




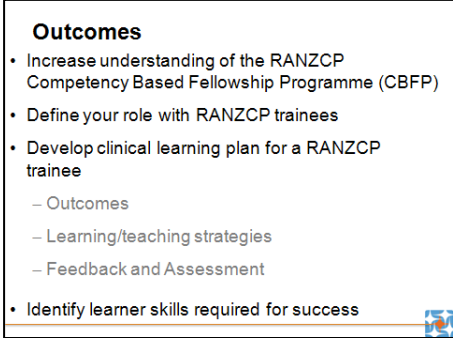
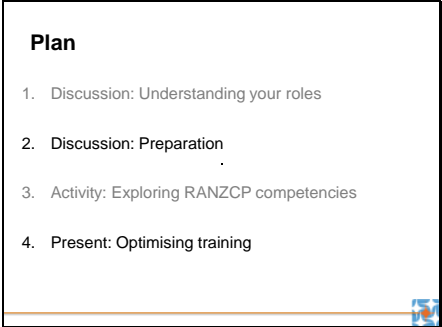
Workshop 1

Planning Learning

PowerPoint and delivery plan

Section & timing	Slide #
Section 1 (60-min)	Slide 1 -15 Introduction Kite Activity Discussion of RANZCP Programme Roles Finish Kite activity
Section 2 (45-min)	Slides 15-22 Outcomes of the College How College programme is arranged How WBA and EPA are linked to outcomes How to teach College competencies
BREAK (15-min)	
Section 3 (30-min)	Slides 23-24 How to plan for trainees
Section 4 (30-min)	Slides 24-31 How to get the best out of trainees Deliberate practice Summary Evaluation
END OF WORKSHOP 1	

Planning Learning – Facilitator notes

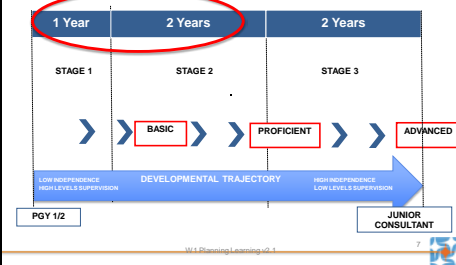
<p>Slide 1</p> 	<p><u>SECTION 1: INTRODUCTION</u></p> <p>Facilitators – ensure that slides 4, 5 & 6 are not in the handout, but are in the projected PowerPoint.</p> <p>Introduce broad overview of curriculum development by the College and College Plans and the reasons behind the College changes (<i>address trainee concerns, address training challenges, ensure competent graduates, ensure adequate feedback during training, evidence from educational literature, trends in Medical Education</i>) including ensuring purpose of these workshops (to help supervisors in their role). Be positive about changes!</p> <p>Point out they will learn as much from each other as the facilitators, therefore introductions – Who you are; where you teach and an icebreaker (something about yourself nobody else knows, best holiday, food you hate....). Vary depending on how this is being run.</p> <p>Introduce booklet/resource.</p> <p><i>(Introductions can take ~ 20-minutes)</i></p>
<p>Slide 2</p> 	<p><u>PRESENT OUTCOMES:</u></p> <p>At the end of this workshop participants will be able to...</p>
<p>Slide 3</p> 	<p><u>PRESENT PLAN:</u></p> <p>Outline the plan for the workshop.... It has been broken into four parts...</p>

