Clinician-Student MD Mentoring

Mentor Guidebook

UWA MD
Professional Development and Mentoring Program

2015
You have been approached to be a Clinician Mentor, either by a medical student or the Faculty.

This guidebook will outline the programme, where mentoring fits in, how to make your mentoring relationship work and what the students expect from it. It will also act as your guide for content and assessment.

Just as it is essential for a graduate to know how to diagnose or treat an illness, they need to graduate with the professional skills that are required as an intern and beyond. Your role as a mentor will help ensure they have addressed and reflected on many of these areas in Professional Development and Mentoring (PDM).

| Australian Medical Association Role of the Doctor Position Statement - 2011 |
| Training the current and next generation of doctors |
| The relationship between experienced and less experienced doctors further improves the standard of patient care. Doctors value the mentoring tradition of medical learning where senior or more experienced colleagues pass on their knowledge and skills. |
| Doctors see it as a professional duty to mentor their newly appointed and less experienced colleagues and to be available informally as sources of advice, tutorship and support. |
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## Mentorship

### Why do medical students benefit from mentoring?

Medical students benefit from mentoring in several ways. Mentoring provides a valuable learning opportunity, as mentors share their experience and knowledge. This can help students to understand the expectations of the medical profession and to develop the skills necessary for a successful career. Mentoring also allows students to develop a professional network, which can be beneficial throughout their career. Additionally, mentoring relationships can provide emotional support and guidance for students as they navigate the challenges of medical school.

### Mentoring programs

Mentoring programs are designed to facilitate the development of a meaningful relationship between a mentor and a mentee. These programs often provide guidelines for mentor and mentee roles, as well as opportunities for ongoing support and feedback. Many medical schools offer mentoring programs as part of their curriculum to help students integrate into the medical community.

### Benefits of mentoring

Mentoring offers numerous benefits for both mentors and mentees. For mentors, mentoring provides an opportunity to give back to the medical community and to share their knowledge and experience. It also allows mentors to evaluate their own skills and to reflect on their professional development. For mentees, mentoring can help to clarify career goals, improve time management skills, and enhance communication and problem-solving abilities. Mentees also benefit from increased confidence and motivation.

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## UWA Doctor of Medicine (MD)

### Curriculum:

The curriculum for the UWA Doctor of Medicine (MD) program is designed to provide a comprehensive education in medicine. The program includes both theoretical and practical components, with an emphasis on developing the skills necessary for a successful medical career. The curriculum is flexible and allows students to choose courses that align with their career goals.

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## UWA MD Professional Development and Mentoring (PDM) Theme

### Australian Medical Association Medical Professionalism Position Statement - 2010

The Australian Medical Association (AMA) has developed a position statement on medical professionalism. This statement outlines the core values and principles that guide medical practice in Australia. The PDM theme at UWA is based on these principles, emphasizing the importance of ethical practice, patient care, and continuous professional development.

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## What is a PDM Portfolio?

A PDM Portfolio is a comprehensive record of a student’s professional development and growth throughout their medical education. It includes documentation of clinical experiences, reflection on these experiences, and evidence of ongoing professional development. The PDM Portfolio is an important tool for students to demonstrate their commitment to professionalism and to prepare for their future careers in medicine.

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## The UWA Faculty of Medicine MD Mentoring Programs

### PDM Clinical Mentor Criteria

Clinical mentors are essential in the development of medical students. They provide guidance, support, and feedback, helping students to navigate the challenges of medical school. The PDM Clinical Mentor Criteria outline the expectations for clinical mentors, including their roles and responsibilities, as well as the criteria for selection and training.

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## FAQs

### What is the Clinical Mentor’s Role?

The Clinical Mentor’s role is to provide guidance and support to the student. This includes setting goals, providing feedback, and facilitating the development of the student’s professional identity. The mentor also serves as a role model, demonstrating professionalism and ethical behavior.

### What is the Students Role?

The student’s role is to actively engage in the mentoring relationship. This includes setting goals, reflecting on their experiences, and seeking feedback from the mentor. The student also has a responsibility to develop their own professional identity and to contribute to the development of the mentor.

### Summary of Roles and Responsibilities for Clinician Mentor and Student Mentee

The roles and responsibilities of mentors and mentees are outlined in the PDM Clinical Mentor Criteria. These criteria include expectations for mentor and mentee interactions, as well as guidelines for ongoing support and feedback.

### What if the Mentoring Relationship is not working?

If the mentoring relationship is not working, it is important to address the issue promptly. This may involve discussing the relationship with the mentor or mentee, seeking support from a supervisor or other trusted professional, or seeking a new mentor.

### What are the Boundaries for Mentoring?

Boundaries in mentoring are important to maintaining a professional and respectful relationship. These boundaries may include the frequency and duration of mentoring sessions, the topics discussed, and the expectations for confidentiality.

### What training and support is available for Mentors?

Mentors receive training and support through the PDM program. This includes guidelines for mentor and mentee interactions, as well as resources for ongoing support and feedback.

### What about privacy and confidentiality?

Privacy and confidentiality are important considerations in mentoring. Mentors and mentees are expected to maintain the confidentiality of discussions and to respect each other’s privacy.

### What if I can’t get hold of my mentee?

If the mentor cannot get hold of the mentee, it is important to communicate with the mentee’s supervisor or other trusted professional. This may involve seeking support from the mentor’s supervisor or a member of the PDM team.

### What do I need to know about the UWA FMDHS Professional Behaviour Policy?

The UWA FMDHS Professional Behaviour Policy outlines the expectations for professional behavior among medical students and staff. This policy includes expectations for competence, integrity, and respect, as well as guidelines for reporting and responding to breaches of professional behavior.

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## Administrative Details

### Year 1

- 1st Meeting
  - Step 1 — Getting acquainted
  - Step 2 — Discuss basic mentoring goals with each other
  - Step 3 — Clarify expectations and define boundaries
  - Subsequent meetings

### Year 2

- 1st Meeting

### Year 3

### Year 4

- WA Health Dept Prize for Best Portfolio entry on “Quality and Safety”
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- Appendix 2 - Sample Year 3 Portfolio Entries
  - Sample One: Ethical Behaviour
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  - Sample Three - Learning and Continuing Education (Self Care/Self Awareness)
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- Appendix 3 – PDM Interview Record Sheets
  - Year 1 PDM Interview Record
  - Year 2 PDM Interview Record
  - Year 3 PDM Portfolio & Interview Record (2 pages)
  - Year 4 PDM Portfolio Ethics Essay & Interview Record
- Appendix 4 - Mentor Feedback and Evaluation Form
Summary & Quick Guide

“The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation.”

