

Roles and responsibilities

The importance of teamwork and roles of the key players

Doctors have a professional obligation dating back to the Hippocratic Oath to help and share knowledge with one another. The Council recommends that all employment contracts for senior and junior medical staff make clear the obligation for undergraduate and postgraduate teaching. Likewise, performance reviews should assess each doctor's contribution to teaching and learning.

The Council recommends that the following clause is included in medical employment contracts:

“That (the employee) has a professional responsibility to provide undergraduate and postgraduate teaching to all health professionals of lesser skill, knowledge or experience, and that this obligation includes informal instruction during routine clinical activities.”

What does the Council expect?

The relationship of the supervising specialist with the intern is of primary importance. This person should be empathic and a professional mentor and role model, setting the tone so that each member of the team takes responsibility for the education of less qualified members.

The supervising specialist must ensure adequate time and procedures are in place so that the statutory educational requirements outlined in this handbook are achieved for each intern.

While the specialist creates a learning culture, the intern also must take responsibility to understand what is required and ensure meetings with their supervisor take place.

Registrars also create the learning culture and should encourage and support interns to attend all sessions and aspects of their programme, recognising and promoting protected teaching time.

Intern supervisors are the Council's agents responsible for ensuring that the standards of clinical experience and education are maintained at their hospital or hospitals. They

provide high-level focus, working with other key people to address the overall needs of interns. They are the first person to contact with any concerns or questions about the intern year. Intern supervisors have an important statutory role to report to the Council on interns' suitability for registration.

What about the other key players?

Other players with important roles during the intern year include the:

- chief executive
- chief medical advisor
- director of clinical training
- RMO coordinator

Chief executive

The hospital CEO or general manager has the ultimate decision-making authority to implement suggested improvements arising from the Council's hospital accreditation visit. When the CEO or general manager changes, the new appointee will be asked to sign the latest Education Committee accreditation report to ensure that any concerns raised by the Committee continue to be addressed.

Chief medical advisor

This is a senior doctor, often with an overview of quality improvement across the whole organisation. They often deputise for the CEO for the organisation of the Council's hospital visit – ie, completing the pre-visit form, arranging the programme and liaising with the Council's education coordinator.

Director of clinical training

This person has an overview of clinical training across the whole organisation. The director is aware of the education programmes available for interns at the hospital/s and is often the key liaison with the hospital, colleges, intern supervisor, the Council, Ministry of Health and Resident Doctors' Association.

Resident medical officer coordinator

RMO coordinators having a key role supporting interns. While they work closely with the intern supervisor, they also welcome new interns and are usually involved in coordinating their induction to the hospital and dealing with practical issues. People employed in RMO coordinator positions have proved invaluable in creating goodwill among hospital staff.

Periodically, RMO coordinators are invited to discuss their work at the annual intern supervisors' meetings run by the Council.

Hospitals may have slightly different structures, with different job titles and roles to those listed above. The Council's Education Committee tries to include all the above in the hospital visit process, to keep everyone informed of developments and to pass on successful ideas to other hospitals.

Some attributes of role models and mentors

All members of the profession should be aware that their actions, interactions and attitudes, both as medical educators and as representatives of the profession influence junior colleagues. Role models and mentors play a critical role in the transition from student to doctor. Role models teach by example. Through them, doctors learn skills and knowledge, but also the attitudes and values of being a doctor. Role models can also significantly affect career choices. A variety of different role models is desirable as learners tend to adopt some aspects or parts of the styles of many, rather than copy one person.

The cultural needs of Māori doctors must be considered. It is also important to demonstrate the value of maintaining interests and abilities outside medicine, and it is very useful for interns to see other doctors successfully balancing professional, personal and family commitments.

Doctors serve as positive role models through their:

- clinical reasoning and analytical thinking
- enthusiasm and love of their work
- mastery of their subject
- compassion for patients and families
- professional ethics
- personality and leadership skills.

Clinical skills, personality and teaching ability are the three most important factors in selecting a role model, while a doctor's position or title, research or speciality are the least important factors.

Colleagues can also act as negative role models when they become tired or stressed, and express anger or frustration by making negative remarks about peers, colleagues, another speciality group or a patient's condition.

