



**SOUTH AUSTRALIAN INSTITUTE OF  
MEDICAL EDUCATION AND TRAINING**

# **A Guidebook for Directors of Clinical Training**

**DOCUMENT V**

# **DIRECTORS OF CLINICAL TRAINING**

Directors of Clinical Training are defined as clinicians in teaching hospitals who have been given the responsibility to organise and supervise the training of junior medical officers in these hospitals. The precise model of Directors of Clinical Training does vary from State to State but their principal role and function are in essence similar and form part of the guidelines that the Australian Medical Council suggests for these positions.

The position of the Director of Clinical Training is seen as a key component in the training structure of junior medical officers and requires a senior clinician with special skills as a teacher, innovator, adviser and diplomat.

## **ROLE OF THE DIRECTOR OF CLINICAL TRAINING**

### **Broad Principles**

- 1 Supervise the professional education and clinical training of junior doctors (including ethical issues, career guidance, self education, etc)
- 2 Oversee the appraisal of junior doctors - including involvement in processes of assessment, remediation, mediation with senior colleagues, etc
- 3 Serve a liaison role between junior doctors, administration and senior colleagues
- 4 Ensure that rotations offered are suitable as training positions
- 5 Ensure that accreditation standards are maintained

### **Specific Functions**

- 1 EDUCATION AND TRAINING
  - a Initiate a formal education program for all junior doctors in the hospital (the format of this is flexible and should be appropriate to the needs of trainees in a particular hospital)
  - b Ensure that each clinical term has an adequate training component
  - c Ensure that junior doctors have protected time for training activities

- d Ensure library and other resource facilities are well maintained and readily accessible to junior doctors
- e Ensure that the overall yearly roster is structured to provide suitable balance of terms for satisfactory training for each junior medical officer
- f Facilitate the provision of counselling and information regarding career development for the future

## 2 ORIENTATION

Junior medical officers to be given full orientation prior to commencement of duties on:

- a Duties and responsibilities
- b Educational needs and requirements
- c Appraisal methods
- d Counselling and remediation supports available
- e Role of the Directors of Clinical Training, advocacy function, contact persons in cases of conflict
- f Medical ethics
- g Medico-legal issues

## 3 SUPERVISION AND ASSESSMENTS OF JUNIOR MEDICAL OFFICERS

- a The Directors of Clinical Training will have direct and personal contact with all junior medical officers. The extent of this is variable but should include at least two interviews each year
- b Directors of Clinical Training will ensure that each clinical unit appoint a term supervisor who will provide supervision and feedback to junior medical officers during their term in that department
- c Unit supervisors are responsible for organising formal assessments of junior trainees during that rotation. A formative assessment should be provided halfway through the term giving feedback on the progress of the junior medical officer and indicating areas of strengths and weakness. A full written summative assessment must be provided at the end of each attachment that must be discussed with and signed by the junior medical officer
- d Directors of Clinical Training will collate appraisals of all junior trainees from every rotation and identify any problems that have arisen
- e In the event of a poor performance appraisal, Directors of Clinical Training should review the assessment to ensure that it is a fair appraisal of the performance. Any problems arising from interpersonal conflicts, personality differences, etc that the junior medical officer may have experienced during that rotation should be identified and resolved

- f A junior medical officer identified as having genuine difficulties in performing at their expected level of competency must be counselled and remediation assistance must be offered. Sustained poor performance will require the setting up of a formal process of review, with appropriate counselling and warning procedures
- g It would be ideal that an “at risk” junior medical officer who may be performing satisfactorily but is experiencing other problems or ill health should be identified and supported. It is acknowledged that this is often very difficult. Close contact between the Director of Clinical Training, the term supervisors and the junior medical officers may assist in this matter to a certain extent
- h In the event of a formal warning regarding performance, an established appeals mechanism must be in place

#### 4 APPRAISAL FORMAT

The appraisal process must be detailed and should adequately cover all aspects of a junior medical officer’s performance. The instrument used for appraisal has to have validity, reliability and consistency. A statewide appraisal form would be preferred to allow consistency in the appraisal of all junior medical officers. Such an assessment form is already available currently and is being used by some hospitals.

The South Australian Institute of Medical Education and Training (SA IMET) is in the process of developing a new assessment form that will be distributed to all hospitals in the future to be used as the standardised assessment form.

Central to the feedback process is that information of a junior medical officer’s performance must be provided promptly at the completion of the term.

#### 5 EVALUATION OF ROTATIONS BY JUNIOR MEDICAL OFFICERS

- a The Director of Clinical Training will have a major role in the overall organisation of rosters for all junior medical officers to ensure that terms are balanced, all terms have educational merit and the service requirements do not take undue precedence over training
- b The Director of Clinical Training is responsible for ensuring that all rotations have a term description (outlining what the term has to offer) and a job description (role and responsibilities for the junior medical officer during the term).

- c The Director of Clinical Training will review each term description to ensure that there is adequate emphasis and time given to training and that the term is one appropriate for training (some terms may be too specialised to be suitable for junior medical officers; while this does not necessarily exclude them for junior medical officer rotations, care must be taken that the junior medical officer is not relegated to a “clerking” job that is of no benefit to him/her)
  - d The Director of Clinical Training will liaise with each unit/department in the selection of suitable term supervisors in each rotation. The Director of Clinical Training should liaise closely with term supervisors so that a close supervision of junior medical officers is provided and potential problems identified early
  - e The Director of Clinical Training should organise a feedback system so that junior medical officers have the opportunity to frankly and without fear, report back on each rotation and identify positive and negative features of these rotations
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