William Osler

Thank you for your interest in being a mentor in the MD Programme in the Faculty of Medicine, Dentistry and Health Sciences at UWA.

You have a wealth of experience and insights which are invaluable in nurturing the next generation of doctors. In addition, we hope you will find being a mentor personally rewarding. This booklet outlines the mentoring programme, how mentoring fits into the students’ professional development and mentoring and provides tips on how to make the programme work.

Professionalism development and mentoring (PDM) is one of the themes in the medical curriculum and ensures that students address and reflect on issues related to ethical behaviour in professional practice, legal and professional responsibilities, lifelong learning, self-care and career development. This is covered through seminars, a reflective portfolio, essays and the mentoring program.

The UWA mentoring provided by doctors has been well evaluated by students and they recognise its benefits; in particular when they reach the later years (Med J Aust 2014; 200 (1): 20-22). The programme involves supporting the learning and development of the student, assessing their capacity to reflect on issues and ensuring that they are developing appropriate professional behaviours and attitudes. This booklet outlines what it is to be a mentor, how to approach it and how to address problems.
Mentorship

Why do medical students benefit from mentoring?

“Educating the mind without educating the heart is no education at all.”
Aristotle

Studying to become a doctor is one of the most challenging courses in tertiary education. To paraphrase William Osler, “[Their] heart will be exercised as much as [their] heads”. However nothing worthwhile tends to come easily - as clinician mentors we know that life as a doctor can be demanding, but it is an extremely rewarding career.

There is a fundamental difference between what students are taught and what they learn. There is a wealth of data demonstrating that medical students can be stressed and even traumatised by both the clinical situations they experience and also by the health professionals they interact with and are meant to often learn from.

Recently the Beyond Blue organisation published a National Mental Health Survey of Doctors and Students. They found that:

1. Medical students report high rates of general and specific distress.
2. Female and Indigenous students are more at risk of mental health problems.
3. Medical students perceive that there are stigmatising attitudes if doctors have mental health problems.


Mentoring programs

Most doctors develop supports to help them deal with the stresses of the job including developing mentoring relationships. Mentoring occurs when one individual with knowledge and experience, assists with the learning and development of another. Upon reflection, most people can recall a time when someone offered them this kind of assistance. Many people can point to a mentoring relationship that has had a significant positive impact on their lives.
Benefits of mentoring

“We are here to add what we can to life, not to get what we can from life.”

William Osler

Students who are mentored should:

- Transition better to the MD Course
- Receive encouragement and support in studies and work
- Reflect on their learning, learning styles and work life balance
- Discuss their career aspirations and options and develop career networks
- Develop new skills, knowledge and confidence
- Reflect on their personal and professional behaviours and attitudes.

For those who provide mentoring, it may be a way to:

- Enhance skills in coaching and counselling
- Gain satisfaction from helping a student develop professional behaviours and attitudes
- Contribute to their own professional development
- Increase awareness of different areas of medicine and medical education.

UWA Doctor of Medicine (MD)

The UWA Medical School was established in 1956. The MBBS degree has been replaced in 2014 by a postgraduate qualification, the Doctor of Medicine.

The benefits of the MD include:

- A stronger foundation and knowledge-base from the undergraduate degree
- An advanced learning environment at postgraduate level.

Curriculum:

The Curriculum will be fully integrated, both vertically and horizontally. The curriculum will be made of thematic groups emphasising the following areas:

- Scientific foundations of medical practice
- Foundations of clinical skills, clinical reasoning and decision making
- Foundations of the role of the medical profession in population health, public policy, health reform and medical politics
- Professional development and mentoring of a doctor and the interactions within a multicultural and multiracial society.

(http://www.meddent.uwa.edu.au/teaching/centre/md-curriculum)
UWA MD Professional Development and Mentoring (PDM) Theme

Doctors work in a very privileged position. With this role come responsibilities and challenges. Just as it is essential for a graduate to know how to diagnose or treat an illness, students need to graduate with the professional skills that are required as an intern and beyond.

Professional development and mentoring (PDM) is one of the four themes in the UWA curriculum. PDM aims to provide the students with an opportunity to learn about and reflect on issues related to professional life.

The graduate outcomes related to this theme are:

- Professional attitudes and behaviour
- Self-care
- Medical Ethics
- Medical Law and Governance

The outcomes noted above will be assessed using a variety of methods throughout the course.

The PDM unit has been designed to encourage students to develop skills in:

- reflection on practice and experiences
- personal and professional self-evaluation and development
- applying knowledge in context

so that as a medical graduate of UWA, they

- have high quality knowledge and skills
- are up to date with evidence based practice
- are accessible to patients and colleagues
- demonstrate social responsibility to the community and country
- work collaboratively in teams.

The PDM programme across the course consists of:

- Mentoring from Years 1 to 4
- Seminars
- ePortfolio tasks
- Case based ethics essay.
**Australian Medical Association Medical Professionalism Position Statement - 2010**

3.1 Medical professionalism embodies the values and skills that the profession and society expects of doctors. Through adherence to medical professionalism, doctors fulfil their duties to patients and the wider public.

3.3 The profession upholds a commitment to:

- teaching and mentoring,
- participating in and promoting medical research,
- collaborating with colleagues and other health professionals, and
- advocating for social justice and the public health.

3.4 Doctors are also expected to commit to the highest ethical and professional standards of conduct and performance. This involves continuing self-appraisal, ongoing professional development, taking responsibility for one’s own health and well-being, supporting impaired colleagues, and protecting patient safety.


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**What is a PDM Portfolio?**

The Portfolio is used as a tool to record the students’ progress and achievements in the medical course.

The Portfolio can be also used as:

- an assessment tool
- a means by which reflective practice can be encouraged
- as a record of achievement held by the student for their own use
- as evidence for continuous professional development.

To be an effective doctor, students need to develop the skills to be a reflective practitioner. They need to be able to observe and evaluate their own behaviour and actions, and be appropriately critical. Then students need to be able to use these observations in a constructive way as the basis for their continuing education and development.

By three methods we may learn wisdom: First, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest.

Confucius
# The UWA Faculty of Medicine MD Mentoring Programs

**UWA Faculty of Medicine has two mentoring programs for medical student mentoring. Each program has a different emphasis and requirements.**

The first program is Student-Clinician Mentoring which is the program you as a clinician mentor will be involved in. UWA is the *only* Australian medical school to have a longitudinal mentoring program whereby all medical students have a clinical mentor involved in the student’s professional development for the duration of the course. This program has been a popular feature of the MBBS course for many years but has been modified based on feedback from medical students and mentors in 2012 in preparation for the MD course.