Role-model relationships may develop naturally or be encouraged by assigning a mentor to each doctor. A mentor is a senior colleague with whom the intern feels comfortable discussing current issues, as well as professional development and future career planning.

The intern supervisor might take the lead to encourage interaction between interns and senior colleagues willing to act as mentors early in the year. Mentors should not be involved in the intern's supervision or assessment.

The role of a mentor should include:

- offering regular support and advice
- encouraging a balance between professional and personal life
- helping interns to recognise their own strengths and weaknesses, including the limits of their expertise
- helping interns define their learning needs and career direction
- supporting access to appropriate people and resources
- offering advice on ethical issues
- fostering a commitment to lifelong learning
- discussing appropriate role models.

Guidelines for supervising specialists

General attributes

A supervising specialist will ideally:

- enjoy and be enthusiastic about teaching
- be supportive of interns and other members of the team
- act as a good role model for interns, displaying clinical competence and a commitment to continuing education
- develop a rapport with interns by being available and genuinely approachable
- be a good communicator and provide regular constructive feedback
- adopt a counselling role with interns in relation to career or vocational planning and dealing with work pressures
- encourage interns with any personal or health problems to get help from appropriate services and/or the intern supervisor

- advocate to hospital administration the need to support education to improve standards, and to provide specialists with adequate time and facilities for teaching, consistent with the CTA requirements.

Learning environment

A supervising specialist will ideally:

- ensure that organisational issues within hospitals do not compromise the intern's ongoing education
- incorporate interns into the ward team
- ensure that the registrar is actively involved in teaching and supporting interns
- encourage interns to be actively involved in practical procedures, after appropriate instruction
- reinforce the intern's obligation for self-learning
- encourage interns to critically and constructively appraise their own and other team members' work and practise evidence-based medicine
- support formal teaching programmes and ensure interns can attend relevant teaching activities, especially tutorials arranged by the intern supervisor
- involve interns in continuing medical education activities within the unit
- ensure that the interns' statutory experiential and educational requirements are met, using this handbook as a reference
- ensure an appropriate balance is achieved between the intern's education and service commitments.

Time commitment

Supervising specialists should:

- ensure interns know where and how to contact them
- allow time during ward rounds, clinics and theatre for interaction with interns
- manage their commitments so that protected time is put aside for interns
- make specific time for clinical teaching about issues for a particular patient
- demonstrate good time management skills
- meet with the interns three or four times during the run, outside of formal teaching time, to provide feedback and evaluation of performance.

Quality improvement

Further enhancement of one-to-one learning could result if specialists:

- meet at least yearly with other specialists, the intern supervisor and medical advisor to review the programme for each run and to share strategies for managing interns, both clinically and educationally
- regularly review their teaching activities and learn from others in the team about other ways of teaching.

Timetable of events

Before the beginning of each run, it is recommended that the specialist reviews:

- the organisation of the programme, timetable and duties of the interns
- the orientation that should take place during the first week
- the run expectations, based on the Council's learning objectives and indicative skills list
- ward teaching with other specialists and/or registrars.

Orientation

During the intern's first week on the ward, their orientation must include an introduction to the specialists, registrars and charge nurse and a tour of the wards, theatre, etc. The orientation and completion of the assessment form should clarify:

- how the specialist likes things to be done on their particular run and in that hospital
- the intern's expectations, including technical procedures and practical skills to be learned
- the intern's educational aims and learning objectives
- the intern's responsibility to be self-directed and to take control of their own learning
- lines of communication during normal working hours and on-call hours
- teaching and tutorial timetables
- the policy on protected learning time.

Specialists might also consider developing management protocols and guidelines on the day-to-day organisation of their run.

Reporting and feedback

Specialists should:

- seek the opinions of other ward staff on the intern's performance, especially the registrar, but also the charge nurse and paramedical staff
- ensure that feedback is given to interns (using the Council's assessment report)
 - midway through the run to discuss the intern's progress. This provides an opportunity for remedial measures to be taken over the second half of the run, should these be necessary. Positive and/or constructive feedback is encouraged
 - at the end of the run to assess whether the intern's performance has reached the required standard
- identify the intern's strengths and weaknesses, focussing first on abilities and personal and professional achievements, and then providing constructive criticism
- address poor performance
- be encouraging and sensitive in providing feedback
- nominate a backup specialist to provide supervision, including essential reporting and feedback, when on leave.

