Clinician-Student MD Mentoring

Mentee Guidebook

UWA MD Program for Professional Development and Mentorship Program (PDM)

2015
Contents

Introduction 5

UWA MD Professional Development and Mentorship (PDM) Theme 5

Why is PDM so important? 6

What do we mean by “Professionalism” in medicine? 6

Australian Medical Association Medical Professionalism Position Statement - 2010 8

The UWA Faculty of Medicine MD Mentoring Programs 8

Why do medical students benefit from mentoring? 9

Mentoring programs 9

Benefits of mentoring 10

PDM Clinical Mentor Criteria 10

FAQs 11

What is the Students Role in the Student-Clinician Mentoring Program? 11

What is the Clinical Mentor’s Role and how do I nominate an exemplary mentor? 11

Summary of Roles and Responsibilities for Clinician Mentor and Student Mentee 13

What if the Mentoring Relationship is not working? 14

What are the Boundaries for Mentoring? 14

What about privacy and confidentiality? 14

What if I can’t get hold of my mentor? 14

What if I am unable to submit my Interview Record Form on time? 14

What if I want to describe an incident unrelated to my medical course? 15

What if I want to express a controversial opinion? 15

What if I want to describe an incident in which I made a significant mistake? 15
Can I re-do my draft entries for the final portfolio? 15
How long should the mentor meetings last? 15
What if I fail a PDM Unit? 15
What is a PDM Portfolio? 16
Reflective practice 16
What do I need to know about the UWA FMDHS Professional Behaviour Policy 17

Administrative Details 18

Year 1 18
1st Meeting 19
Subsequent meetings 20
Year 2 20
Year 3 20
WA Health Dept Prize for Best Portfolio entry on “Quality and Safety” 22
Rural Clinical School Students (RCS) 22
Year 4 23
Record Keeping and the Interview Process 24

Appendices 25

Appendix 1: AMC Standards in Medical Education 2010 25
Appendix 2 Sample Year 3 Portfolio Entries 26
Sample One: Ethical Behaviour 26
Sample Two: Diversity 26
Sample Three: Learning and Continuing Education (Self Care/Self Awareness) 27
Sample Four: Self Care and Stress Management 29
Appendix 3 – PDM Interview Record Sheets 30
Year 1 PDM Interview Record 31
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2 PDM Interview Record</td>
<td>32</td>
</tr>
<tr>
<td>Year 3 PDM Interview Record (two pages)</td>
<td>33</td>
</tr>
<tr>
<td>Year 4 PDM Interview Record</td>
<td>35</td>
</tr>
<tr>
<td>Appendix 4 - Student (Mentee) Feedback and Evaluation Form (two pages)</td>
<td>36</td>
</tr>
<tr>
<td>Appendix 5: Sample of Intern Application From PMCA (Online Application)</td>
<td>38</td>
</tr>
<tr>
<td><strong>Appendix 6: Important Dates</strong></td>
<td>40</td>
</tr>
</tbody>
</table>
Introduction

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 you to graduate knowing how to diagnose or treat an illness; medical students also 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 you 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 behavior
- 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 you 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, you

- 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
Why is PDM so important?

Although PDM will be an ongoing part of your career, at this stage, most students are focused on acquiring the knowledge necessary to become an intern/junior doctor.

In your final year, when you are applying for an intern position in a WA hospital, the Intern Application Form has many PDM-related questions (Appendix 5, page 38). This reflects how important the Health Department and the community at large rate the qualities and characteristics included in PDM.

Selection criteria on the 2014 application form included:

- Ability to work effectively in a healthcare environment. In your answer, provide examples of good interpersonal skill, an ability to work in a multidisciplinary environment, and good organisation and time management skills
- Commitment to working in WA to promote, protect, maintain, and restore the health of the people of WA. Indicate how these commitments have influenced your decision to choose your hospital of first preference
- Commitment to continued learning and academic excellence

Please note that these questions are subject to review. For more information on the Intern Application Process you should see the Postgraduate Medical Council of Western Australia’s website, and in particular read the Western Australian Intern Application guide which is available on these sites:

http://www.pmcwa.health.wa.gov.au

What do we mean by “Professionalism” in medicine?