The Student-Clinician Mentoring Program comprises of a minimum number of meetings and activities that must be completed for each academic year.

**In your role as a qualified doctor, you have an important role in providing your student with formative feedback and identifying if they need assistance in the Professional development and mentoring aspects of the course.** Your student may wish to interview you to gain insights into your journey as a doctor which they can use as assets for their e-Portfolio (refer to section on e-Portfolio for more information).

With the introduction of the MD course, UWA Faculty of Medicine in collaboration with the Western Australian Medical Students Society (WAMSS) have expanded the UWA Student Services UniMentor program. This is called the Student MeDMentor Program. The Student-Student MeDMentoring runs parallel to the Clinician-Student mentoring.


The aim of both mentoring programs are to act as frameworks which provide support for professional skills and relationships to develop for the medical students as they experience the trials and tribulations in their journey to becoming doctors and ensure that they are developing appropriate professional behaviours.

**PDM Clinical Mentor Criteria**

To provide the best support to your mentee, clinical mentors should be:

- a respected individual in their chosen field;
- able to listen and empathise;
- interested in medical education;
- able to self-reflect;
- committed to lifelong learning in themselves and others;
• skilled in facilitating discussions;
• understand the healthcare system they work in;
• able to work within an ethical framework.

In order to ensure the above, we have found that mentors should:

• be a medically qualified clinician, qualified for a minimum of 3 years
• have adequate time and be able to meet with the students officially for Personal Development & Mentoring during the course (4 years),
• be able to follow the timetable set out in the PDM Guidebook.

"Example is not the main thing in influencing others; it is the only thing,"
Albert Schweitzer

Note: A PDM mentor will need to complete the Interview Record sheets at the back of this guidebook for each of their students in the relevant years. You will need to give an assessment of your mentee's progress so that the student can send the Interview Record sheets to the PDM Administrative Officer.

FAQs

What is the Clinical Mentor’s Role?

Clinical mentors have a great opportunity to witness the transition of a layperson as they progress through their medical training to become doctors. The vast majority of students have no problems in achieving the AMC Professionalism Goals (http://www.amc.org.au/index.php/ar/bme/standards/101-goals-of-medical-education-). However, a small number of students struggle with these and benefit from assistance by the Faculty. As such, it is important that you contact the PDM co-ordinator if you have ANY concerns in this regard.

Clinical mentoring typically involves:

• Acting as counsellor and coach – to help the student assess where they are and where they want to be; discuss relevant medical issues e.g. ethics.
• Acting as a role model for the student.
• Assisting their mentee reflect on and resolve “difficult” aspects of professional practice.
• Ensuring that the student is developing appropriate professional behaviours and attitudes. If mentors have concerns about the student in these areas, they should inform the PDM co-ordinator (one of the reasons for the PDM portfolio is to encourage the medical students to reflect on difficult areas of medical practice so that any concerns in their personal or professional development can be highlighted)
The mentoring programme involves “face-to-face” meetings and formative assessment for the students.

A few mentors can feel uncomfortable combining the predominately nurturing role of mentoring with assessment; however it is made clear to the students that their clinical mentors have a duty to ensure that the next generation of doctors develop appropriate professional behaviours and attitudes (http://www.ama.com.au/codeofethics). The clinical mentors’ role in assessment is solely formative (giving feedback). In circumstances were unethical or unprofessional conduct or behaviour is suspected, or mentors feel that the student would benefit from more assistance in these areas, mentors should contact the PDM co-ordinator (or email ppdmed-fmdhs@uwa.edu.au).

What is the Students Role?

The student can approach their mentor to discuss issues and ideas around their professional development and mentoring. The student may ask for feedback or advice to clarify situations. The mentor’s questions or comments may help students see another perspective, consider other options and review their plans or actions. Whatever the matter discussed, it is the student who must take ultimate responsibility for any decisions or take actions required (within professional, University and Hospital guidelines).

It is the student’s responsibility to ensure that all of the unit requirements and paperwork are submitted to the PDM administrator.

Summary of Roles and Responsibilities for Clinician Mentor and Student Mentee

**Clinician Mentor**

- Be a positive role model
- Be available, provide honest and timely feedback
- Share knowledge and experience
- Learn from the perspectives and ideas brought by the mentee
- Provide guidance based on the mentee’s learning and development needs
What if the Mentoring Relationship is not working?

If mentoring partners are unable to build a satisfactory relationship they may ask the PDM Admin for assistance.

While changing your mentor/mentee is allowed, the parties should think carefully about this before doing so - it can be a good opportunity to gain knowledge and experience in professionalism. It is always wise to reflect on why you don’t wish to continue and addressing this may be an important learning experience!

What are the Boundaries for Mentoring?

At times students may bring up problems that are outside the scope of the mentoring role and which you may not be equipped to deal with. It is important for both parties to recognise the limits of the mentoring relationship.

Matters such as personal, marriage, sexual relationship, harassment, drugs, or alcohol abuse should be referred to the Associate Dean (Student Affairs Tel: 6488 8500 or Email: roland.kaiser@uwa.edu.au) or UWA Student Services (http://www.student.uwa.edu.au/contact#support).

When a mentor is not qualified to offer advice they should refer the student to other sources.
What training and support is available for Mentors?

The Faculty run training sessions for mentors and potential mentors covering aspects of the PDM programme and mentoring. We will email you details of upcoming courses.

The PDM unit coordinator (Paul McGurgan) is available to discuss any specific academic queries or can assist with any administrative or general queries - ppdmed-fmdhs@uwa.edu.au

What about privacy and confidentiality?

Any meetings with your PDM Mentee are confidential and all information remains with you and the mentee unless you mutually arrange otherwise. Mentors are expected to ensure a reasonable standardisation of the interview process, and emphasis is placed on the importance of the principle of confidentiality during training. However, one of the roles of the mentor is to ensure that the mentee is developing appropriate professional behaviours and attitudes. In circumstances were unethical or unprofessional conduct or behaviour is suspected by the mentor, doctors should report this to the PDM co-ordinator. (http://www.ama.com.au/codeofethics).

The PDM mentorship is invaluable in facilitating the development of the student as a reflective practitioner. The minimum recommendations for meeting with your students are detailed in the Assessment section.

