

Internal Memorandum

DATE: 12 – 15 November

TO: Alison Jones, Director, Medical Education and Research

FROM: Carmen Crawford, Stacey Holst and Jessica McKinlay

SUBJECT: 22nd Australian and New Zealand Medical Education Forum, hosted by Queensland Prevocational Medical Accreditation (QPMA)



Thank you for the opportunity to attend the 22nd National Prevocational Medical Education Forum, held from Sunday 12 November to Wednesday 15 November, 2017.

The forum had an emphasis on trainee **wellbeing, quality improvement, information technology** and **transition**.

There was also some discussion about career medical officers. In particular the discussion focused on their role in the future workforce and the support mechanisms needed for them to be successful.

Purpose

To provide SA MET Unit staff and others with reflections on the 22nd Prevocational Forum, which was held in November 2017.

Background

- The National Prevocational Medical Education Forum is an annual forum, facilitated by the Confederation of Postgraduate Medical Education Councils (CMPEC).
- The theme of the 2017 Forum was *'Singing from the same songsheet: Team Work'*.
- The leading discussion topic of the forum was wellbeing.
- Professor Ian Symonds, SA MET Education Committee, presented about South Australia's *'Medical Education and Training principles – Our Strategic Priority'*.
- Stacey Holst, Project Officer, Education & Accreditation, SA MET, Coroner's Reporting poster was available for viewing in the exhibition hall at the forum.
- Relevant take-home points are outlined below.

Wellbeing

There were numerous presentations that debated trainee welfare and whether system problems contribute to burnout. There are many examples across Australia where hospitals and medical education units are working with trainees to improve their support, professional development and wellbeing.

Trainee presentations informed the many factors that a trainee deals with every day such as fear of retribution, sick leave cover, unpaid overtime, leave access, no protected teaching, long hours, night duty, compassion fatigue, fear of making mistakes, bullying and harassment and secondary stress.

One presenter researched what trainees do to cope with stress. In the majority of cases trainees seek out their peers for advice rather than going to others. Only 38% of trainees have a GP of their own who they would discuss their wellbeing with.

Overall there were varying views about the problem and solutions. A multi-faceted approach to wellbeing is required if the issue is to be tackled successfully. Solutions need to concentrate on the system and how it can be improved so that the workforce has a healthy work-life-balance. For example, in one hospital trainees were experiencing high numbers of after-hours calls. The hospital bought in nurse practitioners' who could assess the urgency of the call. This has improved the system significantly. Solutions should also concentrate on the individual and their ability to manage stressful but reasonable situations. For example, South Australia has introduced programs such as PERMA+; this is helping trainees to manage self-care.

Quality improvement

Two key strategies are increasing trainee engagement with quality improvement activities in healthcare systems, these are:

- Increased participation of trainees on health service committees.
- Trainee led quality improvement rotations.

Quality improvement committee

One healthcare service has implemented a trainee quality improvement committee. Members of this committee reside on other quality, safety and improvement committees such as death audits, medical emergency review, medical education and training committees etc. These trainee representatives provide updates at trainee quality improvement committee meetings about the outcomes of their other committee work.

The trainees who presented their views on this initiative cited that they are now better engaged with a range of stakeholders across the healthcare system, including executives, department heads, and have a greater understanding of the system as a whole.

Quality improvement rotations

As part of WA Health's commitment to medical leadership, the Institute for Health Leadership is offering the opportunity for trainees to undertake a service improvement project, enabling them to acquire skills and experience in leadership and change management.

On a 10-13 week, non-clinical rotation (accredited by the WA prevocational medical education council) participants focus solely on completing a medical service improvement project. Projects can be related to clinical care delivery, patient flow or RMO/Registrar duties.

For example, previous projects have focussed on various areas including:

- efficiencies in elective and emergency surgery
- discharge planning and communication
- outpatient clinic waiting times
- improving communication between clinical staff

Trainees who have participated in the quality improvement program state that they gained most satisfaction from:

- Increased research, leadership and project management skills.
- Interactions with staff from the executive office, finance etc. as they do not usually interact with these people.
- Gaining insight into other areas of the hospital such as labs, medical records etc. and how these areas support the hospital functions.
- Having a greater understanding of quality and safety activities that occur in the hospital and how trainees can interact with these activities outside their specific project.
- Understanding the bigger picture of the hospital and people's roles and responsibilities and hospital workflows.
- Articulating their project idea to different audiences and gaining their support.
- Implementing sustainable change that improves patient care and service.

Chief Executive Sponsorship has been essential to the success of the program. Participants also noted that core to the ongoing success of the program has been a centralised educator who incrementally hosts workshops that build on a trainee's research, leadership and project management skills. In addition this centralised coordination brings together the trainees from each location and allows them to discuss their successes and shortcomings.

These activities are best suited to trainees at a PGY2+ level and is seen as an alternative to the traditional education and training tutorials and workshops. .

Information technology

As the digital world is evolving healthcare system are increasingly using learning platforms, websites and apps to engage with trainees.

A growing number of trainees are developing their own ICT solutions to improve their working conditions as healthcare systems are too slow to act in this space.

Websites

A successful website will provide up-to-date information, on a niche subject, or subjects, and is original. In addition the websites search function is easy to use.

Apps

Apps are becoming increasingly popular in the health industry. The average person has around 90 apps installed on their phone, uses 30 of these a month and nine of these a day.

Apps are being utilised for:

- Communication e.g. education times (SLACK)
- Residents guides (Med apps)
- Online education and assessment (OSLER)

Patient Records System

The Princess Alexandra Hospital has implemented an online patient records system and has become completely paperless (similar to EPAS).

Deployment of the software has been similar to South Australia's EPAS and has encountered similar training problems and solutions. Trainees tend to adapt quickly and support more experienced colleagues.

Transition to practice

Different presenters spoke about their programs. The programs focus on improving the transition to practice from medical school to internship.

Some trainees from Central Coast Local Health District, NSW, have developed a pilot program called 'Stitch'. This program has been beneficial to both medical students and trainees. Trainers are running weekly one-hour workshops at universities. Trainees who are interested in teaching can gain valuable experience and the opportunity to work towards an education qualification.

A conference named 'PRINT' is also being rolled out nationally. This two-day conference hosts six workshops offering tips and tricks and sought-after advice. The SA MET Junior Medical Officer Forum is currently in communication with the PRINT organisers to bring this conference to Adelaide.

Career medical officer

Career medical officers have become a topic for discussion and will likely grow over the coming years. It was acknowledged that should such positions be created, appropriate support mechanisms and monitoring of skills and knowledge need to be implemented. Each jurisdiction is approaching this matter individually.

Recommendation

- Support trainees to participate in quality improvement activities including participation in healthcare system quality improvement committees, such as death audits etc.
- Lead and advocate for the implementation of ICT solutions that support trainees in the workplace. It is essential that trainees lead the direction of such projects and also have a role in maintaining them if they are to be successful and sustainable.
- Lead and advocate for improved workforce planning to address trainee wellbeing issues that relate to a healthy work-life balance.

Conclusions

Trainee engagement is essential for the future of medical education and training. Trainees who are engaged have a better understanding of the healthcare system as a whole. Furthermore, development of strategies to manage wellbeing and information technology systems requires trainee commitment to ensure that changes are sustainable and targeted at trainee needs.