

# The Northern Adelaide Local Health Network Accreditation Report



## The Lyell McEwin Hospital

### Accreditation Report Details

Date of Visit:	12 and 13 August, 2015
Date approved by SA MET Health Advisory Council:	25 November 2015
Expiry Date:	25 November 2019

### Accreditation Decision

<input checked="" type="checkbox"/> 4 years with 11 provisos
<input type="checkbox"/> 2 years with                      provisos
<input type="checkbox"/> 1 year with                      provisos

## Executive Summary

The Lyell McEwin Hospital (LMH) is accredited for 40 intern and 83 post-graduate year 2 plus (PGY2+s) posts. Included in the 83 accredited PGY2+ posts are nine posts for prevocational trainees directly appointed by the Division of Obstetrics and Gynaecology (O&G) and five posts directly appointed by the Division of Paediatrics.

The accreditation team witnessed a high level of collegiate support across all levels of clinical staff which in turn produced a positive attitude towards medical training throughout the facility. The Postgraduate Medical Education Unit (PMEU) staff are highly visible throughout the facility to Trainee Medical Officer (TMOs) and Term Supervisors and provide a very effective service in relation to all aspects of prevocational medical education.

The LMH has a Director of Clinical Training (DCT) and a Medical Education Officer (MEO) responsible for intern and PGY2+ education, training and welfare support. However, additional MEO support would ensure increased capacity of the PMEU to facilitate the education program, managing the mid and end of term assessment process and providing mentoring and support for PGY2+s. It was reported to the accreditation visit team that a Northern Adelaide Local Health Network (NALHN) wide approach to medical education and training will be implemented in the near future.

The LMH General Clinical Training Committee (GCTC) is a long established committee which along with the PMEU oversee all aspects of prevocational medical education. The governance structure for medical education and training requires strengthening in particular the reporting lines between the GCTC and NALHN Executive. This is particularly important with the impending shift to a NALHN wide approach to the medical education structure.

All interns attend the LMH facility orientation program, including a 'Great Race' activity which is designed to assist interns find their way around the LMH campus. This includes key land marks, meeting with key personnel, carrying out some procedural activities and developing mock discharge summaries. Interns reported this to be a favourable method of orientation as it breaks up the information based lectures. Orientation to most units at the LMH was informal; the level of orientation was dependent upon the individual unit. Some units provide a comprehensive orientation which includes shadowing, handovers from previous TMOs and unit handbooks.

There is a broad range of formal teaching sessions available to TMOs at the LMH, including the weekly intern tutorial program, weekly PGY2+ tutorial program; teaching on the run; rostered unit based teaching; hospital grand rounds; and teaching ward rounds. TMOs highlighted that a message is broadcast throughout the hospital notifying all staff that intern and PGY2+ tutorials are about to commence has aided in their release from duties to attend the sessions.

The majority of terms provide TMOs with good clinical experiences and exposure, supervision, support and feedback from consultants and registrars. Many units run formal education sessions which are open for any TMOs to attend. General Medicine, General Surgery, Emergency, Anaesthetics, Paediatrics and O&G were units highlighted by TMOs as providing good formal unit based teaching programs.

Considerable concerns were identified with the Neurology Unit and the Urology Unit, both accredited for intern and PGY2+ posts. The Neurology Unit concerns relate to workload pressures adversely impacting the Unit's intern and the Urology Unit has concerns regarding the intern's surgical experience and exposure as it is a core surgical intern rotation. These concerns are discussed in detail in the *Unit Reports* section of this report.

The above strengths and development needs for the LMH, as well as additional comments relating to individual clinical rotations, are summarised in this accreditation report.