It is vital that the mentor signs off on the required parts in the PDM student portfolio forms. The portfolios are primarily an instrument to record the students’ progress and achievements, and encourage them to reflect and build upon their professional development and mentoring through the under-graduate medical course, but they also function as an assessment tool and as evidence for continuous professional development (particularly relevant when the student has deficiencies identified in these areas).

What if I can't get hold of my mentee?

The student should be the person responsible for ensuring that meetings are arranged. It is emphasised to the students that clinician mentors are busy people and students should allow at least 4 weeks’ notice for meetings, etc.

If you do need to contact your student and experience difficulty with this, please inform the PDM Administrative Officer (ppdmed-fmdhs@uwa.edu.au) as soon as possible as they should have up to date contact details for the student.

What do I need to know about the UWA FMDHS Professional Behaviour Policy?

This is an excerpt from the Policy:

http://www.meddent.uwa.edu.au/teaching/policies/professional-behaviour
The FMDHS ‘Policy on Professional Behaviour for Students’ and associated procedural guidelines have been developed to facilitate a consistent and equitable approach to the recording, monitoring and evaluation of misconduct in the area of professionalism and professional behaviour of all students enrolled in coursework programs of study offered by the FMDHS.

It is acknowledged that whilst medical students are not yet doctors, they have certain privileges and responsibilities different from those of other students. As potential future doctors, rigorous standards of professional behaviour are thus expected of them. Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practice and ability to provisionally register as a doctor. Their behaviour at all times must justify the trust the public places in the medical profession, and never put patients or the public at risk.

In the Faculty’s experience, medical students can (often inadvertently) have difficulties with appropriate professionalism behaviour in both ensuring patient confidentiality and in using social media.

Doctor-patient relationships rely on implicit trust; patient information should only be shared on a “needs to know” basis. Health professionals must always acknowledge the vulnerability of patients and protect their patient’s personal information whenever possible.

Medical students are in a privileged position in terms of access to patient information. With this comes professional responsibilities in terms of using this information appropriately and ensuring that patient information is kept confidential.

The UWA Faculty recognises that medical students need to use patient information as an essential part of their education. The Faculty have been instrumental in providing students with access to WA Health Department patient information resources such as iCM. Although students need to use clinical information for reports etc, this must be in the context of the data being de-identified and sensible precautions being made about data security and disposal. Any medical students not taking due diligence in this area are behaving unprofessionally and may have professional misconduct processes instituted. These professional behaviour expectations apply to a range of activities including photocopying patient’s notes, printing patient’s results, disposing of patient information and using social media (https://ama.com.au/social-media-and-medical-profession).

**Administrative Details**

The Administrative Officer for the PDM units is Ms Deborah Chapman. She is located in the Faculty’s Education Centre, and can be contacted by email ppmmed-fmdhs@uwa.edu.au for any administrative questions, including copies of forms or new guidebooks.

**Year 1**

Students in Year 1 are matched with both a Student MeDMentor and a Clinical mentor for both parts of the mentoring programs
Many students choose their own clinical mentor, while others get help from the Faculty in finding a mentor. Once a clinical mentor is allocated, the students will contact you to introduce themselves and arrange a meeting. Students are strongly encouraged to make contact with their mentors early in the year.

You need to meet at least once with your student/s while they are in Year 1. This meeting will enable you to introduce yourselves and give you and your student(s) an opportunity to discuss how the PDM interviews/meetings will work throughout years 2-4. You will also be able to discuss with your student/s any other issues related to their progress into the course and their development as a medical student.

Each mentoring relationship is unique between the Clinician and student, however based on feedback from other clinical mentors there are some suggestions below to help the mentoring process flourish:

1st Meeting

Step 1 — Getting acquainted

The most important part of beginning your mentoring relationship is to get to know each other and clarify your mentoring goals.

Introduce yourselves and find out four things about each other:

- **Explore your commonalities.** Talk about your social and academic backgrounds, how you became interested in medicine as a career.
- **Look for uniqueness.** What makes you different? For example, do you speak a foreign language, have you spent time overseas, etc.
- **Discuss your interests/pastimes.** Describe what you like to do when you are not studying/working.
- **Explore work styles.** Identify whether your personalities and/or your work styles are similar or different. For example, are you the type of person who will pay attention to quality and detail or do you prefer the big picture? Are you shy and quiet or do you tend to be outgoing and sociable?

"While medicine is to be your vocation, or calling, see to it that you have also an avocation - some intellectual pastime which may serve to keep you in touch with the world of art, of science, or of letters."

- William Osler, from After Twenty-Five Years, in Aequanimitas

Step 2 — Discuss basic mentoring goals with each other

For the Student (mentee):

- Why do you want to be a doctor?
- What strengths and qualities do you have that should help in the course?
• What do you think you will find most difficult in the course?
• Have you any other career aspirations?

For the Clinician (mentor):

• Why did you want to be a doctor when you started the course? Have your reasons changed, if so why?
• What strengths and qualities have you found that have helped you in your chosen career?
• What do you think has been the most difficult part of your journey through medicine?
• Would you do anything differently with this knowledge and experience?

Step 3 — Clarify expectations and define boundaries

• Establish a meeting framework:
  - Where?
  - When?
  - How? (we advise face to face meetings at least once per year, but e-mail or phone are acceptable if both parties prefer for other interactions)
  - How long?
  - Frequency? (we advise at least twice in the academic year)

• We encourage the student to initiate meeting dates, and discuss with you how best to organise (e-mail, phone).

Subsequent meetings

Successful mentoring is a collaborative effort. Mentors should create a safe and supportive environment for the Student Mentee to examine behaviours or areas that they want to improve on. A Clinician Mentor can be a wealth of knowledge during this stage by sharing resources, encouraging reflection and providing ideas and opportunities. Ideally a key outcome of the initial meeting for the year should be a plan of action by the Student Mentee which is why meeting up at least twice per year is advised.

PDM Admin Hint: For students to complete the PDM mentoring unit for each year, the student must return the Interview Record Sheet to the EdCentre by fax, mail, or email by the due date (see Appendices). Many mentors find it easiest to give the signed record back to the student, who can then arrange to hand this in to the EdCentre.

Please contact the PDM co-ordinator if you feel that your student mentee has made unacceptable progress or would benefit from additional support in areas concerned with professionalism.

Year 2

In Year 2 the PDM material is covered in a series of seminars, on line using LMS and ePorfolio modules, communication tutorials, issues that arise in small group learning and through discussions with mentors. These issues include personal
self-care and stress, breaking bad news, informed consent, confidentiality, ethical legal issues, reflective practice and critical incident debriefing.