Professionalism in medicine means different things to different people. In “Redefining Medical Professionalism” it has been proposed that the concept has four basic characteristics, these are:

- A calling or vocation linked to public service and altruistic behaviour
- The observance of explicit standards and ethical codes
- The ability to apply a body of specialist knowledge and skills
- A high degree of self-regulation over professional membership and the content and organization of work (Rosen and Dewar, King’s Fund, 2004)

The Medical Professionalism Project defines professionalism “as the basis of Medicine’s contract with society”. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health (Lancet 2002; 359: 520-22).
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 ones 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 practice health care that maximizes 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.
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 the Student- Clinician Mentoring which is the program this guidebook covers. 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 (http://www.meddent.uwa.edu.au/students/prof-degree/mentoring/clinical-mentoring#role).

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

Your Clinical mentor (being a qualified health professional) has an important role in providing you with formative feedback and identifying if you need assistance in the personal and professional development aspects of the course.

With the introduction of the MD course, UWA Faculty of Medicine in collaboration with the Western Australian Medical Students Society (WAMSS) has expanded the UWA

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.

Student Services UniMentor program. This is called the **Student MeDMentor Program**. The Student-Student MeDMentoring runs parallel to the Clinician-Student mentoring ([http://www.meddent.uwa.edu.au/students/prof-degree/mentoring/student-mentoring](http://www.meddent.uwa.edu.au/students/prof-degree/mentoring/student-mentoring)).

The aim of both mentoring programs are to act as frameworks which provide support and resources for you as students to develop the professional skills and knowledge that you will need in your journey to becoming a medical doctor and for the remainder of your professional life.

**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, “[Your] heart will be exercised as much as [your] head”. However nothing worthwhile tends to come easily- life as a doctor can be demanding, but it is an extremely rewarding career.

There is a wealth of data to show that medical students can be stressed and even traumatised by both the clinical situations they experience but also by the health professionals they interact with and are meant to learn from.

The Beyond Blue organisation published a National Mental Health Survey of Doctors and Students in 2013/4. 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

**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:

- have adequate time and be able to meet with the students officially for Professional Development and Mentoring during the course (4 years),
- be a medically qualified clinician, qualified for a minimum of 3 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: Your Clinical mentor will need to complete the Interview Record sheets at the back of this guidebook for you in the relevant years. We recommend that STUDENTS send the completed sheets to the PDM Admin Officer, email: ppdmed-fmdhs@uwa.edu.au

Failure to return the Interview record sheets may result in your student(s) failing the PDM unit.

FAQs

What is the Students Role in the Clinician-Student Mentoring Program?

Studying to become a doctor is one of the most challenging courses in tertiary education. You can approach your clinical mentor to discuss issues and ideas concerning personal and professional development.

The clinical mentor’s role is primarily supportive; it is the student who must take ultimate responsibility for any decisions or take actions required (within professional, University and Hospital guidelines).

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 mentor’s job is very variable depending on how the relationship develops. They have a role in providing constructive feedback, helping you consider various options, referring you to available resources and facilitating and assessing your portfolio submissions and professional development. The mentors can provide guidance and are collaborators in the problem solving process but they will not solve your problems or issues for you.

Ideally you should choose your own clinical mentor as many students find this leads to a more rewarding relationship. If you cannot find a mentor, you may nominate a Discipline (e.g. General Practice or Psychiatry) in which you think you are interested, and we will do our best to match you to a mentor in that area.

The vast majority of students have no problems in achieving the AMC Professionalism Goals (AMC 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 clinical mentors contact the PDM co-ordinator if they have 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 qualified doctors 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).

It is vital that the mentor signs off on the required parts in your PDM student interview portfolios. The portfolios are primarily an instrument to record your progress and achievements, and encourage you to reflect and build upon your personal and professional development through the medical course, but they also function as an assessment tool and as evidence for continuous professional development (this is particularly relevant if there are concerns in these areas).

**How do I nominate an exemplary mentor for Faculty recognition?**

Clinical mentors perform their role altruistically. They are often busy clinicians, but volunteer their time as part of their professional role as a doctor (see page 8 AMA position statement). Students are encouraged to nominate exemplary clinical mentors for the Dean’s Letter of Commendation if they wish the Faculty to recognise mentors who have excelled in that role. Please email PDM Admin Officer, ppdmed-fmdhs@uwa.edu.au with your mentor’s name and document why you consider them suitable for this award.
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

**Mentee**

- Take an active role in your own learning - you need to become a reflective practitioner
- Ensure you allow enough time to contact / arrange meetings with your mentor - they are often busy people. You need to organise meetings etc. in a timely fashion.
- Dedicate time and energy in carrying out your professional development goals
- Realise that the clinical environment has some excellent positive examples of professionalism but also some poor examples of professional practice
- Collaborate and establish professional goals and expectations
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 get on and addressing this may be an important learning experience!

