

Australian and New Zealand College of Anaesthetists (ANZCA)

Curriculum Review Project

SUBMISSIONS SUMMARY REPORT

Clinical teacher training, development and support

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Section 1: Introduction

This report is presented in six sections. See Table 1 for the breakdown of numbers of submissions commenting on each section. This section sets out the positions taken by the various submissions regarding the role of the Clinical Teacher Development and Support Programme in the ANZCA training programme. It then reports on contextual issues affecting clinical teacher development and support and considers the needs of the diverse groups and the implications of these for the teacher training component of ANZCA’s training programme.

The second section provides an account of the initiatives that should comprise the Clinical Teacher Development and Support Programme. These include determining role descriptions and qualifications; providing support and incentives for people to undertake teacher training; and providing ongoing support for participants in teacher training programmes.

The third section presents the variety of opinion regarding who should be able to access teacher training initiatives, and considers implications for the provision of teacher training courses. These implications are taken up in the fourth section which discusses how teacher training initiatives might be accessed. Forms of access proposed include online web-based courses, videoconferencing, face-to-face teaching and workshops at conferences. This section also identifies a range of resources that might support teacher training initiatives.

Within the constraints raised in the preceding sections, the fifth section presents suggestions regarding the structure of the programme, including additional content to be addressed via teacher training, and the need for enhanced assessment skills, guidelines and criteria.

Finally the brief closing section raises some of the perceived barriers to implementing an effective teacher development and support programme. This includes perceived limitations relating to the implementation and quality of the current training programme.

Table 1: Number of submissions providing comments on aspects of the Clinical Teacher Development and Support Programme providing breakdown for strengths, weaknesses and innovative ideas.

	Strengths	Weaknesses	Innovative Ideas	Total N of Submissions
Clinical teacher training, development and support	19	23	15	70
What initiatives should comprise the ANZCA Clinical Teacher Development and Support programme	9	18	8	58
Who should be able to access initiatives	0	4	0	22
How should initiatives be accessed	1	3	0	28
Structure of Programme	0	1	1	18
Barriers to programme implementation	0	0	0	4

The importance of the Clinical Teacher Development and Support Programme

Table 2 below shows the breakdown of submission comments on perceptions of the Clinical Teacher Development and Support Programme, including the contextual issues and the needs of the diverse groups involved in teaching which influence what is required.

Table 2: Number of submissions commenting on perceptions of the Clinical Teacher Development and Support Programme, including the current context and groups who teach, with breakdowns for strengths, weaknesses and innovative ideas.

	Strengths	Weaknesses	Innovative Ideas	Total N of Submissions
Clinical teacher training, development and support	19	23	15	70
Mandatory, standardised training	0	1	0	5
Teaching conditions	6	17	4	36
Groups who teach	9	18	4	37
<i>Registrars</i>	0	0	1	2
<i>Central, professional faculty</i>	0	0	1	3
<i>Mentors</i>	0	3	2	7
<i>SOT</i>	0	2	0	9
<i>Module supervisors</i>	0	1	0	5
<i>Clinical teachers</i>	0	3	0	5
<i>Examiners</i>	0	0	0	3
<i>Teaching research</i>	0	2	0	2

A Clinical Teacher Development and Support Programme is considered fundamental to the success of the current ANZCA training programme in producing high quality clinical anaesthetists.

This is a great credit to thousands of highly dedicated and experienced, but largely untrained and unsupported, teachers in our hospitals and at the College. These teachers need more support (S_015).

There is a perceived need **to provide training** for clinical teachers and **to identify underlying principles** for clinical teacher development, training and support (S_007).

...consultants training and supervising junior doctors (need) adequate training for these roles. The introduction (of) clinical teacher workshops by the College is a welcome initiative (S_099).

Teaching is an everyday part of our professional life – up-skilling is essential and very valuable! (S_005).

The Clinical Teachers Courses and Supervisor of Training (SOT) workshops and meetings currently offered by the College are well-received by Fellows who attend (S_015). One beneficial outcome is the sharing of ideas and problem solving amongst attendees (S_002). In addition,

... we can have a more direct communication with the College and hence express our concerns and difficulties regarding the training programme and trainees (S_035).

However, the programme's coverage is not considered to be adequate:

... one CTC episode per region per year for a select few is not adequate to address teacher development (S_034).

It was reported that teacher training courses need to **take into account the various contexts of teaching in which Fellows operate**. Respondent S_004 suggests that courses emphasise how to teach all aspects of clinical anaesthesia "on the run".