For students to complete this PDM unit, you must meet them at least once. Completed and signed copies of the Interview Record Sheet needs to be submitted to the EdCentre by the due date (See Appendices).

**Year 3**

The importance of a student’s ability to evaluate themselves, their knowledge and their practice, and their ability to care for themselves is recognised as an essential graduate outcome. The Portfolio and Interviews which the students complete in Year 3 aim to encourage and assess the student’s ability to reflect on their experiences and their own strengths and weaknesses.

The PDM portfolio provides an opportunity for students to reflect and consider cases or clinical situations that have had an impact on them (positive or negative). There are 6 focus areas students are encouraged to reflect on:

- Ethics (compulsory)
- Diversity
- Self Awareness
- Self Care
- Professionalism and Teamwork
- Quality and Safety

Students must write a portfolio entry on an “Ethics” topic but can then choose any three of the other topics. The entries are not expected to be works of literature, but should indicate that some serious thought and reflective practice has taken place.

A student may include some articles which have triggered their reflection, for example:

- a short description of an incident during a clinical attachment
- a newspaper article
- a short transcript of a conversation with a colleague, friend or family member;
- an extract from a PBL session or tutorial.

The students are encouraged to format these essays in the following steps:

1. **Description of the situation**: This provides the background detail of what has prompted the reflection. Ideally it includes both details about the event and details about the writer’s feelings and thoughts at the time of the event.

2. **Analysis**: this stage of reflection involves uncovering the student’s assumptions or beliefs. The aim is to get the students to question why they might hold certain views or recognizing that there could be other perspectives.

3. **Conclusion and Action Plan**: The student should seek new information or realize different perspectives as a result of the analysis; perhaps they may change their opinion or arrive at different conclusions – about themselves and about others. These new insights may them take action to ‘do it differently’ next time.
‘Experience is not what happens to you, it is what you do with what happens to you.’

Aldous Huxley

Amongst other key skills, the portfolio will indicate that students:

- accept responsibility to develop their knowledge, skills and attitudes through participation in the course
- aspire to continue reflective practice as a means to effective, lifelong, self-directed learning
- derive useful information from feedback available in their teaching and learning activities
- are committed to the ideals of compassionate and ethical professional behaviour
- accept responsibility for contributing to the professional development of peers through collaborative work in teams.

Students usually benefit from some formative feedback with their reflective essays; as such the Faculty recommend that you meet with your mentee at least twice in Year 3. The first interview is a chance to catch up, discuss the possible portfolio topics, and arrange convenient meeting times and how the student should submit their portfolio drafts for the remainder of the year. Before the interview, the student should submit to you a draft of at least two of the subjects the portfolio will cover, so that these can be discussed and feedback given at the interview. Students may submit these via email, standard post, etc., as agreed with you.

The final portfolio (4 essays) should be between 8 and 10 pages in length, typed and double-spaced. An ideal portfolio would present a picture of someone actively engaged in learning, reflecting on their own and observed practice, drawing on both their personal experience and from working with more senior colleagues to provide insights into observations. Some samples of portfolio entries are in Appendix 2.

**WA Health Dept Prize for Best Portfolio entry on “Quality and Safety”**

The Office of Performance, Activity and Quality in the WA Department of Health awards prizes for the two best “Quality and Safety” short essays. If your mentee chooses “Quality and Safety” as one of their portfolio entries and you feel that it is of a high standard, please document this in the Interview Record Sheet by the due date (see Appendices) or contact PDM Admin to nominate your mentee’s submission for this prize.

WA Health Dept. scoring criteria (and weighting %):

1. Knowledge of safety or quality concepts (40%)
   - Indication of awareness of patient safety and quality
   - Understanding of patient safety and quality
   - Commitment to patient safety and quality
2. Understanding of the importance of evidence (30%)
   - Acknowledgement of importance of evidence review
   - Acknowledgement of differing quality of evidence sources
   - Indication of evidence review, or knowledge of current best evidence
   - Indication of critical analysis of evidence

3. Commitment to improvement (30%)
   - Identification of potential for errors within a current system/process
   - Identification of potential improvements to patient safety or quality
   - Implementation of improvements to current system/process

**Rural Clinical School Students (RCS)**

Students who are involved with the RCS in year 3 will not need to submit the PDM portfolio or complete the interviews. Students will be encouraged to remain in contact with their urban based mentor whilst away in year 3, but will also be allocated to a mentor within the RCS.

For non-RCS students to complete this PDM unit, you must meet them at least twice. Completed and signed copies of the Interview Record Sheet need to be submitted to the EdCentre by the due date (See Appendices).

**Year 4**

The PDM seminars continue in year 4 and consist of a series of interactive seminars focusing on topics relevant to new doctors. Seminars may include topics such as:

- Ethics
- Law, Medical Defence and Risk Management
- Communication, Open Disclosure, Difficult Patient Relationships
- Life Balance, transition to Junior Doctor
- Leadership.

We encourage students to meet with you early in the year to discuss their Intern Application, as these contain many PDM-related themes. This is not compulsory, but is a good opportunity to “touch base” early in the year.

Your student/s will submit an ethics essay to you for your comments and feedback. You should meet with your student face to face at least once (we recommend by the last Monday in July as the latest time).

For students to complete this PDM unit, you must meet them at least once. Completed and signed copies of the Interview Record Sheet need to be submitted to the Ed Centre by the due date (See Appendices).

It is the student’s responsibility to ensure that the interview record sheet is completed and returned to the PDM Administrative Officer by the first Monday in September.

The Ethics essay topic changes each year, and the students are informed through their learning management System (LMS).
If you any concerns that the mentee needs additional assistance in any of the AMC Professional Attitude Goals of Medical Education (Appendix 1, page 23) or has not made acceptable progress, please contact the PDM co-ordinator urgently.

**Assessment Standards**

These are a guide to the standards expected in the student’s professional development.

<table>
<thead>
<tr>
<th>Not Acceptable/Needs additional support</th>
<th>Demonstrates simple awareness. Reaction, response only. Inappropriate or unacceptable professional behaviours or attitudes expressed by the student (see Appendix 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptable</td>
<td>Accurately identifies, articulates, and elaborates via examples of incident/issue/patient or case. Demonstrates how awareness changes performance or precipitates action that results in different or potentially different outcomes with regard to specific examples or practice generally.</td>
</tr>
</tbody>
</table>

If you **do not** wish to assess the student you are mentoring please let us know and we will arrange this to be taken over by the PDM co-ordinator.