Guidelines for interns

As their contribution to their own learning, interns should:

- be familiar with the contents of this handbook and understand the roles of the other key players
- meet with the supervising specialist (and registrar, if appointed) at the start of the new run to discuss
 - their educational timetable for the run, including time in the library
 - their personal aims and objectives for that run and the year in general
 - the list of skills to be learned on that particular run
- meet with the supervising specialist (and registrar) during the run to ensure that they are meeting their objectives
- be open to advice from the specialist on areas for improvement, and work on resolving them before the final evaluation

- meet with the specialist at the middle and end of the run to receive written feedback. This will involve discussing and signing the assessment report before it is referred to the intern supervisor
- help with education of medical students
- be attentive to the well-being of colleagues
- contact their intern supervisor for help with any problems they might be experiencing.

Guidelines for registrars

Registrars also have some responsibility for encouraging a culture of learning for themselves and other members of the team. Registrars should:

- be enthusiastic; the attribute most valued in teachers by learners is enthusiasm
- give informal teaching on ward rounds and during acute admitting days
- provide appropriate feedback verbally and identify poor performance
- ensure interns can attend organised teaching sessions regardless of other commitments, recognising the importance of protected learning time
- encourage interns to participate in rounds, continuing medical education activities and X-ray sessions
- encourage interns to attend outpatient clinics, laboratories and theatres, helping make these good learning experiences
- encourage interns to share duties so they can leave the ward for educational experience.

Guidelines for intern supervisors

Hospitals accredited for intern training have at least one intern supervisor. At larger hospitals there may be two or more, usually one each from a medical and surgical discipline.

Intern supervisors are nominated by the hospital CEO. Normally the position is advertised internally and applicants are interviewed. The CEO sends the nomination to the Council for consideration in accordance with the Council's protocol for appointing intern supervisors. The term is five years initially, with the opportunity for renewal at the end of each term. The Council does not expect all intern supervisors to resign after a five-year term, but rather to evaluate their position. Intern supervisors sign a contract with the Council and all intern supervisors meet once a year.

General attributes

Intern supervisors should:

- be known, approachable and easily accessible to the interns
- be an advocate for interns to hospital management
- not be too involved in hospital management, which can interfere with the advocacy role, particularly where there is a potential conflict of interest
- be able to influence decisions on the run choices for interns
- be interested in education
- be able to form a good working relationship with human resources personnel dealing with interns
- be able to deal effectively and assertively with other supervising specialists when the Council's requirements are not being met.

Statutory role

Intern supervisors are required to:

- be good role models and display good knowledge of and interest in education, skill in clinical medicine, and management and interpersonal relations
- make sure they are known to all the interns at the beginning of the year, or when any new interns join the staff
- make sure their interns are aware of the intern supervisor's role, their availability for advice and the assessment procedures
- meet with their interns (individually and as a group) regularly to provide support, review the overall programme and hear any concerns
- consult with the specialist teams, particularly about the training objectives and the procedures for performance assessments
- make sure the interns' clinical experience and run mix meet registration requirements
- liaise closely with their CEO, chief medical advisor and clinical directors on the education, training and supervision of interns. This includes helping prepare data for a hospital visit and getting approval in advance for any major revision of runs
- monitor the education programme and facilities available for interns

- make sure specialists discuss all reports with interns and provide timely feedback to any interns experiencing difficulties in the clinical area
- offer counselling if necessary, particularly to those having problems in clinical work or integration into the New Zealand workforce
- review the supervisors' assessment reports and make a final recommendation to the Council on each intern's suitability for registration at the end of 12 months' supervised practice
- report to the Council quarterly on the number of interns being supervised and on any corrections necessary to the Council's education runs database
- attend meetings or seminars arranged by the Council and, if invited, participate in hospital or general practice accreditation visits as part of the Council's accreditation team.

More information

The intern supervisors meet each year to discuss issues about the supervision of interns. If you would like more information please phone the Council's education coordinator on 0800 286 801.