Many anaesthetists are inexperienced at teaching in a ward-round or clinic setting. Clinical service frequently interferes with teaching in these settings (S_015).

S_070 looks to online initiatives to support rural teachers (see Section 4).

To extend the reach of Clinical Teacher Training two suggestions are offered namely for teacher training to be part of the training programme and for departmental accreditation to be linked to the teaching activities of the department and /or the presence of accredited trainers. These two suggestions are detailed further below.

Teacher training should be part of the training programme. S_011 believes that Clinical Teaching should be an integral part of the professional development component of the training programme. It is also desirable that the Clinical Teacher Development Working Group works in parallel with the Curriculum Review (S_120).

The content of CTC could be taught pre-fellowship which would hopefully align teacher and trainee expectations and communication (S_002).

Departmental accreditation can be linked to the teaching activities of the department and/or the presence of accredited trainers. Accreditation should infer a suitably qualified faculty, resourced to maintain optimal standards (S_030). Roster time and departmental infrastructure should also be provided (S_023).

Over time, move to a system whereby having accredited trainers becomes a part of departmental accreditation. e.g. for every 5 trainees, there must be at least 1 dept member with a basic level of teacher training, etc (S_034).

... teaching activities of the Teaching Hospitals be made a performance indicator for each hospital. This would encourage administrators to allocate sufficient resources to teaching, and help to spread the teaching responsibilities more evenly (S_083).

S_002 stresses that passing knowledge and skills on to new doctors in training is an important aspect of being a doctor and all trainers should have access to effective trainers' workshops and resources. However, some respondents felt that **Fellows' participation in the Clinical Teaching Programme should be invited** rather than mandated (S_093). This was a debated point.

... the College needs to capture the interests of all Fellows to teach and to subtly arm them with the skills to do so, given the apprenticeship model of learning that medicine imparts and relies on (S_073).

People are all busy and most clinical anaesthetists do not have time to devote too much time ... clinical teacher and support programs should be included at all ASM's (S_017).

To get the trainers on board we have ... involved them in the development of the (curriculum) standards and also incorporated work on the curriculum standards into training for supervisors (S_108).

S_060 proposes a **web-based reciprocal evaluation process between trainees and trainers** to give timely feedback to trainees, to evaluate how teaching is meeting, or not meeting, their expectations, and to allow identification (or self-identification) of departments whose teaching programmes need improvement. See S_060 for a complete discussion of this viewpoint.

Implications of current teaching conditions for participation in teacher development

Ratio of trainees to supervisors. It was highlighted that the numbers of trainees have increased and there is a greater proportion of part-time trainees, so it is difficult for an SOT to manage them all. Perhaps the College could suggest how many trainees per supervisor of training would be acceptable before assistance would need to be increased:

... perhaps break (the SOT role) into basic training supervisor and advanced training supervisors and specific consultants if PFY year requested (S_042).

Administration time is required for SOTs.

... ideally (it) should be at same time as other SOTs to perform duties such as introductory interviews and ITAs and planning meetings and interviews and college meetings (S_042).

More college assistance is required to manage poorly performing trainees such as:

... structured strategy to assist, independent review, option of rotating to another department for independent assessment (S_042).

Groups who teach

It was reported that the clinical teacher development and support programme needs to address the training needs of a number of different groups including: Clinical Teachers, Registrars wanting, or beginning, to learn to supervise, Module supervisors, Supervisors of Training and those who provide remediation (S_047).

S_093 reflects on **tensions experienced by some teachers** as the support and development programme currently operates.

It was recognised that there can be tensions between the expectations of older teaching Fellows and the requirements of the current training programme.

Older fellows were not brought up in a system that was as comprehensive nor were they brought up in a system that taught values and ethics and ... scholarly values (ongoing education etc) (S_093).

Tensions were also reported to exist between some of the teaching generation and the trainee generation.

There is also a vast difference in the expectations of ... older generations and those of generation X and in particular Y. To some older generations a spoon fed approach is not part of their make-up (S_093).

Wider community application of ANZCA's training expertise. S_070 makes the suggestion that ANZCA could extend its formal training role by training others to provide basic sedation and anaesthesia services; thus freeing highly trained anaesthetists for more complex clinical areas. See S_070 for full details.

Teaching is undertaken in formal and informal ways. Formal roles are discussed below (for example S_004) but respondents also mention the valuable informal contributions made by other Fellows.