**Record Keeping and the Interview Process**

The Faculty recognises that each clinical mentoring relationship is unique. We try to strike a balance between laissez-faire and bureaucracy. The tasks each year are to provide a structure for discussion and a stimulus for reflection rather than be just tick box exercises. In our experience the students who are most reticent about the mentoring program are those who have the most to gain from mentoring.

The Interview record sheets have been provided to document any formative assessments, to note the student’s progress through the interviews and to give final comments on the mentee’s professional development.

In Year 3, for each portfolio entry you will need to circle the topic and then use the appropriate assessment (Acceptable-A or Needs Assistance- NA) to circle a mark for the formative assessment.

**Helpful Hints**

- Remember that you didn’t learn everything at once or the first time; your students may be the same and may struggle in some areas. Be aware that the students can be unfamiliar with some of the academic and medical attitudes and behaviours which seem second nature to you.
Students may be unsure as to the purpose of PDM or mentoring. You may need to convey this information in different ways over a period of time, before they appreciate how it works and is of benefit.

Give fair, encouraging feedback on your student’s performance when you meet or through your email correspondence. Some remarks or statements can be misunderstood and induce a different reaction from what you were expecting. Discuss what they need to improve and how best to achieve it.

Resist the temptation to mould your student into your clone. They need to develop and explore their own attitudes, behaviour, career potential and interests.

The vast majority of students have no problems in achieving the AMC Professionalism Goals (see Appendix 1 page 23), however a small number of students struggle with these and benefit from assistance by the Faculty, as such it is greatly appreciated that you contact the PDM co-ordinator if you have ANY concerns in this regard.

The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated – Plato

Thank you for your support of our next generation of doctors.
Appendices:

Appendix 1 - AMC Standards in Medical Education 2010

The Australian Medical Council stated that medical students should demonstrate the following professional attitudes which are fundamental to medical practice:

- Recognition that the doctor’s primary professional responsibilities are the health interests of the patient and the community,
- Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own wellbeing,
- Respect for every human being, including respect of sexual boundaries,
- Respect for community values, including an appreciation of the diversity of human backgrounds and cultural values,
- A commitment to ease pain and suffering,
- A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness,
- An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources,
- A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that in such situations they need to consult and/or refer the patient for help, including help in cultural, social or language-related matters,
- An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout one’s professional career,
- An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues,
- An appreciation of the system’s approach to health care safety, and the need to adopt and practise health care that maximises patient safety, including cultural safety,
- A commitment to communicating with patients and their families and to involving them fully in planning management,
- A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources,
- A preparedness to work effectively in a team with other health care professionals, and
- A realisation that one’s personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management, including referral to another practitioner.

Appendix 2 - Sample Year 3 Portfolio Entries

Sample One: Ethical Behaviour

When I was in first year I was sitting in with a GP and a girl a bit younger than me was one of his patients. By the end of the consult she needed a pap smear. She was very shy and she was obviously quite nervous about the whole situation. I was very upset by the way the GP dealt with her. He didn't explain the procedure at all, just made her get undressed and did it. Because she was so anxious she couldn't relax enough and it made the procedure difficult and the GP almost yelled at her to relax. It made me very angry but since I was only a first year student I didn't feel I could say anything.

This was the first big example of unethical behaviour I saw and it has certainly stuck with me ever since. It was a big lesson to me and has made me be extra careful about being sensitive to a patient's needs.

Mentor's Comments:

Needs more work: Student is aware that something is of ethical concern, but does not clearly articulate the ethical issue. Some thoughtful reflection, albeit brief. Acceptable, but only after further discussion with student about the underlying ethical issues, and some additional detail added by the student.

Sample Two: Diversity

Patients' cultures and backgrounds can certainly have great effect on the care provided them. For example, there are some cultures and backgrounds which I've observed which have so great an effect that no significant care is possible from male doctors.

At this extreme, I think immediately of an experience a male friend described to me about his encounters with Muslim families in the labour ward. Their religion forbids, as far as possible, physical contact between Muslim women and men besides their husbands, and especially between their women and men from other races and religions. As a male student eager to admit women in labour into the ward, my friend had approached an Iraqi couple, seeking permission to conduct the admission which requires a brief presenting history and quick physical examination. The wife was in too much pain to communicate, but the husband was quick to refuse my friend the physical examination on his wife, requesting that only female nurses, midwives and doctors look after her. The most my friend was permitted to do was to have a brief chat with them before calling for the midwife to take over the remainder of the admission. This religious condition therefore also meant that he could have no part in the care of this lady and in the eventual delivery of her baby.

In such cases, then, simply being male forbids the provision of care for these people, as long as there are female staff who can do the same job. Only in real emergencies, and as a last resort, can male health workers make physical contact with Muslim women. I am not aware if this is also true for physical contact between female non-Muslim health workers and male Muslim patients.

As it turned out, my friend told me that three Muslim couples presented to the labour ward that night, making his twelve-hour shift a lot quieter than it would have been had they been non-Muslims. Of course, that cannot be held against them. As my friend told me, he simply counted it as another part of his experience in the ward, and realised what it has taught him – and me – about people of other religions and cultures.
Mentor’s Comments:

Acceptable. Provides an example of how patient’s belief system was relevant to the particular encounter. Accurately identified and articulated.

Sample Three - Learning and Continuing Education (Self Care/Self Awareness)

Artefact: Extract from a student discussion on the StudentDoctor Network

http://www.studentdoctor.net/bbs/Forum3/HTML/001520.html

Being exposed to so much PBL this year has been very different to the previous four years. Initially, my reactions were along the lines of those described by “Rock” in the artefact above. I really thought it could never work, or that if it did, we would need to put in an enormous amount of time and work. So far I’ve achieved high marks and I wanted this to continue – I was concerned that PBL would make this more difficult. For sixteen years I’ve been taught in a didactic way, that’s how I got into Medicine and that’s how I’ve achieved high marks so far, and it seemed a bit late in the course to be suddenly changing all this.

I had complained about this to a friend of mine who is a teacher, who instantly said, “No wonder you’re worried, you’ve always been a surface learner.” I’d heard of this term before but she gave me some references which clarified the styles of learning. From reading definitions of surface, deep and achieving learners in The process of learning (Biggs & Moore, 1993) I attempted to analyse my learning styles throughout the course. Until this year, I have employed a mixture of surface and achieving learning styles – in that I have spent most of my studying time memorising the facts and procedures which I anticipated would be tested in the exams, but sometimes trying to learn things at a deeper level to improve my marks. There have been very few times when I have been motivated to study a subject more holistically or deeply for any reason other than achieving a higher mark.