What are the Boundaries for Mentoring?

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), NOT your Clinical Mentor.

If in doubt, please contact ppdmed-fmdhs@uwa.edu.au  P: (+61 8) 6488 5075.

What about privacy and confidentiality?

Any meetings with your Clinical Mentor are confidential and all information remains with you and the mentor 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 students are 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 coordinator (http://www.ama.com.au/codeofethics).

What if I can’t get hold of my mentor?

The student should be the person responsible for ensuring that meetings are arranged. Please bear in mind that clinical mentors are often busy clinicians and they volunteer for the role of being a clinical mentor altruistically. **You need to allow at least 4 weeks’ notice for meetings etc.**

If you do experience problems contacting your mentor, first check that you have the correct contact (e.g. check no minor typos in the e-mail address). Clinical mentors can move practices, so we next recommend that you do an internet search for their practice details. If you are still unable to establish contact then please contact the PDM Administrative Officer (ppdmed-fmdhs@uwa.edu.au) as soon as possible as they may have up to date contact details for your mentor.

If you are close to a deadline for a PDM submission (interview record) then keep all records of contact and contact PDM admin ASAP. **There is discretion for late entries if students can demonstrate they have allowed adequate time to contact their mentor etc.**

What if I am unable to submit my Interview Record Form on time?

Please note the relevant rulings in the Faculty Assessment Policy which states ‘for all late submissions of the assignments without an approval of extension of special
considerations, in cases where the assignment is graded as Pass/Fail, student will fail that component or in cases where it is a barrier assessment may fail the unit. Students should note that the submission of the Interview Record forms by the designated due date (in the absence of exceptional circumstances) is regarded as being part of completing assignments to an acceptable standard under this policy.

Students should be aware that if your form is not submitted on time you may fail the unit. This is discussed at Board of Examiners (BOE) Meeting at the end of the year and it is at the discretion of BOE that a student may or may not be granted a supplementary assessment. These decisions may affect either your ability to receive Honours or progression in the MD course.

The submission dates for your Interview Record are clearly shown on the form and in the Important Dates section of this document. The Faculty strongly advises that you retain a copy of your submission for your personal records.

**What if I want to describe an incident unrelated to my medical course?**

This is acceptable, but during the interview you should explain how the experience will impact on your future career in medicine.

**What if I want to express a controversial opinion?**

You must convince your mentor at the interview that you have valid reasons for your opinion. You can debate the opinion with your mentor in an appropriate and productive manner.

**What if I want to describe an incident in which I made a significant mistake?**

Students are encouraged to reflect on their mistakes, and will not be marked down, even if you have initially failed to recognise the mistake.

**Can I re-do my draft entries for the final portfolio?**

Yes, you are encouraged to rewrite them to bring them up to a higher assessment level before your final portfolio is submitted.

**How long should the mentor meetings last?**

It is up to you and your mentor, usually an hour is sufficient.

**What if I fail a PDM Unit?**

You will have the opportunity to rewrite any portfolios to an acceptable standard. The other reason why you may fail this unit would be if you didn’t meet with your mentor. As this is a core component of your professional skills, and this is the way you are assessed, failure to meet the requirements will lead to failure (and potential repeat of the year), or all of your results not being available after the Board of Examiners meeting. Professional behaviour is displayed by meeting these requirements!
What is a PDM Portfolio?

You will all be familiar now with the ePortfolio (PebblePad). 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, medical students need to develop the skills to be a reflective practitioner. You need to be able to observe and evaluate your behaviour and actions, and be appropriately critical. Then use these observations in a constructive way as the basis for your 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

Reflective practice

To be an effective doctor, you will need to be a reflective practitioner. This means that you will need the knowledge and skills to do complex things, but also be able to observe and evaluate your own behaviour and actions, being appropriately critical, recognising your own shortcomings and using your observations as the basis for your continuing education and development.

A reflective account consists of 3 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 our assumptions or beliefs. We tend to live our daily life without questioning why we might hold certain views or recognising that there could be other perspectives. When we are able to identify ‘why’ we do or say what we do, we are then able to make choices that have been informed by our own self-understanding rather than doing something in a particular way because that’s ‘how I’ve always done it’ or because it’s ‘how everyone else does it’.
3. **Conclusion and Action Plan:** Seeking new information or different perspectives about the same event will assist us in gaining fresh insights that may in turn result in developing a different perspective and arriving at different conclusions – about ourselves and about others. These new insights may motivate us to take action and plan steps that can be taken to ‘do it differently’ next time.

