Clinician and Director Feedback

Assessors:

- Recruitment and retention is an issue
- Context is pressure on resources, especially for services employing doctors on a VMO model
- Generally the ‘usual suspects’- those who participate in undergraduate and post-graduate education are also those participating in WBA assessment
- Culture is that specialists generally have an eye out for vocational trainees; prevocational trainees generally have program responses to their development. IMGs often ‘orphans’. More senior IMGs more likely to be responsive to their needs.
- Training must not be onerous
- Credit for training impt- eg if one has had training in use of a particular tool, the issue will be calibration, not how to use the tool

Who are the assessors:

- Assessment is in a discipline, which does not mean the assessor must be from that discipline. Consider use of generalists, eg emergency physicians and general practitioners
- Do need not be doctors, eg:
  - DOPS, eg:
    - Nurses excellent at observing IV
    - Nurse educator pool significant resource
    - Physiotherapists for application of plaster
    - Patient feedback of communication skills should be taken into account
- Interdisciplinary assessment probably helpful for the culture of an organisation
  - Culture of teaching and learning
  - Culture of interdisciplinary work

Assessment of IMGs in the workplace:

- Tasks need to be usual practice, not seen as something extra
- Will be easier if the same processes for IMGs also apply to other prevocational trainees. Calibration to the level then becomes the main issue.
- Easier if integrated into work flow (esp for example in emergency depts.)
- Different from supervision

Recruitment and retention of assessors:

- Incentives, eg
  - Prestige, for example
    - Designate as an 'AMC examiner'
    - Reinforce the role as a commitment to the community
  - Sense of contribution to workplace and community
  - Sense of teamwork
  - Seen as core role, with the exception being one who is not an AMC examiner
  - Acknowledgement and Appreciation
    - Eg a dinner
  - Funding model needs to take into account ALL benefits to the hospital.
    - Financial recompense not the most important issue but not insignificant either
  - Professional Development

Calibration and standardisation

- <u>More work needs to be done by AMC centrally on calibration and standardisation</u>
- Standard is woolly but important, especially when registration is at issue. Registration designates a minimum standard.
- Currently each (new) site needs to develop own calibration tools
- Trade-off convenience (and fairness) of centrally provided standards and calibration tools vs creativity and innovation