Looking back on the effect of the PBLs during this year, I realise that their very design has forced me towards a deeper learning style, because “the teacher interacts with the learner in line with the assumption that learning involves active construction of meaning by the student and is not something that is imparted by the teacher” (Biggs & Moore,
1993, p. 25). As “Djanaba” in the artefact described, now we are doing the learning and the teaching. There is more work involved, but at the same time it is more satisfying. In previous years, after an exam I have felt I’ve forgotten all the facts I’d learned for it within a few days; but this year, I feel I am retaining information much more easily – because there is a context in which I learnt it, rather than just memorising lists of unconnected facts. Obviously this should make my transition to working life easier.

I don’t know if I could have continued to exist as a surface learner this year – because I enjoyed the PBL style, I found myself making a conscious effort to learn in a deeper way anyway – but I suppose when it comes to exams at the end of this year, that will be the true test of how much my learning style has changed. Overall I prefer the end result of deep learning, but at times find the effort required is much higher than my previous surface learning style, and if I was to return to a non-PBL based curriculum, I might find it easier to revert to surface learning. I have always achieved good results through that method, and even though the quality of my learning would be lower, if I’m honest then the good results are more important to me, and I’ll do what I can to get the highest results in the time I have available.


**Mentor’s Comments**

Excellent. Demonstrates Sophisticated Awareness of Theory/Principles which underpin the theme. Articulates and researches, explores, quotes literature. Demonstrates how awareness changes performance or precipitates action that results in different or potentially different outcomes with regard to specific example or practice generally.

**Sample Four: Self Care and Stress Management**

Artefact: Extract from my diary, 23 July 2000:

I freaked out today when Mum wanted me to pick up my brother from football training before I went to work. My boss begged me to work tonight because she couldn’t find any other checkout girls, and since Mum and Dad were pretty good about lending me the money for the trip to Bali in January I’ve been really trying to pay them back fast. But I was supposed to be getting ready for the Paeds PBL session tomorrow and having to pick up Daniel meant I lost my precious hour of study time. Then Daniel’s training session went late, I yelled at him, and I screamed at Mum when I dropped him home, and I got to work late. Once I was there I was rude to most of the customers, too!

For some reason, this year has been the most stressful one for me at uni so far. I have always kept a diary but usually just write the facts and feelings as they happen – without wondering if I could change anything to make it better. I’m pretty lucky to have parents who are happy to support me throughout uni, but because many of my school friends have long graduated and started earning money, I’m very conscious of trying to provide for myself a little, so I have kept up a part-time job at the supermarket. But there are times when combining this, my study, my family life, and a pretty limited social life all get a bit difficult.

Normally I notice I’m stressed when I start arguing with people – especially my family. At these times I often also find it hard to get to sleep at night – all the things I didn’t get finished during the day go round and round in my mind. After I read back on this diary
entry I realised that I should be looking after myself better – I mostly recognise when I’m stressed, but do very little about it. I’m about to start a meditation course which a friend recommended – she said the techniques they teach are very simple, and she does it each night before she goes to bed, and she sleeps a lot better, and feels more in control of all the busy things she does. I’m aware that different strategies suit different people so I will monitor how this works with me; and try other strategies if I feel this isn’t as effective as I’d like. But I’m also wary of rushing out to learn about every way to cope with stress, because doing it all at once will just add to my stress!

**Mentor's Comments:**

Acceptable. The student identifies the stress and stressor and addresses the link between stress and general performance. Is aware of and can identify stress signs and their significance, and shows signs of developing stress management strategies.
Appendix 3 – PDM Interview Record Sheets
MD PROFESSIONAL DEVELOPMENT AND MENTORING

Year 1 PDM Interview Record

_The purpose of this form is to allow mentors to report back on their initial interview with their 1st year student/s._

_It is critical that this form is submitted._

_Students will FAIL the PDM unit without this record of the interview._

Student Name: ____________________________________________

Student No: ______________________________________________

Interview date: ____________________________________________

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes/No</th>
<th>Comments/ Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss professionalism in clinical practice (Pages 6 and 7 Mentee Guidebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identify the importance of the role of a mentor in the professional setting (Pages 8-11 Mentee Guidebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Understand the benefits of PDM and the areas of PDM focus (Page 5 Mentee Guidebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Developing confidence interacting on a personal level with a clinician on a one-to-one basis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick one box:   Acceptable   Needs Assistance

Please comment if mentor feels the student needs additional support

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

Mentor Name

Signature of mentor

Date

Email

_Please return this form to:_ Ms Deborah Chapman, PDM Administrative Officer.

_email: ppdmed-fmdhs@uwa.edu.au  Ph: 64885075 or Fax 6488 6879._

_in person: Education Centre, Ground Floor, 55 Broadway, Nedlands, WA6009._

_post: Education Centre, MBDP M515, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, 35 Stirling Highway, Crawley, WA6009, by no later than the first Monday in November._
MD PROFESSIONAL DEVELOPMENT AND MENTORING

Year 2 PDM Interview Record

The purpose of this form is to allow Mentors to report back on their initial interview with their 2nd year student/s.

It is critical that this form is submitted.
Students will FAIL the PDM unit without this record of the interview.

Student Name: _________________________________________________
Student No: _________________________________________________
Interview date: _______________________________________________

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes/No</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Discuss the transition to the clinical years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ensure the mentee is aware of the AMC Professional Attitude Goals of Medical Education (Page 7 Mentee Guidebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describe the requirements for and themes of the Year 3 PDM portfolio (Pages 20-23 Mentee Guidebook)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Satisfactory ability to interact on a personal level with a clinician on a one-to one basis.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick one box: Acceptable | Needs Assistance

Please comment if mentor feels the student needs additional support

________________________________________________________________________
________________________________________________________________________

Mentor Name

Signature of mentor

Date

Email

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer.
Email: ppdmed-fmdhs@uwa.edu.au, Ph: 64885075 or Fax 6488 6879.
In Person: Education Centre, Ground Floor, 55 Broadway, Nedlands, WA6009
Post: Education Centre, MBDP M515, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, 35 Stirling Highway, Crawley, WA6009. by no later than the first Monday in September.
It is critical that this form is submitted.

