Title: Intercollegiate Conversations – Australian and New Zealand

College of Anaesthetists

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Contribution

Victor Lee conducted the face-to-face interview and had permission from Dr Ian Graham, Dean of Education, Australian and New Zealand College of Anaesthetists, to publish this interview

Both authors edited and approved the final article for submission

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Intercollegiate Conversations: ANZCA

Abstract

In the first of a series of online interviews with other Australian and New Zealand Specialty Colleges about the developments and shared challenges with implementing Competency-Based Medical Education, I spoke with the current Dean of Education at the Australian and New Zealand College of Anaesthetists, Dr Ian Graham. Dr Graham is not an anaesthetist. He is a Fellow of the Royal Australasian College of Medical Administrators, educator and consultant in health management. He was appointed into the role of part-time Dean of Education at the Australian and New Zealand College of Anaesthetists in August 2014. The interview was conducted in person on 13th April 2016 at Austin Hospital in Heidelberg, Victoria, and subsequent changes were made to the manuscript via email by Dr Graham on 28th August 2016.

From the educational perspective, what were some of the challenges for you when you first joined the Australian and New Zealand College of Anaesthetists (ANZCA)?

One of the major attractions of the ANZCA Training Program was the comprehensive, competency-based curriculum(1) that had been developed over a five-year period and implemented in 2013. It is undoubtedly one of the best postgraduate medical curricula that I have seen. It includes a detailed schedule of workplace-based assessments (WBAs),(2) core unit and placement reviews as well as a program of summative assessments at Introductory, Primary and Final examination levels.

The biggest challenge, as for any College, is to implement the curriculum and assessment program in a busy, complex clinical workplace. All the teaching and learning happens in the workplace and making the curriculum and training program work effectively in that environment with time-poor trainees and supervisors all trying to balance education and service provision is a real challenge. My goal and that of the College should be to make the training process as efficient and effective as possible.

You've previously developed the Australian Curriculum Framework for Junior Doctors(3) and have now moved into postgraduate medical education. How do you see this prevocational framework linking with postgraduate specialty training?

Vertical integration of competency frameworks and curricula at undergraduate, prevocational and vocational training levels is critically important. When we first set about creating the prevocational curriculum, it was to try and bridge that gap between university and vocational training. Now we should look very carefully at the transition from prevocational to vocational training. There are a whole lot of skills and professional behaviours that we are trying to develop in the prevocational years which form a foundation for vocational training and practice. Making that transition as smooth as possible is really important. It is incredibly difficult to manage that transition when you've got completely different structures in your curriculum documents. We need to build in that integration.

This is even more critical as we start to use Entrustable Professional Activities (EPAs) to track the achievement of competence in key clinical tasks throughout training and professional practice.(4, 5) EPAs bring together a range of individual competencies into a meaningful, observable clinical task, allowing supervisors to make a more objective assessment of the trainee's progression towards independent practice.

ANZCA utilises WBAs like many other Colleges, but you've also added volume of practice (VOP) requirements. Can you explain the rationale for their use?

Restricted hours of work and increased numbers of trainees competing for clinical experience mean that we can no longer rely on "accidental learning" to achieve appropriate experience, particularly in procedural specialties. Volume of practice(6) and deliberate practice are absolutely critical and there's a strong evidence base that the skills and expertise of the procedural practitioner are improved by repetitive practice.(7, 8) The volume of practice requirements put some rigour and structure into that process. One of the other big challenges that we are facing is how we document volume of practice in the workplace. We are requiring a lot of information to be collected during the procedure and we have to make our systems really responsive and easy to use when collecting that sort of data.

You're currently working on redeveloping your online portfolio system for ANZCA trainees.

What are the most important aspects of an online portfolio system for postgraduate specialty training?