There is also strong support from the fellows in many of the training institutions, who provide small tutorials and didactic instruction (S_006).

Registrars

Senior trainees are considered to be a largely untapped teaching resource (S_083). It was reported that many advanced trainees are wanting or beginning to learn to supervise.

A lot of this kind of learning can be achieved through "Teaching on the run" or similar programmes. You wouldn't believe how often I get asked to do some teaching about this to this group (S_047).

It was suggested that 'Teaching registrar' positions could be undertaken as a fellowship year.

As well as having formal teaching responsibilities, the 'education fellow' would have the opportunity himself or herself to partake of training as an educator (S_083).

Central, professional faculty

The matter of centralised resources to support teachers was raised by some. It was considered that a **central contact offering regular 'teaching the teachers' programme/meetings/ workshops** could provide assistance in:

- how to assess, document, and provide feedback and;
- suggest solutions for common problems (S_042).

One or more resource persons with educational expertise within ANZCA who could give specific advice to departments on developing teaching programs, or addressing trainees having certain difficulties, would be money well spent (S_046).

A further suggestion involved **appointing a paid faculty of specialist anaesthetists to develop curricula for each of the modules**. They could develop teaching and assessment methods and respond to the changes in anaesthesia knowledge and evidence based practice.

They would also be a resource for training scheme module supervisors (S_019).

Mentors

A formal College mentorship programme within training departments is supported (S_042).

... with the mentor following the trainee throughout their training programme (S_064).

It was considered that mentorship needs to be improved at all levels (S_005) and supported by the provision of training for the role (S_105). The potential for peer support between supervisors was also noted.

Mentors ... need support and training themselves for this role (S_064).

Linkages between SOTs need to be developed to capitalise on the knowledge and experience of some very senior SOTs who could mentor more junior, less experienced colleagues (S_015).

One Special Interest Group (History of Anaesthesia) offers informal mentoring from members of the SIG who are geographically located near the trainee's base (S_028).

Supervisors of Training (SOTs)

It is reported that the **"Training Accreditation" process of College visits** has ensured that the Supervisor of Training position is well established and well supported in the vast majority of departments (S_051). Having persons nominated as SOTs is considered invaluable for trainee support and guidance (S_064).

The quality of these people has been very high in Victoria and their roles well supported by the Supervisor of Training meetings and the Clinical Teaching Course. ...support given to the supervisors has meant they can pass that on to the trainees (S_051).

S_015 considers that **Supervisors of Training need more training for their role** and more opportunities for personal development as leaders, advocates and communicators. Once again, the possibility of mandating teacher training is mentioned.

It is essential that SOTs and MSs [Module Supervisors] understand the ANZCA requirements for Training. To achieve this there should be an on line training program for new SOTs and MSs. This training should be completed prior to the appointment being accepted by Council (S_045).

Support is considered to be particularly important for SOTs because it is perceived that a junior person is often appointed. It was recognised that supportive initiatives should be provided in all training regions and, for ANZCA, this also include SOTs from Singapore, Malaysia and Hong Kong (S_016).

It was reported that **the College can do more for SOTs** who are the interface between ANZCA and the hospital. Putting more work into up skilling SOTs is worth it (S_047). Some considered the most valuable resource to be workshops on giving feedback.

The difficult conversation is such a large part of the job, and requires a lot of practice (S_047).

It was considered that **SOT advisors available from the College would be helpful** in providing:

- assistance with processes for poorly performing trainees;
- assistance setting workloads e.g. how many trainees per supervisor of training;
- coordinated administration time for SOTs to meet/work together at a site (S_042).

S_015 notes that the **College has no processes to select, evaluate, improve and remove SOTs**.

It was reported that, ideally, **an effective SOT** would be approved by the College and be up-to-date with its regulations and their duties. It is considered essential that they are appropriately skilled, trained and motivated (S_072). Respondents noted that the College **appointment processes for SOTs should be enhanced** with interactive, practical learning packages to be undertaken before or during the appointment process. Likewise, it was perceived that the College needs better performance management and termination processes for the “very, very few” under-performing SOTs. It is very difficult to resolve these satisfactorily (S_015).

Feedback should be obtained from trainees as to the effectiveness of their SOT, those not fulfilling their duties need up-skilling or replacing ...Make it a requirement that Supervisors of Training take part in teaching & feedback-giving "clinical teaching & learning education modules" with full support by the college for these activities (S_072).