One of the purposes of the portfolio is to encourage you to reflect on the work you have done in PDM. You should reflect on what you think you may have learnt about yourself, what remains for you to learn, or what skills you wish to develop further.

‘Experience is not what happens to you, it is what you do with what happens to you.’

Aldous Huxley

**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 recognise 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 etcetera, 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 ppdmed-fmdhs@uwa.edu.au, phone 6488 5075, or fax 6488 6879 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 you are allocated a Clinical Mentor please arrange a meeting as soon as mutually convenient.

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

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

**First 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.

**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?

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“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

- 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)
**PDM Admin Hint:** We encourage you (the student) to initiate meeting dates, and discuss with your clinical mentor how best to organise (e-mail, phone). For students to complete the PDM mentoring unit for each year, the student must return the signed 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.

**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.

**Year 2**

In Year 2 the PDM material is covered in a series of seminars, on line using LMS and ePortfolio 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 your clinical mentor **at least once**. A completed and signed copy of the Interview Record Sheet needs to be submitted to the EdCentre by the due date (See Appendices).

**Year 3**

Your ability to evaluate yourself (knowledge and practice), and your ability to care for yourself is recognised as an essential graduate outcome. The Portfolio and Interviews which you complete in Year 3 aim to encourage and assess your ability to reflect on your experiences and also your strengths and weaknesses.

The PDM portfolio provides an opportunity for you to reflect and consider cases or clinical situations that have had a significant impact on you (positive or negative). There are 6 focus areas which you 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.

You may include articles or artefacts which have triggered your 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.

We advise structuring the 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.

Amongst other key skills, the portfolio should indicate that you:

- accept responsibility to develop your 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 your 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 clinical mentor 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, you should have submitted drafts 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 their clinical mentor.

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 you choose “Quality and Safety” as one of your portfolio entries and your clinical mentor thinks that it is suitable for entry please ensure this is documented in the Interview Record Sheet by the due date (see Appendix 3).

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, students must meet their clinical mentor 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 3 and 6).

**Year 4**

The PDM seminars continue in year 4 and consist of a series of interactive seminars focussing 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 their clinical mentors 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.

Student/s will be given an Ethics essay to write and have reviewed by their clinical mentor.

For students to complete this PDM unit, you must meet your clinical mentor at least once and have completed and signed copies of the Interview Record Sheet submitted to the EdCentre by the due date (See Appendix 6).

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

The Ethics essay topic changes each year, and the students are informed through their learning management System (LMS).

These are a guide to the standards expected in your 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 relating to incident/issues with 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>
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 people 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 your progress through the interviews and to give final comments on your professional development.

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
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 ones 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 Student Doctor Network

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

<table>
<thead>
<tr>
<th>Author</th>
<th>Topic: Problem Based Learning: Are there any benefits to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rack</td>
<td>posted July 14, 2000 08:54 PM</td>
</tr>
<tr>
<td>Seller Member</td>
<td>Is there really any benefits to PBL...I mean there are a lot of debate with respect to its effectiveness...I would just like to know students perspective on PBL, as it really looks like a student is given a question and it is up to the student to find an answer in a sea of books...what if the information found is not enough...any discussions on this topic will be greatly appreciated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Author</th>
<th>Topic: Problem Based Learning: Are there any benefits to it?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djanabo</td>
<td>posted July 14, 2000 11:27 PM</td>
</tr>
<tr>
<td>Senioe Member</td>
<td>Although I admit there are a few in my class who would disagree, I find PBL to be a fantastic way to learn.</td>
</tr>
<tr>
<td>Posts: 427</td>
<td></td>
</tr>
<tr>
<td>Registered: May 2000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I sit in lecture with the profs notes in my lap, listening as s/he drones on and slides flash by. Even if it is interesting, it's being spoon fed to me as its first pass through my brain (after the first 2 weeks no one has time to preview anymore). But in PBL, it's me who is doing the learning AND the teaching. I have to figure out what's important for me to know, go learn it, and bring it back to my group. This act of really wanting to know something and being able to approach it as I wish helps so much for the actual understanding and retention of the material, it's great!</td>
</tr>
</tbody>
</table>
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
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 Number: _____________________________________________________

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 (Page 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

________________________________________________________________________

________________________________________________________________________

<table>
<thead>
<tr>
<th>Mentor Name</th>
<th>Date</th>
<th>Signature of mentor</th>
</tr>
</thead>
</table>