Firstly, the portfolio system needs to be able to integrate data and information from a wide range of sources, whether it be WBA or VOP records, learning objectives or milestones that are defined in the curriculum. A portfolio system needs to be set up to operationalise the curriculum and to make sure that the rules that have been defined in the curriculum, regulations and the handbook are followed. ANZCA implemented its comprehensive Trainee Portfolio System in association with the introduction of the new curriculum. In retrospect, this caused some difficulties as the technological requirements were being specified while trainees and supervisors were still coming to terms with the Workplace-Based Assessment requirements and many other changes associated with the new curriculum. Our recent review of the curriculum and the systems that support it have shown that there's a mismatch there. I think we can develop and improve the trainee portfolio system to better achieve that integration.

Secondly, the user interface for both the supervisor and trainee is important. New mobile technologies and platforms, touch, scanning, voice and other better and quicker ways of entering data on the run should be applied in healthcare education and training.

An on-line portfolio system should seamlessly integrate the following six key areas of postgraduate medical training:

1. Presenting competencies, learning outcomes and volume of practice requirements for trainees and supervisors;
2. Providing supporting information and guidance regarding the training program;

3. Documenting workplace-based learning opportunities, e.g. rostering and scheduling of clinical placements, anaesthetic lists, pre-anaesthetic clinics, pain rounds and pain clinics;
4. Recording cases and procedures (including the level of supervision), diagnoses, co-morbidities and complications against volume of practice requirements;
5. Documenting workplace-based assessments and reviews;
6. Providing access to learning resources (e-learning, references, VODcasts, podcasts etc.), tailored to the needs, level of training and current experiences of the trainee.

Most specialty Colleges have moved to a competency-based medical education (CBME) model, which often requires more clinicians to be involved in the daily supervision and assessment of their trainees. What are the challenges to getting more Fellows involved in this process?

Positive encouragement is really important. Most Fellows love to teach. Probably what turns Fellows off is the burdensome nature of competency-based education and the requirements that come with it, including WBAs. We have to make it as simple and palatable as possible for both the trainee and supervisor in their workplace setting. With CBME frameworks and WBAs, I think we are teaching better but we have to ensure that it doesn't interfere with safe clinical practice and optimal patient care. That's easy to say but not easy to achieve, and it is a constant challenge for us to make it work properly.

Where do you see this shift in trainee supervision and assessment heading in the next 5–10 years?

I think we have to focus on training and development at the supervisor level, encouraging a more rigorous approach to Workplace-Based Assessment. Not just giving them a checklist but providing training on how to use the assessment tool. We should evaluate how well the supervisors use the tool by looking not only at the results from the trainee's perspective but also how the supervisor is performing as an assessor and whether the assessment tools are appropriate, e.g. are the assessments valid and reliable? When I talk to clinicians about EPAs and the concept of entrustment their eyes open wide and they say, "Yes, that's what I've been grappling with for years. Can I trust this trainee to remain in the theatre when I'm outside the theatre, or can I trust this trainee to open the theatre while I'm on my way in of an evening?"(9) That sort of entrustment decision-making is really important.

From the ANZCA perspective, what are some of the important lessons learnt that you'd like to share with other Colleges, like ACEM?

It is very important to develop and train the supervisors in the use of the tools, such as WBAs. I don't think we've done that well enough in the past. Again, there is an opportunity to share that training across Colleges because it is very similar in each. I think we should adopt the EPA approach. It is one of the most significant developments that I have seen in postgraduate medical education in many years. I wish the EPA concept had been further advanced when we were first developing the Australian Curriculum Framework for Junior

Doctors. We could have really finessed that document by clearly defining some EPAs to be achieved at the end of internship or prevocational training. Again, there are opportunities to share developmental work across Colleges. It doesn't matter whether you are an anaesthetist running a pain ward round, an emergency physician doing a ward round of an observation ward, a physician or surgeon doing a ward round in the hospital, the core EPA of being able to effectively run a ward round, including the clinical, teaching and collaborative functions, is common across all disciplines.

What are the ongoing challenges for postgraduate specialty training in Australia & New Zealand?

We are all getting busier and busier no matter where we are practising. The funds for public hospitals are becoming more and more limited and thinly spread and this is going to create ongoing challenges for us in maintaining the quality, consistency and efficacy of teaching in a financially constrained environment, but we must for the sake of our patients, trainees and our healthcare system.

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