It was reported that the **appointment of deputy SOTs** should be encouraged by ANZCA, as the time commitment for SOTs has increased with the ‘new’ FANZCA (S_002).

Remediation is considered to be specific to the Supervisor of Training role. S_047 discusses the challenges of remediation, including pro-active initiatives to help poorly performing trainees:

I include a performance psychologist where required, some non-technical skills training ..., and anything else the registrar needs (S_047).

More orientation to the College remediation processes is viewed as essential. It was also considered that simplifying the College training guidelines would also help. *See S_047* for an extended discussion.

Module supervisors

It was reported that **module supervision responsibilities have a negative effect on the workload of the Module Supervisors**, and module sign-offs are required but are not viewed positively.

... unfair to place onus on one module supervisor whose workload usually peaks at particular times e.g. end of training year, pre-exam documentation submission, per rotation change (S_042).

It was reported that the College should ensure that documents relating to Modular training are completed (S_045). Until now, it was perceived that there has been no guidance for Module Supervisors and that **Module supervisors need clear guidelines** and education as to their responsibilities with regard to module administration and completion.

To make such a role effective they need some paperwork with some guidance. Access to either someone regional who can answer questions or provide training (S_047).

Evidence that they have acquired the relevant knowledge should be obtained, via learning modules or CPD activities being validated & provided by the college (S_072).

Appointment processes for Module Supervisors should be enhanced. “Ignorance is rife” (S_015). See suggestions for SOTs in previous section.

Clinical teachers

It was felt that ANZCA **Clinical Teachers Courses have reached very few Fellows** so the clinical teacher workforce is largely without formal training (S_015). Although they may not be teaching currently, it was recognised that more Fellows will probably have to teach in the future as trainees move into other settings such as private hospitals (S_047). Teaching in settings where clinical service is not compatible with teaching is considered especially challenging (S_015).

Many trainees expressed concern that they are being trained by people with clinical skills, but without teaching or educational skills or experience (S_008).

Clinical teacher training and development in Malaysia is nearly non-existent (S_009).

The current clinical teacher's course modules are useful but limited as a 'course' (S_041).

Examiners

Selective appointments to the role of examiner are recommended.

... potential Examiners should be filtered via their contributions to teaching programs in the Regions, their participation in on-line and face-to-face education courses ...etc. (See S_038 for full list of possible contributions.)

See S_129 for an outline of examiner education and support requirements from an international College's perspective.

It was reported that consultants who provide exam preparation and trial vivas need more guidance and support (S_015).

Teaching research

Expertise in teaching research skills and supporting research by trainees is considered to be deficient (S_007). Refer to the discussion of Module 11 in Part A: Teaching Learning and Assessment Methods (ANZCA Curriculum Review Report).

Section 2: What initiatives should comprise the ANZCA Clinical Teacher Development and Support programme?

This section describes initiatives that, it is considered, should comprise the Clinical Teacher Development and Support Programme. In particular, those initiatives that are considered important in ensuring that the programme is accessed by all appropriate groups involved in teaching, and that these groups receive adequate ongoing support (see Table 3).

Table 3: Numbers of submissions providing comments on initiatives which should comprise the Clinical Teacher Development and Support Programme providing breakdown for strengths, weaknesses, innovations

	Strengths	Weaknesses	Innovative Ideas	Total N of Cases
What initiatives should comprise the ANZCA Clinical Teacher Development and Support programme?	9	18	8	58
Role descriptions, training, qualifications	1	6	0	8
Support and incentives to undertake training	0	3	0	7
<i>Recompense, recognition of contribution, incentives for excellence</i>	6	11	1	22
<i>Learning packages to attract CPD points</i>	0	1	0	3
<i>Teacher development to begin during training</i>	0	0	0	1
<i>Registered teachers</i>	0	0	0	1
Ongoing support for teacher training participants	0	8	1	23
<i>Peer support</i>	0	0	1	3
<i>More teachers, better teaching</i>	0	8	0	9
<i>Time required per student</i>	0	0	0	1
<i>Links with other relevant courses</i>	0	0	0	8
<i>Courses with university affiliation</i>	0	0	0	4

The perception exists that the College has not provided a **formal programme** for teachers of anaesthesia. S_009 hopes ANZCA could help to develop such a programme and include the following topics:

- How to lead effective tutorials and make learning interactive and exciting;
- How to implement the syllabus into a teaching programme;
- How to deal with different levels of students' experience and abilities.

