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SOUTH AUSTRALIAN
MEDICAL EDUCATION & TRAINING

A Guide for PGY 2 Training for Health Services

South Australian Medical Education and Training Unit

This document has been adapted from: *Supporting Safe Transition from Intern to PGY2: Professional Development Guideline for Health Services* Postgraduate Medical Council of Victoria (PMCV), May 2013.

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Purpose:

The purpose of this document is to assist Health Services to develop a Professional Development Program for their PGY2s, to support transition from the intern year. The document is not intended to be prescriptive or exhaustive, but to assist Directors of Clinical Training and Medical Education Officers in the development, delivery and evaluation of formal health service PGY2 Professional Development Programs.

Background:

It is recognised that the range of informal learning opportunities available to PGY2s in Health Services are many and varied and could include for example registrar or consultant led ward rounds and patient handovers, ambulatory/outpatient clinics, theatre assisting, unit meetings, grand rounds, audit meetings, multi-disciplinary meetings, journal clubs etc. These form a solid basis for PGY2 learning together with acquisition of appropriate clinical experience.

However, it is also recognised that the PGY2 years is a significant 'step up' from the intern year, where expectations regarding patient responsibilities increase and supervision decreased. In particular, PGY2s have an increasingly important role in after-hours cover, are progressing towards more independent practice, and may commence supervising interns. These guidelines are intended to identify and support these key additional roles/duties of the PGY2 in the workplace.

The PGY2 year is a time when many junior doctors have identified preferred career paths, and become more selective regarding the professional development opportunities that they avail themselves of. These guidelines therefore do not attempt to meet the discipline-specific interests of all junior doctors, but rather to identify a common/generic set of curriculum objectives appropriate and of relevance to all PGY2s.

Professional development Programs are a component of the activities and resources required to support safe transition from intern to PGY2, which also includes organisational and unit orientation, unit-based Position descriptions/Learning Objectives, Unit handbooks/other resources, as well as regular feedback to the PGY2 regarding his/her performance.

This guideline does not consider assessment of PGY2s, or the monitoring of achievement of learning objectives.

Methodology

South Australia Medical Education and Training (SA MET) acknowledge the Post Graduate Medical Council of Victoria (PMCV) for their work in developing this document and for permitting SA MET to modify the document to suit South Australian Junior Doctors. SA MET undertook the modification of this document with support of the SA Health Advisory Council Education Committee and the Junior Medical Officers Forum.

The original Guideline was developed by a working party of the PMCV Education Subcommittee. The Guideline was informed by:

- Survey of MEOs regarding barriers to PGY2 Education delivery
- Literature/website review regarding PGY2 Education
- Review of key documents including: *Australian Curriculum Framework for Junior Doctors (ACFJD)*; Foundation Program Curriculum (United Kingdom); RACS Essential Surgical Competencies
- Survey of JMO/DCTs/MEOs regarding PGY2 programs
- Consultation with PMCV Subcommittees.

Responsibilities

Health Services:

- Health Services have a responsibility to provide an environment that supports the training needs of PGY2 doctors, that assists them to meet the curriculum objectives as defined in the *Australian Curriculum Framework for Junior Doctors*.
- *SA MET Accreditation Standards* – Education and Training makes specific reference to a number of requirements in relation to the identification of prevocational doctor learning needs, overall program development, delivery and evaluation. Attendance of junior doctors including PGY2s at designated Health Service professional development activities should be supported by all Health Service staff, and protected teaching time is recommended.

Junior Doctors

- Junior Doctors share responsibility for their ongoing professional development with their employer, training organisations (if relevant), and other stakeholders (e.g. Medical Board of Australia). Junior Doctors are encouraged to consider their individual learning needs, to keep a record of their formal education and training activities, and to regularly reflect on their professional development. This may be supported by formal Health Service Continuing Medical Education (CME) programs and management systems.
- Junior doctors have a responsibility to actively participate in health service education program development, and to support and provide feedback regarding established education programs developed and delivered for their use.

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- SA MET has a responsibility to review and provide feedback in relation to Health Service PGY2 education programs during Health Service accreditation visits.

PGY2 Professional Development Program Principles:

A. Program Development

- PGY2 Professional Development Programs content and development should be overseen by senior medical staff, key supervisors, medical educators, junior doctors and other relevant Health Service personnel.
- PGY2 Professional Development Programs may be developed in –house or combined with appropriate external resources (e.g. SA MET website) or programs (Teaching on the Run, Professional Development Program for Registrars, TeamSteps)
- PGY2 Professional Development Programs should be regularly reviewed to ensure that the content is contemporaneous.

B. Program Timelines

- PGY2 Professional Development Programs should be delivered throughout the clinical year.
- Health Services should consider timing the delivery of some aspects of program content prior to specific rotations (e.g. nights/rural).

C. Program Delivery

- PGY2s work across a variety of clinical settings and a variety of rosters, making attendance at regular PGY2 education and training difficult. Health services should be creative regarding the timing of their PGY2 professional development activities and options may include as an alternative to weekly sessions, workshops at sites and times that are accessible to the majority of PGY2s.
- Health Services should consider principles of adult learning when considering modes of delivery of education and training activities e.g. via case-based discussion, interactive and clinical skills workshops, simulated learning, e-learning etc. Combinations of different educational modalities may be particularly effective and efficient.
- Health Services may be able to utilise a ranges of medical and non-medical content experts in program delivery, however it is suggested that where non-medical content experts participate that content remains clinically relevant and that the program is also supported/championed by a medical practitioner where possible.
- Health Services may consider what aspects of the program could be delivered in-house versus undertaken in partnership with other organisations/education providers (Health Services, Colleges). Health Services with a small PGY2 cohort may wish to partner with other/larger Health Services in the development of a formal PGY2 Professional Development program.

