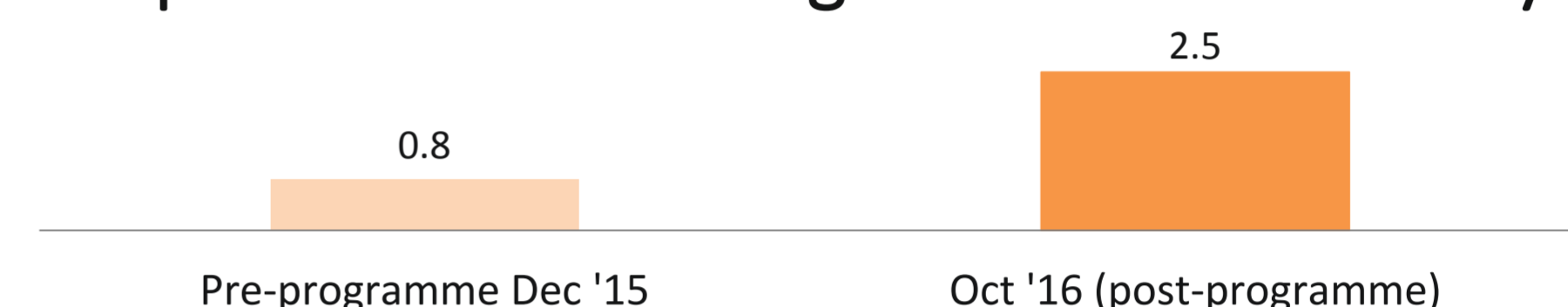
Each workshop consists of:

- Peer-led journal club
- Case discussion session
- Two small-group didactic sessions
- Practical afternoon: either skills or simulation suite.



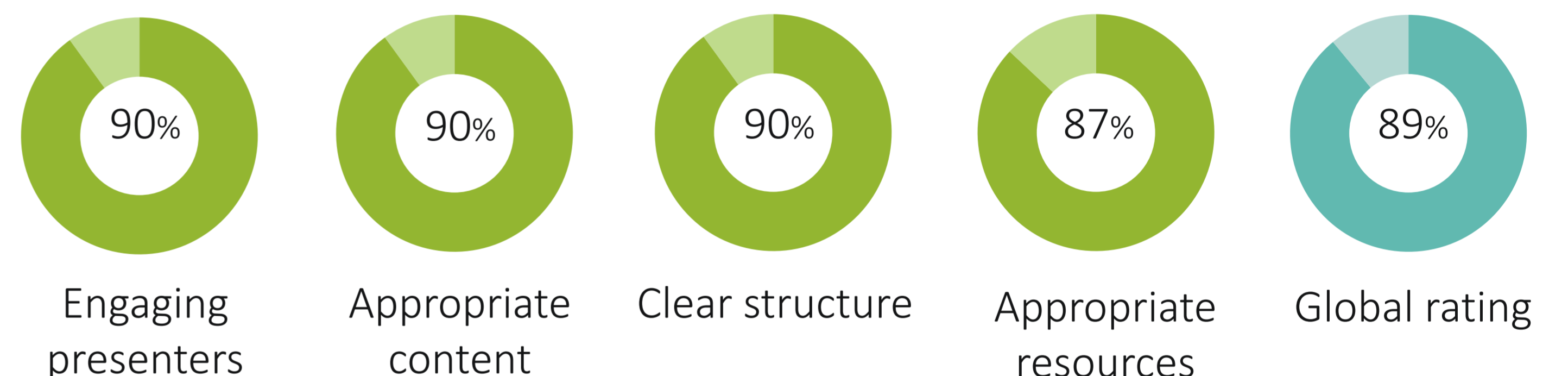
Evaluation

Average hours per week of teaching attended substantially increased



The programme met our initial goals of ensuring compliance with protected teaching time and supporting PGY2 house officers. It has been received with overwhelming approval from learners.

Learner feedback



6 Months
 39 Learners per quarter
 88% Attendance rate (incl sickness)



Mean learner rating and collated comments May-Oct '16. 79.1% response rate

Unintended benefits from the workshop structure:

- Improved engagement and institutional relationship.
- Four quality improvement projects launched as a direct result of the programme.
- Additional opportunity for pastoral support

Conclusions

- A PGY2 teaching programme is not only feasible in the largest, busiest district health board in New Zealand but also highly successful.
- Providing education for this group has yielded far reaching and unexpected benefits.
- This programme, designed completely *by* house officers *for* house officer, has demonstrated the feasibility of this new model of co-design in prevocational education.

Next steps

- Research is being conducted to build the evidence base underpinning our curriculum.
- Consultation with broader stakeholder groups is planned.
- Quality improvement processes are in place to develop the programme on an ongoing basis.