<p>Slide 4</p> <div data-bbox="193 221 635 546" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Activity</p> </div>	<p><u>KITE ACTIVITY</u></p> <p>First we want you to do some work. I am going to teach you something now using one method that is planned. I am going to do this by giving you a lecture. I am going to make a number of points and I want you to remember as many points as possible. I will ask you to remember these later. This is a memory test. We would like you to use your mind and not pens to aid you with this task.</p> <p>Firstly, I want half of you to look away</p> <p>Divide participants into two groups; get one group to look away.</p> <p>Show the next slide - slide 10 "The instructions given are for making and flying a kite. Please keep this information to yourself."</p>
<p>Slide 5</p> <div data-bbox="193 781 635 1106" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>This lecture is about making and flying a kite. Keep this information to yourself.</p> </div>	<p><u>KITE ACTIVITY continued...</u></p> <p>Allow the half the group to read the slide then move forward to the next slide</p> <p>Put a blank slide on either side so you do not accidentally show it.</p> <p>MAKE SURE THIS SLIDE IS NOT IN THE HANDOUTS!!!</p>
<p>Slide 6</p> <div data-bbox="193 1308 635 1632" style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Activity</p> </div>	<p><u>KITE ACTIVITY continued...</u></p> <p><u>PRESENT LECTURE</u></p> <p>Now I am going to present my lecture. I am going to give you a list of simple requirements. Try and remember as many of them as you can.</p> <ul style="list-style-type: none"> - It is peaceful - Children love them - Newspaper is good. - Walk then run. - Birds don't get too close - You can't do it with rain - A stone is important - Don't lose it as there is no second chance - Too many people cause problems - The seashore is a good place <p>That is the end of my lecture. We will come back to it but now we will continue with the workshop.</p>

Slide 7

RANZCP

Progression of competence through stages of training



PRESENT:

Explain the new curriculum aims to clearly define the progress of a trainee through three stages and the progression of competence is reflected by the developmental trajectory.

As the trainee progresses through training, their level of competence will be reflected at a position on the developmental trajectory.

In the ideal competency-based education model, progression through training would have no time boundaries and trainees would develop at the speed they are able to demonstrate their abilities, however in the RANZCP training program trainees will be expected to spend 60 months in training.

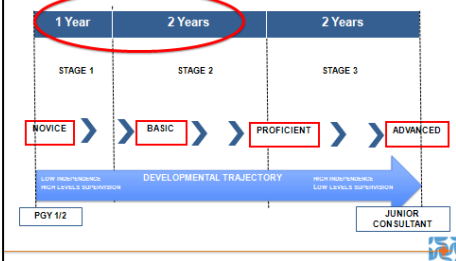
This slide highlights three stages of training. For progression from Stage 1 to Stage 2 and Stage 2 to Stage 3, trainees will need to demonstrate competent performance.

Attainment of Fellowship is contingent on acquiring advanced competencies.

Animation

RANZCP

Progression of competence through stages of training

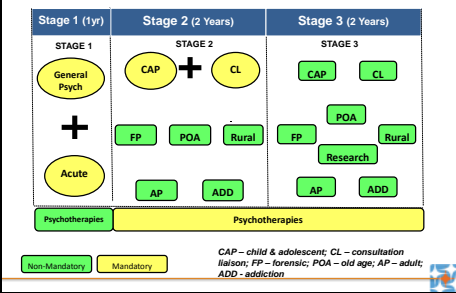


Animation

New for RANZCP – split between Stage 1 and 2 of training.

Slides 8

RANZCP Clinical Attachments



PRESENT:

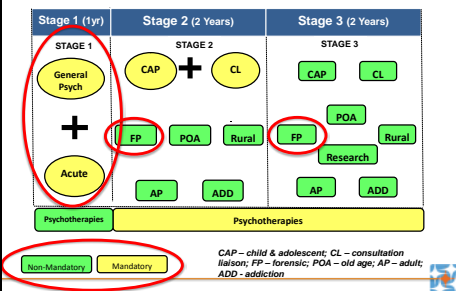
Explain these are the new clinical rotations for the program. The changes to the clinical rotations are as follows – explain Stage 1 with General Psychiatry and Acute Psychiatry, along with stage 2 and 3 with Forensic, community, Rural, Consultation Liaison and so forth.

Note: Stage 2 – POA and Addition have mandatory EPAs, but not mandatory rotations.

Slide 9

Animation

RANZCP Clinical Attachments

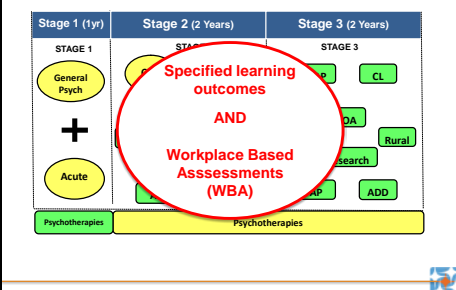


New aspects of the program are including mandatory and optional rotations. In particular Rural rotation is now optional (changed from mandatory).