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer. 
Email: ppdmed-fmdhs@uwa.edu.au, phone 6488 5075, or fax 6488 6879
In Person: Education Centre, 55 Broadway, Nedlands
Post: Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515, by no later than the first Monday in November
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 Number: _____________________________________________________________

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 for 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

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer.
Email: pdmed-fmdhs@uwa.edu.au, phone 6488 5075, or fax 6488 6879
In Person: Education Centre, 55 Broadway, Nedlands
Post: Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515, by no later than the first Monday in September.
MD PROFESSIONAL DEVELOPMENT AND MENTORING

Year 3 PDM Interview Record (two pages)

<table>
<thead>
<tr>
<th>Name of student and student number</th>
<th>DRAFT</th>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Interview Date 1 (Portfolio Draft entries to be submitted prior to meeting)</td>
<td>Interview Date 2 (Discuss FINAL Portfolio)</td>
</tr>
</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>Ensure the mentee understands the principles and importance of reflective practice (Pg. 16/17 Mentee Guidebook)</td>
<td></td>
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</tbody>
</table>

**Draft Portfolio (2 entries)**

<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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of mentor</td>
<td></td>
</tr>
</tbody>
</table>

Please return this form to: Ms Deborah Chapman, PDM Administrative Officer:  
Email: ppmed-fmdhs@uwa.edu.au, phone 6488 5075, or fax 6488 6879  
In Person: Education Centre, 55 Broadway, Nedlands  
Post: Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515, by no later than the first Monday in September.
MD PROFESSIONAL DEVELOPMENT AND MENTORING

Year 4 PDM Interview Record

<table>
<thead>
<tr>
<th>Name of student and student number</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submission of Essay</td>
</tr>
</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>1. 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>2. Does the ethics essay display acceptable understanding of the issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please tick one box

| | Acceptable Progress | Needs Assistance |
| | | |

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

**Comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Mentor</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Signature of mentor | |
|---------------------| |
|                     | |

**Please return this form to:** Ms Deborah Chapman, PDM Administrative Officer.

**Email:** ppdmed-fmdhs@uwa.edu.au, phone 6488 5075, or fax 6488 6879 **In Person:** Education Centre, 55 Broadway, Nedlands **Post:** Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515, by no **later than the first Monday in September.**
PROFESSIONAL DEVELOPMENT AND MENTORING - MD

Appendix 4 - Student (Mentee) Feedback and Evaluation Form (two pages)

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, phone 6488 5075, or fax 6488 6879,
Post: Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515,

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 on the SPOT form for PDM.

<table>
<thead>
<tr>
<th></th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I understood what was expected of me as a mentee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>My clinical mentor understood what was expected of them as a mentor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The Mentoring program and tasks are useful for assessing some components of PDM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The Faculty provided adequate support for the Mentoring Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I would like to continue to be involved in the UWA Mentoring Program in the future</td>
<td></td>
<td></td>
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</tbody>
</table>

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Do you have any suggestions for change or improvement?

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

**Please return this form to:**

Ms Deborah Chapman, PDM Administrative Officer.

**Email:** [ppdmed-fmdhs@uwa.edu.au](mailto:ppdmed-fmdhs@uwa.edu.au), phone 6488 5075, or fax 6488 6879

**In Person:** Education Centre, 55 Broadway, Nedlands

**Post:** Education Centre, Faculty of Medicine, Dentistry & Health Sciences, UWA, M515,
Appendix 5: Sample of Intern Application From PMCA (Online Application)

- The intern application process will consist of seven sections:

  **Section One – Personal Questions.**
  You will be asked for a list of personal details which you must provide answers to. These will include: name; postal address; education; other relevant qualifications; referees; employment details and details of current position.

  **Section Two – Selection Criteria.**
  Selection criteria are the skills, qualifications and experience considered necessary to successfully perform the duties of an intern. The 2013 intern application process will consist of four criteria, each criterion to be a maximum of 500 words (except criteria one).
  - Primary medical degree registerable with the Medical Board of Australia
  - Ability to work effectively in a healthcare environment. In your answer, provide examples of good interpersonal skill, an ability to work in a multidisciplinary environment, and good organisation and time management skills
  - Commitment to working in WA to promote, protect, maintain, and restore the health of the people of WA. Indicate how these commitments have influenced your decision to choose your hospital of first preference
  - Commitment to continued learning and academic excellence

