



**Supporting Safe Transition from Intern to PGY2:  
Professional Development Guideline for Health Services**

**Postgraduate Medical Council of Victoria**

**February 2016**

**jmo forum**  
Junior Medical Officer  
**victoria**



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<b>Subject:</b>	PGY2 Education
<b>Guideline Name:</b>	Supporting Safe Transition from Intern to PGY2: Professional Development Guideline for Health Services
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<b>Responsible Officer:</b>	Education Manager/Medical Director

### **Purpose:**

The purpose of this document is to assist health services to develop a Professional Development Program for their Postgraduate Year 2 doctors (PGY2s), to support transition from the intern year. The document is not intended to be prescriptive or exhaustive, but to assist Directors of Clinical Training (DCTs)/Directors of Medical Education (DMEs) in the development, delivery and evaluation of formal health service PGY2 Professional Development Programs.

### **Background:**

Evidence compiled via PMCV accreditation visits indicate that many health services find it difficult to provide a coordinated education and professional development program for PGY2s as their work schedules, shift times and working locations are more variable than in the intern year. PGY2s may also feel more isolated because of these factors.

The range of informal learning opportunities available to PGY2s in health services are many and varied and can include e.g. registrar or consultant-led ward rounds and patient handovers, ambulatory/outpatient clinics, theatre assisting, unit meetings, grand rounds, audit meetings, multi-disciplinary meetings, journal clubs etc. These form a solid basis for PGY2 learning together with acquisition of appropriate clinical experience. However, it is also recognised that the PGY2 year is a significant 'step up' from the intern year, where expectations regarding patient responsibilities increase and supervision decreases. In particular, PGY2s have an increasingly important role in after-hours cover, may at times be the most senior doctor in an emergency department in a rural setting, are progressing towards more independent practice, and may commence supervising interns. These guidelines are intended to identify and support these key additional roles/duties of the PGY2 in the workplace.

The PGY2 year is a time when many junior doctors have identified preferred career paths, and become more selective regarding the professional development opportunities that they avail themselves of. These Guidelines therefore do not attempt to meet the discipline-specific interests of all junior doctors, but rather to identify a common/generic set of curriculum objectives appropriate and of relevance to all PGY2s. Professional Development Programs are a component of the activities and resources required to support safe transition from intern to PGY2, which also includes organisational and unit orientation, unit-based Position Descriptions/Learning Objectives, Unit Handbooks/other resources, as well as regular feedback to the PGY2 regarding his/her performance.

*This Guideline does not consider assessment of PGY2s, or the monitoring of achievement of learning objectives.*

## **Responsibilities:**

### *Health Services*

- Health services have a responsibility to provide an environment that supports the training needs of PGY2 doctors
- Education sessions should assist PGY2 doctors to meet the curriculum objectives as set out in the *Australian Curriculum Framework for Junior Doctors*. <http://curriculum.cpmecc.org.au/>
- *PMCV Accreditation Standards* – The Training Program makes specific reference to a number of requirements in relation to the identification of prevocational doctor learning needs, overall program development, delivery and evaluation. <http://www.pmcv.com.au/accreditation/accreditation-process/accreditation-standards>
- Attendance of junior doctors including PGY2s at the designated health service professional development activities should be supported by all health service staff;-protected teaching time is recommended.
- *PMCV 'Guidelines for the Development of Position Descriptions for Directors of Clinical Training/Supervisors of Intern Training'* outlines the key role of DCTs in oversight of PGY2 education & training programs. <http://www.pmcv.com.au/education/position-description-guidelines>
- Health services can promote continuity and integration of their education program through the regular attendance of senior medical staff. This creates a positive and collegial climate, models professional behaviours, and demonstrates that the program is valued.

### *Junior Doctors*

- Junior doctors share responsibility for their ongoing professional development with their employer, training organisations (if relevant), and other stakeholders (e.g. Medical Board of Australia). Junior doctors are encouraged to consider their individual learning needs, to keep a record of their formal education and training activities, to regularly reflect on their professional development and to include a mix of self-directed and practice based learning. This may be supported by formal continuing medical education (CME) programs provided by the health service.
- Junior doctors have a responsibility to actively participate and support health service education program development, and to provide feedback and evaluation of education programs developed and delivered for their use.

### *PMCV*

- PMCV has a responsibility to review and provide feedback in relation to health service PGY2 education programs during the formal health service accreditation visit.

## **PGY2 Professional Development Program Principles:**

### **A. Program Development**

- PGY2 Professional Development Program content and development should be overseen by senior medical staff, key supervisors, medical educators, junior doctors and other relevant health service personnel.
- Junior doctors should be encouraged to be increasingly active in the planning of professional development activities. They should be encouraged to develop their own professional development goals and consider how they might demonstrate meeting these goals. Access to a senior medical officer or educational officer can be invaluable in assisting JMO's to develop such learning plans.
- PGY2 Professional Development Programs may be developed in-house or combined with appropriate external resources (e.g. PMCV ShareME website) or programs (e.g. PMCV facilitated Teaching on the Run program, college professional development courses, other externally run courses such as APLS and Australian Resuscitation council ALS programs).
- PGY2 Professional Development Programs should be regularly reviewed to ensure that the content is contemporaneous.

### **B. Program Timelines**

- PGY2 Professional Development Programs should be delivered throughout the clinical year and should be identified in advance to facilitate attendance; normally educational opportunities are included on the JMO term rosters.
- Health services should consider timing the delivery of some aspects of program content prior to specific rotations (e.g. nights/rural).
- A regular weekly or fortnightly schedule of education sessions tends to work better than random or ad hoc sessions.