It is suggested that efforts should be made to **broaden the group of clinical teachers** to expose trainees to a large number of teachers with different teaching methods and interests.

This process allows the trainee to develop their own unique techniques and interests, by taking the best information from a number of teachers, and collating it into a unique clinical practice (S_027).

S_016 proposes the formation of a **Special Interest Group** in **Clinical Education and Teaching**.

Role descriptions and qualifications

It is reported that **formal role descriptions** need to be written for the key training positions undertaken by Fellows.

e.g. REO/NEO SOT Module Supervisors (S_002).

Formal qualifications in clinical education

The perception exists that there is a lack of formal training opportunities in educational processes and module supervision (S_064), resulting in variability of monitoring standards (S_071). However, some clinical teachers have undertaken formal qualifications or sabbaticals in clinical education and:

(they) are implementing interesting programme innovations at a local level (S_015).

Support and incentives for people to undertake teacher training

A number of system level strategies are suggested, to support attendance at teacher training and include:

- increased government funding for training time (S_076)
- access to leave and expenses for those teaching in public hospitals (S_020)
- support for those wishing to pursue a career path in anaesthetic education, directing them towards present university-based courses in medical education (S_021).
- support from the College and individual department directors (S_064)

There are many of us in Malaysia who are interested to become clinical teachers but probably lack funds and the resources as to how to become one. If ANZCA can provide some form of funding/ sponsorship and also organise some courses for our tutors locally, that would probably be most agreeable (S_009).

It is suggested that **personal incentives to participate in teacher training should be offered** to teachers directly involved with trainees (S_092). For example:

CPD points, certificates, ANZCA awards for the 'best teacher' in each state, even in specific areas (eg in theatre, lecturing, role model) (S_034).

Encouraging participation in teaching and training

Clinical teaching is something all Fellows are expected to do. The challenge was articulated by one respondent to be “how all Fellows can be taken on a journey to encourage them to improve their teaching and communication skills” (S_093). For Fellows who are not so keen on teaching subtle exposure at meetings and in journals is suggested as an initial approach.

Role playing and amusing scenarios may help confidence and expose Fellows to the teaching process. Close links with academia and quality speakers who inspire will also promote the benefits of good teaching (S_093).

Engagement in learning is regarded as the key to enthusing and up-skilling teachers through training courses. S_030 recommends the experience of taking the EMST instructors’ course because “...it was invaluable in developing both skills and enjoyment from teaching”.

The principles of teaching presented on that course should be a compulsory part of the curriculum following successful completion of the final exam. It would be educational and fun and completed at a time when other stressors would be less. This would arm trainees with the necessary skills to teach, and may inspire fellows to be active in teaching more formal courses such as EMST... (S_030)

Learning packages to attract CPD points

To improve teaching at a grass roots level, it is considered that teaching needs to be recognised as a formal role and its prevalence and importance acknowledged. Two submissions, S_015 and S_093 recommend learning packages that attract CPD points:

The CPD programme should encourage through "bonus points" the taking of teaching programmes and workshops. But at no time should it be mandatory for CPD (S_093).

A respondent from another specialty mentions that their College is trialling a Training Audit, whereby supervisors gain CPD points for undertaking an audit - essentially a self-evaluation of their training strategies. See S_108 for more detail.

Recompense, recognition, incentives

ANZCA is considered to have a national and international reputation for its training, assessments and CPD systems. It is seen to rely heavily on hospital-based Fellows for both individual teaching and assessment and running of courses (S_121).

It is important that the pro bono activity of Fellows is maintained, and not weakened by a [curriculum] revision process (S_063).

Achieving favourable learning outcomes is viewed to require a teacher to be competent in clinical practice and teaching methods, adapting learning programmes to suit individual trainees, and modelling high standards for the profession (S_132).

The workload of an ANZCA Supervisor of Training is considered to be large, with inadequate support and minimal recognition (S_121).

... too often it is the most junior person in a Department who is appointed as SOT. This is not to say that juniors are unsuitable, but the role of SOT needs to be valued, rewarded in some way, and supported to ensure suitable appointments (S_015).

Recognition and reward for good clinical teaching is viewed as an important part of building the infrastructure required for a quality training programme (S_106). It is reported that the status of SOT and MS roles needs to be increased, perhaps comparable to being an examiner (S_046).