Year 1 is now acute and general psychiatry for all trainees.

Slide 10

RANZCP Clinical Attachments



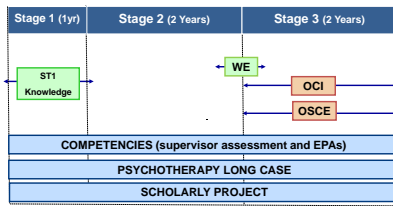
The most important changes are well defined learning outcomes for all rotations

AND

Workplace Based Assessments which are aimed to inform the supervisor and trainee about progress and inform learning needs.

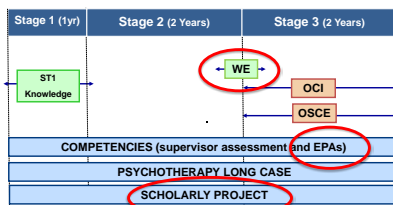
Slide 11

RANZCP Assessment



Animation

RANZCP Assessment



PRESENT:

This slide outlines the assessment for the new programme with the assessment of competencies and Entrustable Professional Activities (EPAs) in the workplace, psychotherapy long case and Scholarly Project, a written exam set at Junior Consultant level, as are the OCI and OSCE which can only be attempted after the written exam.

Animation

The new aspects are the WBAs and EPAs and the Scholarly Project.

The mandatory experiences requirement has been integrated into the program the required skills will be assessed through EPAs and WBAs.

IMPORTANT

Make it clear that although some aspects of assessment are still to be confirmed, these details should not affect understanding of the broad intention of the programme which is:

Well defined outcomes to guide the clinical attachments

Workplace based assessment which is formative and which in a rigorous way can inform the supervisors of the trainees progress

Slide 12

*You are responsible for your trainee...
How would you define your role?*

Teacher
Supervisor
Assessor
Mentor
Clinician



DISCUSSION:

You work with and are responsible for trainees who during their clinical work (which is looking after patients under your care) are training to be psychiatrists.

QUESTION

You are responsible for your trainee... How would you define your role?

WHITEBOARD RESPONSES

- Break participants into pairs
- Discuss for 2-3-minutes
- Discuss as a group
- Whiteboard responses

A range of terms will be used including those below: plus role model, confidant, appraiser, advocate, clinical director. Generate discussion as to what each role means and then summarise, showing the roles.

- Teacher
- Supervisor
- Assessor
- Mentor
- Clinician

ADDITIONAL QUESTION

Are there any problems in playing all these roles, potential conflicts? – bring out conflict between assessor and mentor and teacher. Talk about professional boundaries.

Slide 13

Effective “Supervisor”

- Clinical competence
- Good communicator
- Role model
- Tailors teaching to trainee
- Good use of teaching time
- Inspires reflection
- Gives appropriate feedback
- Explores professionalism
- Encourages life balance
- Attitude (supportive, positive, interested)
- Available
- Willing to answer Qs
- Shows respect



SUMMARY SLIDE:


There have been many studies in the health professions that have sought to identify the attributes of an effective supervisor from the perspective of both supervisors and trainees.

This list reflects key attributes from research in emergency medicine, general practice, general surgery and dermatology.

Slide 14

Teacher
Supervisor
Assessor
Mentor
Clinician

What works for you?



OPEN DISCUSSION:

The aim of this question is to gather some good ideas as to the way different people organise themselves. Try and remember who identified each of these roles and pose the question to them.

EXAMPLES OF RESPONSES

Teacher

- Plan each 1 hour session the week before
- Vary the teaching hour on a weekly basis with incorporating assessments (OCA, CBD, mini-CEX)
- Plan the overall term to follow specific topics – leaving it to discuss difficult cases can become repetitive
- Instead of saying bring the difficult case, bring the last case and look at the notes, letters, summaries etc.

Supervisor

- Ensure that you understand their capabilities at the beginning
- When on call ring each evening to get an update and see if they need support. Saying “feel free to ring me” rarely gets them ringing.
- Ensure that you debrief stressful encounters (e.g. suicide).