D. Program Content

The following are suggested as generic topics on which to base an annual PGY2 Professional Development Program, and that supports safe transition from intern to PGY2.

It is recognised that some of the proposed program content may be incorporated within existing Intern Professional Development Programs (but is appropriately reinforced at the PGY2 level) and/or may extend beyond the generic curriculum of the Australian Curriculum Framework for Junior Doctors.

The PGY2 managing the wards after hours

*simulated and case based learning including procedural skills training would be particularly appropriate for this domain

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| <i>Acute and Emergency Care</i> | <ul style="list-style-type: none">• Management and escalation of acutely ill and/or deteriorating patient• Running a MET/Code Blue call• Basic and Advanced Life Support (+/- Paediatric LS) including use of automatic defibrillators.• Oxygen delivery/non-invasive ventilator support (airways/Bi-PAP, CPAP)• Circulatory support (fluids/drug therapy)• Acute Patient Transfer (internal/external) including to ICU |
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The PGY2 in the Emergency Department

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| <i>Acute and Emergency Care</i> | Assessment & initial management of: <ul style="list-style-type: none">• Presenting emergencies (respiratory, cardiac, metabolic, anaphylactic, hematologic/oncologic, haemorrhagic/shock, vascular, neurological, gynaecological/obstetric, acute abdomen)• Acute fractures/dislocations• Reduced conscious state/head injury/collapsed patient• Acute drug/psychiatric disturbance/management of aggressive patient• Acute wound management• Trauma• Injuries (bites, poisoning, burns) |
| <i>Skills and Procedures</i> | Examination and procedures: <ul style="list-style-type: none">• Ophthalmologic examination• Cervical spine assessment and stabilisation• Joint aspiration• Sick child including IV access• Advanced x-ray/ECG interpretation/basic CT interpretation• Preparation & administration of IV medications & fluids• Principles of arterial line and central line insertion• Lumbar puncture |

The PGY2 stepping up - Increased Patient and Team Responsibility

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| <i>Patient Management</i> | <ul style="list-style-type: none">• Developing patient management plans• Management of end of life/palliative care including pain management• To safely and effectively transfer patients back to General Practitioner care, including a discharge summary with all pertinent details |
| <i>Skills and Procedures</i> | <ul style="list-style-type: none">• Informed consent (including incompetent patients) & other specific medico-legal requirements• Pre-admission review |
| <i>Patient Interaction</i> | <ul style="list-style-type: none">• Breaking bad news• Managing complaints/Open disclosure |

<i>Managing Information</i> <i>Safe Patient Care</i>	<ul style="list-style-type: none"> • Incorporating evidence-based medicine into practice • Leading clinical handover
The PGY2 as a Developing Professional	
<i>Professional Behaviour</i>	<ul style="list-style-type: none"> • Developing leadership skills – preparing for the role of Registrar • Recognition of impaired colleague • Ethical practice/Professional standards
<i>Teaching Learning and Supervision</i>	<ul style="list-style-type: none"> • Reflection on clinical practice • Lifelong learning/development of professional portfolio • Teaching • Delegation of tasks & Supervision • Assessment & Feedback
<i>Professional Practice</i>	<ul style="list-style-type: none"> • Career Development • Audit/research principles

E. Program Evaluation

Health Services PGY2 education programs should be evaluated annually with incorporation of feedback from PHY2s, senior medical staff, medical educators and others involved in the training of PGY2s.

References:

Postgraduate Medical Council of Victoria (PMCV), Guidelines for the Orientation of Junior Doctors, 2011; Accreditation Standards – Education & Training 2012; SIT/DCT Guidelines 2012. PMCV website: www.pmcv.com.au

Confederation of Postgraduate Medical Education Councils (CPMEC), *Australian Curriculum Framework for Junior Doctors*, 2012. CPMEC website: <http://www.cpmecc.org.au/Page/acfjdproject> [accessed 8 May 2013]

Victorian Surgical Consultative Council; *Intern manual 3rd edition: Immediate management of surgical emergencies*; December 2010. VSCC website: http://www.health.vic.gov.au/vscc/downloads/intern_manual_thirdedition.pdf [accessed 8 May 2013]

Royal Australasian College of Surgeons, *Essential Surgical Skills (Recommended skills to be gained by the end of PGY2 prior to entry into Surgical Education and Training (SET); Recommended skills for General Practice Proceduralists*; October 2011. RACS website: <http://www.surgeons.org/becoming-a-surgeon/surgical-education-training.aspx> [accessed 8 May 2013]

JMO Forum NSW, *Proposal for a Unified Lecture Education Series for Junior Medical Officers*: 2010. HETI website: http://www.heti.nsw.gov.au/resources-library/unifiedlectureseries_december2010/ [accessed 8 May 2013]

Foundation Programme (United Kingdom), Curriculum 2012. <http://www.foundationprogramme.nhs.uk/pages/home/keydocs> [accessed 8 May 2013]

- PMCV Accreditation Subcommittee
- PMCV HMO Managers Subcommittee