Students will FAIL the PDM unit without this record of the interview.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes/No</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the mentee understands the principles and importance of reflective practice (Pg. 16 Mentee Guidebook)</td>
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</table>

<table>
<thead>
<tr>
<th>Portfolio Entry</th>
<th>Area</th>
<th>Formative Assessment</th>
<th>Area</th>
<th>Summative Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ethics</td>
<td>Acceptable Not Acceptable</td>
<td>Ethics</td>
<td>Acceptable Needs Assistance</td>
</tr>
<tr>
<td>2</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Not Acceptable</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Needs Assistance</td>
</tr>
<tr>
<td>3</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Not Acceptable</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Needs Assistance</td>
</tr>
<tr>
<td>4</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Not Acceptable</td>
<td>Diversity Self Awareness Prof/Teamwork Self Care Quality &amp; Safety</td>
<td>Acceptable Needs Assistance</td>
</tr>
</tbody>
</table>

Please tick one box:

- Acceptable Progress
- Needs Assistance
Would you recommend this student for the “Quality and Safety” Short Essay Prize?

Please circle either YES or NO

Please comment if mentor feels the student has made unacceptable progress or would benefit from extra assistance

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Mentor Name

Signature of mentor

Date

Email

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer.
Email: ppdmed-fmdhs@uwa.edu.au Ph: 64885075 or Fax 6488 6879
In Person: Education Centre, Ground Floor, 55 Broadway, Nedlands, WA6009.
Post: Education Centre, MBDO M515, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, 35 Stirling Highway, Crawley, WA6009, by no later than the first Monday in September.
MD PROFESSIONAL DEVELOPMENT AND MENTORING

Year 4 PDM Portfolio Ethics Essay & Interview Record

<table>
<thead>
<tr>
<th>Name of student and student no.</th>
<th>Final Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submission of Essay</td>
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</tbody>
</table>

It is critical that this form is submitted.
Students will FAIL the PDM unit without this record of the interview.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Yes/No</th>
<th>Comments/Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you any concerns that the mentee needs additional assistance in any of the AMC Professional Attitude Goals of Medical Education (Pages 6 and 7 Mentee Guidebook) before graduation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the ethics essay display acceptable understanding of the issues</td>
<td></td>
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<tr>
<td>Please tick one box</td>
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<tr>
<td>Acceptable Progress</td>
<td></td>
<td>Needs Assistance</td>
</tr>
</tbody>
</table>

Please comment if mentor feels the student has made unacceptable progress or would benefit from extra assistance

Comments:
________________________________________________________________________
________________________________________________________________________
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<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Signature of mentor</th>
<th>Email</th>
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</table>

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer.
Email: ppdmed-fmdhs@uwa.edu.au   Ph: 64885075 or Fax 6488 6879
In Person: Education Centre, Ground Floor, 55 Broadway, Nedlands, WA6009
Post: Education Centre, MBDP M515, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, 35 Stirling Highway, Crawley, WA6009 by no later than the first Monday in September.
We value and welcome your feedback on the PDM Clinical Mentoring Program.

Please take a few minutes to complete this feedback form, and return it to:

Ms Deborah Chapman, PDM Administrative Officer.
Email: ppdmed-fmdhs@uwa.edu.au, Ph: 64885075 or Fax 6488 6879.
Post: Education Centre, MBDP M515, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, 35 Stirling Highway, Crawley, WA6009.

Data obtained from this evaluation will be treated anonymously and will be used to improve the program in future years.

For the following statements, please tick to indicate whether you Strongly Disagree, Disagree, feel Neutral, Agree or Strongly Agree. Some of these statements will correlate with those asked of students on the SPOT form for PDM.

<table>
<thead>
<tr>
<th></th>
<th>SD</th>
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<th>N</th>
<th>A</th>
<th>SA</th>
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<tbody>
<tr>
<td>1</td>
<td>Students understood what was expected of them</td>
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<td></td>
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</tr>
<tr>
<td>2</td>
<td>I understood what was expected of me as a mentor</td>
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<tr>
<td>3</td>
<td>The Mentoring program and tasks are useful for assessing some components of PDM</td>
<td></td>
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<tr>
<td>4</td>
<td>The standard of students’ the student’s reflective Portfolio and ethics essay was acceptable</td>
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<tr>
<td>5</td>
<td>The training session helped me to understand the Mentoring program</td>
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<tr>
<td>6</td>
<td>The Faculty provided adequate support for the Mentoring Program</td>
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<tr>
<td>8</td>
<td>I would like to continue to be involved in the UWA Mentoring Program in the future</td>
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</table>

Please list any positive aspects of the UWA PDM Clinical Mentoring Program?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Do you have any suggestions for change or improvement?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please let us know if you wish to opt out of being a Clinical Mentor by completing the section below:

☐ I wish to opt out of the mentoring program for _________ years

☐ I do not wish to be a UWA Clinical Mentor in future, but may contact the Faculty if I decide otherwise
## Appendix 6: Important Dates

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Before the first Monday in November</th>
<th>Students to <strong>meet with mentor once</strong> to introduce yourselves and explore how you see your mentoring relationship working. Submit Interview Record to PDM Administrative Assistant (Students are to ensure this happens)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>Before the first Monday in September</td>
<td>Students to <strong>meet with mentor at least once</strong> to discuss transition to clinical and begin discussions on portfolio areas. Submit Interview Record to PDM Administrative Assistant (Students are to ensure this happens)</td>
</tr>
<tr>
<td>Year 3</td>
<td>Before the last Monday in June</td>
<td><strong>First interview</strong> to take place by this date, although earlier is recommended. Students to have <strong>submitted their 2 draft Portfolio entries</strong> to their Mentor</td>
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<tr>
<td></td>
<td>Before the last Monday in July</td>
<td>Students to submit <strong>final Portfolio (four topics) to their Mentor</strong></td>
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<tr>
<td></td>
<td>Before the first Monday in September</td>
<td>Final interview to take place and Interview record including <strong>students’ mark to be submitted to PDM Administrative Assistant by this date</strong> (Students are to ensure this happens)</td>
</tr>
<tr>
<td>Year 4</td>
<td>Last Monday in July</td>
<td>Student to Submit Case Based <strong>Ethics Essay to their Mentor</strong></td>
</tr>
<tr>
<td></td>
<td>First Monday in September</td>
<td><strong>Final interview to occur and Mentor to record</strong> Students’ mark (“Acceptable Progress” or “Needs Assistance”) and forward to the PDM Administrative Assistant by this date. (Students are to ensure this happens)</td>
</tr>
</tbody>
</table>