Assessor

- Ensure they understand the purpose is formative and follow-up to ensure they improve
- Plan clearly when it may occur
- Encourage the trainee to take responsibility
- Use others as well
- Train up others using some of the workshop material (i.e. discussing standards, giving feedback)

Mentor

- Get to know them at the orientation
- Make sure there is a regular time
- Be sure you keep professional boundaries clear, you are not the therapist

Clinician

- You are a role model.
- Must ensure safe care

Demonstrate various components of the clinical encounter early in the term/training.

Slide 15

Activity



COMPLETE THE KITE ACTIVITY:

Ask people to write down as many points as they can remember from the ‘lecture’.

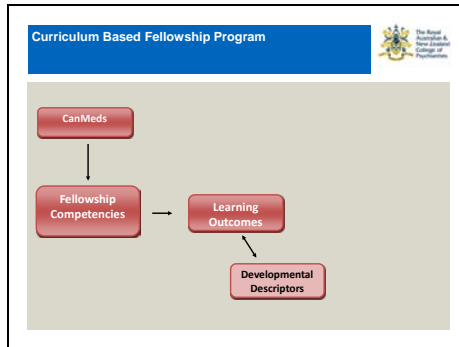
Swap with a partner and get them to mark against the checklist which you read it out. The mark is out of 10.

Gather on the board the number of points they remembered. Divide into those who knew the outcome and those who didn’t.

IN GENERAL THOSE WHO KNOW IT IS ABOUT FLYING A KITE REMEMBER MANY MORE POINTS

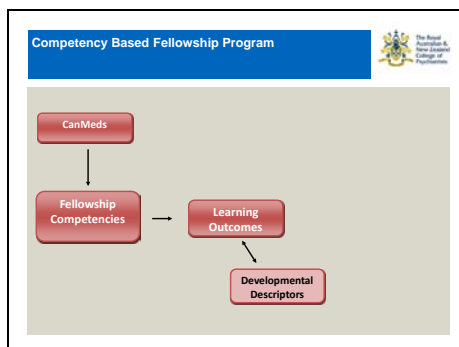
Point out the importance of knowing outcomes before a learning session starts.

Slides 16-17



Animation:

Each box comes in one at a time.
Slide 17 – shows the slide complete without the 'error'



INTRODUCE THE COLLEGE SET OF OUTCOMES

The College has developed the competencies through the following process.

CanMEDS has been used as the starting point – CanMEDS are the core components necessary for a good doctor. They were derived from the CanMeds Competencies from Canada.

CanMEDS stands for 'Canadian Medical Education Directives for Specialists' and was developed after the strike by doctors in 1987. Following the strike, there was concern about the role of a doctor and the community developed this framework for guiding clinical training.

<http://www.rcpsc.edu/canmeds/index.php>

From here the College has developed:

- The Fellowship competencies,
- Detailed Learning Outcomes and
- Developmental descriptors for each Learning outcome

This is to help us understand what is expected at each stage of training.

DRAW ATTENTION TO THE COLLEGE DOCUMENTS WHICH CONTAIN THIS MATERIAL.

AFTER the discussion – note Slide 16 has an error – can anyone spot it?

Slide 17 shows it is COMPETENCY based Fellowship Program **NOT** Curriculum Based – which was the previous curriculum change.

Note for Facilitator:

The error is calling it Curriculum Based Fellowship Program. The last change in the College was based around a curriculum – this change is based around competency – now titled – Competency Based Fellowship Program.

Slide 18

TRAINING OUTCOMES...

...are **observable** and **measurable** and refer to the achievements of the learner

For example a trainee...

... demonstrates the ability to communicate effectively with a range of patients, carers, multidisciplinary teams, general practitioners, colleagues and other health professionals

PRESENT

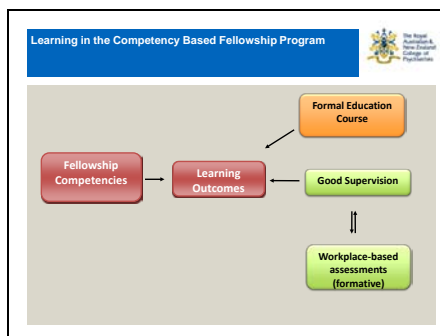
This slide offers one definition of training outcomes that highlights two key words – **observable** and **measurable**. The concept that an outcome is measurable gives reason to the introduction of workplace-based assessment. Workplace-based assessments are tools that measure or evaluate a trainee’s level of competence.