### **C. Program Delivery**

- PGY2s work across a variety of clinical settings and a variety of rosters, making attendance at regular PGY2 education and training difficult. Health services should be creative regarding the timing of their PGY2 professional development activities, and options may include as an alternative to weekly sessions, workshops at sites and times that are accessible to the majority of PGY2s.
- Health services should consider principles of adult learning when considering modes of delivery of education and training activities e.g. via case-based discussion, interactive and clinical skills workshops, simulated learning, e-learning etc. Combinations of different educational modalities may be particularly effective and efficient.
- Health services may be able to utilise a range of medical and non-medical content experts in program delivery, however it is suggested that where non-medical content experts participate that content remains clinically relevant and that the program is also supported/championed by a medical practitioner where possible.
- Health services may consider what aspects of the program could be delivered in-house versus undertaken in partnership with other organisations/education providers (health services, Colleges). Health services with PGY2s on rotation may wish to map their education program against the parent health service program to avoid duplication, or to replicate some education sessions that cannot be missed. Health services with a small PGY2 cohort may wish to partner with other/larger health services in the development of a formal PGY2 Professional Development Program.

### **D. Program Content**

The following are suggested as generic topics on which to base an annual PGY2 Professional Development Program, and that supports safe transition from intern to PGY2.

It is recognised that some of the proposed program content may be incorporated within an existing Intern Professional Development Program (but is appropriately reinforced at the PGY2 level) and/or may extend beyond the generic curriculum of the *Australian Curriculum Framework for Junior Doctors*.

## The PGY2 managing the Wards After Hours

**# Simulated and case-based learning including procedural skills training would be particularly appropriate for this domain**

### *Acute & Emergency Care*

- Management and escalation of acutely ill and/or deteriorating patient
- Initial management of a MET/Code Blue call
- Basic & Advanced Life Support (+/- Paediatric LS) including use of automatic defibrillators
- Oxygen delivery/non-invasive ventilatory support (airways/Bi-PAP, CPAP)
- Circulatory support (fluids/drug therapy)
- Acute Patient Transfer (internal/external) including to ICU

## The PGY2 in the smaller Emergency Department

### *Acute & Emergency Care*

- Assessment & initial management of:
- Presenting emergencies (respiratory, cardiac, metabolic, anaphylactic, hematologic/oncologic, haemorrhagic/shock, vascular, neurological, gynaecological/obstetric, acute abdomen)
- Reduced conscious state/head injury/collapsed patient
- Acute drug/psychiatric disturbance/management of aggressive person
- Delirium vs dementia
- Trauma
- Injuries (bites, poisoning, burns)
- Acute fractures/dislocations
- Acute wound management

### *Skills & Procedures*

**#simulated learning/ opportunities to practice procedures would be particularly appropriate to this domain**  
**#additional specific skills/ procedures would be relevant to specific rotations**

### Examination and procedures:

- ophthalmologic examination,
- cervical spine assessment & stabilisation
- joint aspiration
- the sick child including IV access
- advanced x-ray/ECG interpretation/basic CT interpretation
- preparation & administration of IV medications & fluids
- principles of arterial line and central line insertion
- lumbar puncture
- principles of ICC insertion

### The PGY2 stepping up - increased Patient and Team Responsibility

<i>Patient Management</i>	<ul style="list-style-type: none"><li>• Developing patient management plans</li><li>• Management of end of life/palliative care including pain management</li></ul>
<i>Skills &amp; Procedures</i>	<ul style="list-style-type: none"><li>• Informed Consent (including incompetent patients) &amp; other specific medico-legal requirements</li><li>• Pre-admission review</li></ul>
<i>Patient Interaction</i>	<ul style="list-style-type: none"><li>• Breaking bad news</li><li>• Managing complaints/ Open disclosure</li></ul>
<i>Managing Information</i>	<ul style="list-style-type: none"><li>• Incorporating evidence-based medicine into practice</li></ul>
<i>Safe Patient Care</i>	<ul style="list-style-type: none"><li>• Leading clinical handover</li></ul>
<b>The PGY2 as a Developing Professional</b>	
<i>Professional Behaviour</i>	<ul style="list-style-type: none"><li>• Developing Leadership skills – preparing for the role of Registrar</li><li>• Recognition of impaired colleague</li><li>• Ethical knowledge and practice</li><li>• Professional standards and behavior*</li></ul>
<i>Teaching, Learning &amp; Supervision</i>	<ul style="list-style-type: none"><li>• Reflection on clinical practice</li><li>• Lifelong learning/development of professional portfolio</li><li>• Teaching</li><li>• Delegation of tasks &amp; Supervision</li><li>• Assessment &amp; Feedback</li></ul>
<i>Professional Practice</i>	<ul style="list-style-type: none"><li>• Career choices and development</li><li>• Principles of research, quality improvement and redesign</li></ul>

\*Medical Board of Australia, Good medical practice: a code of conduct for doctors in Australia

#### E. Program Evaluation

Health Service PGY2 education programs should be evaluated annually with incorporation of feedback from PGY2s, senior medical staff, medical educators and others involved in the training of PGY2s.

#### Footnote:

The Guideline was originally developed in 2013 by a Working Party of the PMCV Education Subcommittee and was revised in 2016 following consultation with medical educators, PMCV subcommittees and the Junior Medical Officer (JMO) Forum.

**First approved May 2013**

**Revision 1, February 2016 (Education subcommittee)**

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