  **Section Three – Application Questions.**
  This section will verify which internship prioritisation group the applicant fits.
  - Are you a graduate of a WA medical school who is an Australian citizen, permanent resident or a New Zealand citizen?
    ( ) Yes
    ( ) No
  - Are you a graduate of an accredited interstate Australian or New Zealand medical school who is an Australian citizen or permanent resident, or a New Zealand citizen?
    ( ) Yes
    ( ) No
  - Are you an international student graduated from a WA medical school who is able to fulfil the visa requirements of the Department of Immigration and Citizenship?
    ( ) Yes
    ( ) No
  - Are you an international student graduated from an accredited Australian medical school who is a temporary resident and is able to fulfil the visa requirements of the Department of Immigration and Citizenship?
    ( ) Yes
    ( ) No
  - Are you a graduate of accredited New Zealand medical school, who is a permanent or temporary resident?
    ( ) Yes
    ( ) No
  - Are you an International Medical Graduate who can fulfil the following criteria:
    1. Successfully completed both Australian Medical Council (AMC) Multi Choice Questions (MCQ) and clinical exams.
    2. Meet the English requirements for registration with the Medical Board of Australia.
    3. Have not completed an internship prior.
    ( ) Yes
    ( ) No

  **Section Four – Medical Degree Questions.**
  Questions related to the name of the University where the applicant’s medical degree was completed and the year in which the medical degree will or was completed.
  - What is the name of the University where your medical degree was completed?
  - In which year did you/will you complete your medical degree?
Section Five – Primary Employing Health Service Preference Questions.

There are three Primary Employing Health Services (PEHS) offering internships in WA. You will be asked to indicate which PEHS is your preferred employer, by numbering the hospitals from 1 to 3 (with one being the most preferred and three is the least preferred option).

- ( ) Royal Perth Hospital
- ( ) Sir Charles Gairdner Hospital
- ( ) Fremantle Hospital

Section Six – Rural Intern Rotations: Expressions of Interest.

You will be asked whether you are interested in doing one or more rural hospital rotations during your internship. The information below details the questions you will be asked to enable adequate time to prepare your response.

1. Are you interested in doing one or more rural hospital rotations during your internship?
   - ( ) Yes (continue to Question 2)
   - ( ) No (go to Section 7)

2. If yes, how many weeks would you like to spend doing rural hospital rotations during your internship?
   - ( ) 10 weeks (1 rotation) Available at all regional hospitals.
   - ( ) 20 weeks (2 rotations) Available at all regional hospitals aligned with Fremantle Hospital and Sir Charles Gairdner Hospital.
   - ( ) 30 weeks (3 rotations) Available at Albany Regional Hospital.
   - ( ) 40 weeks (4 rotations) Available at Bunbury Regional Hospital.

3. Please provide a brief statement indicating why you would be interested in doing one or more rural rotations (maximum of 350 words).

4. Do you give permission for your application to be provided to WACHS and the RPP Collaborate who will assess the selection of junior doctors wanting to do 2 or more rural rotations?
   - ( ) Yes
   - ( ) No

For the rural hospitals, please view page 11 of the 2013 Intern Application Process booklet, in Quick Links.

Section Seven – Additional Information.

You must submit the following as attachments via your online application:

- Curriculum Vitae/Resume (maximum two pages). Please ensure you include the following information:
  - Educational background (including years of education)
  - Activities/interests
  - Name and contact details of 2 referees
  - Academic Record of your medical degree up until the date of application

Please note:

All applicants will be required to attach their Curriculum Vitae and scan and attach an Academic Record to their application. You will be asked to do this at the end of the application process prior to submitting your application.
## Appendix 6: Important Dates

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td></td>
</tr>
<tr>
<td>Before the first Monday in November</td>
<td>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 Officer (Students are to ensure this happens)</td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td></td>
</tr>
<tr>
<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 Officer (Students are to ensure this happens)</td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td></td>
</tr>
<tr>
<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</strong> entries to their Mentor</td>
</tr>
<tr>
<td>Before the last Monday in July</td>
<td>Students to submit <strong>final Portfolio (four topics) to their Mentor</strong></td>
</tr>
<tr>
<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 Officer by this date</strong> (Students are to ensure this happens)</td>
</tr>
<tr>
<td><strong>Year 4</strong></td>
<td></td>
</tr>
<tr>
<td>Last Monday in July</td>
<td>Student to Submit Case Based <strong>Ethics Essay to their Mentor</strong></td>
</tr>
<tr>
<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 Officer by this date. (Students are to ensure this happens)</td>
</tr>
</tbody>
</table>