In the example provided in this slide, the statement articulates communication abilities required of a trainee.

Link this slide to the Kite Activity:

(i.e. learning outcomes will assist with learning...)

Slides 19



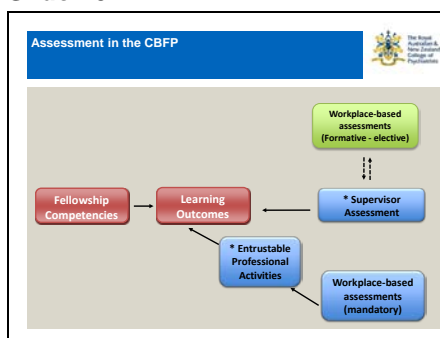
PRESENT

How will learning occur in the new program?

To meet the learning outcomes, there are not many changes from before. It requires:

- Good supervision
- WBA which are formative and should guide the learning plan (that is guide the trainee as to areas that need to be focussed on)
- The formal education course

Slide 20



PRESENT

From the supervisor viewpoint, how will assessment occur in the new program?

As before there will be:

- Supervisor assessment at the end of a clinical rotation
- In addition the supervisor will need to sign off on Entrustable Professional Activities – these will be informed by at least three WBAs – and you should choose a range of appropriate WBAs – a Mini-CEX, an OCA or a Case based Discussion.
- However, many more WBA are encouraged to be used as they will help in a formative sense, planning learning, but also inform you as to trainees progress. We will be exploring that later in further workshops

Slide 21

Competency-Based Training - RANZCP

1. Clearly defined outcomes
2. Formalised supervision
3. Structured activities – especially formative workplace based assessment
4. Summative assessment - workplace + College based



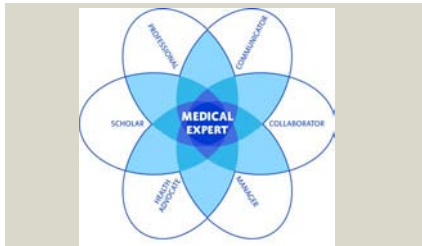
SUMMARY SLIDE:

These are the key features of the new RANZCP programme

1. Outcomes
2. Supervision (which is why you are here)
3. Structured activities (especially formative workplace based assessment)
4. Summative assessment (workplace + college based)

Slide 22

FELLOWSHIP COMPETENCIES - CANMEDS



DISCUSSION

Explain these are the CanMeds roles and the College competencies that will guide the training are defined for each area. Get people to look at this resource booklet

QUESTIONS AND DISCUSSION

How they would teach them?

Build on the previous discussion as to what they thought worked well for them. Go through one by one.

- Which are you comfortable to teach?
- If they are not comfortable why not?

Expand their thinking – What areas are difficult? What methods could be used? (This will add to the next part of the workshop).

Not all competencies can be covered in each attachment. Share good ideas and tips – get specific ideas.

Slide 23

How do you prepare for having a trainee?

SECTION 3: Trainee

DISCUSSION

Reiterate we have been discussing the many roles you play under the word supervisor – that is teacher, assessor, mentor, clinical supervisor.

QUESTIONS

Do you prepare for having a trainee?

How do you organise yourself?

That is, do you... PLAN?

Instructions:

Work in pairs if that is appropriate for the time available and the energy of the group (if the group is losing energy – keep moving). Facilitators interact with individual pairs.

Examples:

- meet the trainee, verbal orientation, handout
- Information about trainees previous performance – do you seek it out?
- teaching programme, are other consultants involved etc.

The challenge is that we are busy, and do much of our supervising, teaching and so forth on the run.

The **PLANNING** however may be having a set of planned sessions to draw on (teaching scripts on common, or important topics which we can quickly draw on), having thought about an attachment so we know how the 6 months can unfold and who is responsible for what or have some quick checks to apply to our teaching.

Slide 24

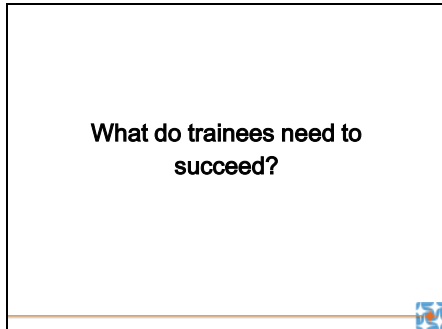
Consider...

- Pre-rotation
- Orientation
 - Roles and responsibilities
 - Learners strengths and areas to improve
- Learning
 - Outcomes – trainee plan
 - Methods
- Assessment (formative and summative)

SUMMARY SLIDE

With a trainee attached to your unit you need to consider what will happen in rotation. This can be considered in terms of the outcomes you want them to achieve, how they will achieve them, the teaching and learning methods, how and when you will give feedback, and how it builds into the assessment.

Slide 25



SECTION 4: OPTIMISING TRAINING & EVALUATION

DISCUSSION

We have focussed on how the training programme is structured, the outcomes around which it is based and how we may organise our own trainees programme.

QUESTIONS

What about the trainee?

What is it the trainee needs to be successful?

PROBE

Probe participants by asking...

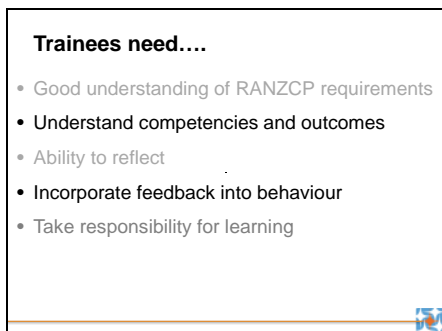
How do you encourage trainees to display/learn these behaviour's? (E.g. How do you get a trainee to reflect?)

WHITEBOARD RESPONSES

- Break participants into pairs
- Discuss for 5-minutes
- Discuss as a group

Whiteboard responses

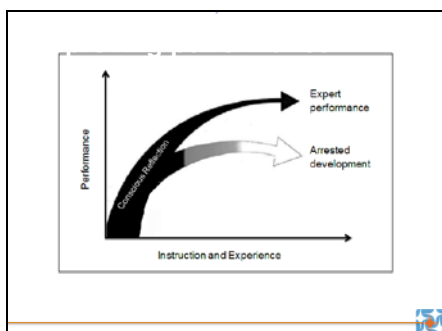
Slide 26



SUMMARY SLIDE

Orientation, environment, methods and resources?

Slide 27



PRESENT:

In becoming an expert it is not just how much you practice but how you go about it.

This work comes from Ericsson, a psychologist who has studied top level athletes and musicians amongst others and more recently looked at doctors.

Those that perform at a high level persist in the stages of conscious performance and reflection longer than those who develop only a moderate level of expertise.

They focus in on areas which they are not doing well and practice that component. This is what is known as deliberate practice and it has relevance for training in the clinical setting. This differs to the old model of apprenticeship model of training.

The components are....next slide.

Slide 28

Deliberate Practice

- Well defined and important tasks
- Opportunity to practice and improve
- Good supervision and feedback
- Motivation and endurance (hanging in there)
- Reflection
- Optimal use of time

PRESENT:

(Links with previous slide)

Deliberate Practice has the following components...

Some of these areas are our responsibility as a teacher (items 1-3). In the clinical setting therefore we need to set up an environment that is less unstructured than the apprenticeship model of clinical learning, with elements of observation, detailed feedback, opportunities to repeat tasks and encourage reflection and refinement.

The bolded components show the areas which learners need to take some responsibility (items 4-6).

Slide 29

Outcomes

- Define your role with RANZCP trainees
- Develop plan for clinical learning for a RANZCP trainee
 - Outcomes
 - Learning/teaching strategies
 - Feedback and Assessment
- Identify learner skills required for success

SUMMARISE WORKSHOP:

In this workshop we have covered the following...

Slide 30

What will you change in your practice?

QUESTION

You have been here for three hours

What will you change in your practise?

Slide 31

Evaluation

What worked well?

What could be better?

EVALUATION:

Thanks

Use this slide for some informal feedback at this stage if you wish.