It is recognised that a Department of Anaesthesia provides training to many other medical and paramedical trainees. To retain high quality specialists within the public hospital system to do this work, S_123 suggests that the non clinical contribution of specialist Anaesthetists needs to be recognised in three ways:

- Appropriate numbers of specialist Anaesthetists;
- Specific rostered time available for teaching, administration and research;
- Departmental infrastructure, including appropriate office space, teaching space and secretarial support (S_123);
- Credit one to two week teaching courses as CPD for Consultants (S_005).

Selection for appointments is recommended. S_037 suggests that the ANZCA Clinical Training Course be a prerequisite and the appointee should be chosen by colleagues, for their mentoring skills.

Reliance on pro-bono teaching

Submissions acknowledge how much training depends upon the goodwill and initiative of individuals and small groups of Fellows, including excellent in-house teaching programmes at many training sites (S_015).

The College relies on much pro-bono work from many teachers (S_008).

However, S_046 suggests “we have all relied for too long on volunteers and goodwill”. Several submissions express concern that the pro bono system has disadvantages which need close monitoring. Potential disadvantages include variability in outcomes for trainees and disengagement of Fellows.

The reliance on pro-bono work is a major issue that needs close monitoring - dependent on hospital support in most cases (S_076).

Reliance on pro-bono teaching and assessment leads to great disparity of resources available to trainees (S_019).

.. too much reliance on pro bono activity without adequate direction and collaboration will result in a decrease in interest of all Fellows (S_063).

It is highlighted that these challenges will be compounded with increased student numbers and when training begins in the private sector (see following section on Time required per trainee).

S_083 takes strong exception to a perception that the College conducts its training as an act of charity.

Such a view cannot help but foster complacency and defensiveness, and hinder a professional approach to the education process (S_083). See S_083 for more detail.

A suggestion is made to **subsidise participation in teacher training** to promote quality pro bono teaching. Several submissions raise the issue of a financial subsidy to encourage attendance at training events (S_004). For example

Paid attendance of registrars ... is an investment for the hospitals as unpaid teachers are the mainstay of hospital education (S_005).

On the other hand, S_015 suggests that Clinical Teacher Courses should be more widely available, but would need to attract a fee to be viable.

Ongoing support for teacher training participants

It is considered that SOTs and Module supervisors need more support than is currently offered (S_046) especially in the areas of clinical teaching, assessment and appraisal, and mentoring (S_016).

The delivery of current clinical teacher course modules is considered to be “sporadic” and as such does not really constitute a 'course' (S_041).

Peer support

It is reported that supervisors of training face many challenges and feel the strain of dealing with the emotional needs (anxiety, stress and grief) of the trainees (S_051). Four submissions mention the importance of peer support for SOTs and suggest ways to meet this need:

Regular College-sponsored meetings or on line fora

to discuss SOT business and enhance networking (S_015).

(An e-community to) access experienced SOTs to ask questions would be great (S_047).

It is perceived that **a facilitated peer support process would be helpful.**

SOTs in each region should meet on a regular basis to discuss the issues they face. They need to have someone that they would feel comfortable calling for advice and have easy access to resources to help manage trainees with special requirements (S_051).

More teachers, better teaching

The need for registrars and consultants to teach students has never been greater but some hospitals (even large ones) are considered to have poor formal teaching programmes with no consultant input (S_015). There is a perception that the bulk of formal teaching falls to “a small sub-group” (S_011).

Ability to teach (is) not a major selection criteria for teaching hospital appointment (S_019).

Trainees would like to see additional support and emphasis placed on the role of teaching in Staff Specialist/VMO roles (S_011).

Informal teaching also varies. Some Fellows are thought to be better 'natural' teachers than others so the quality of informal teaching received by trainees is seen to be dependent on the consultant.

Some supervisors have no interest in or talent for teaching but they are not deprived of trainees (S_015).

It was reported that there is insufficient training for trainees to become good clinical teachers (S_014). Some supervisors and trainers may still function at the level of "pick up the art of supervision and training as you go along" (S_071). There is a perceived need to:

Provide training courses for mentors and supervisors (S_105).

The program needs to look at how teaching at a grass roots level can be improved ... (but) not in the form of a punitive requirement (S_093).

Time required per trainee

An increased number of medical students is recognised to mean that clinical training can suffer, under a burden of over-worked doctors and too many students. A major challenge is how the expansion in trainee numbers will be managed, especially with private sector training.

ANZCA need(s) to introduce appropriate curricula that encourage and equip registrars, fellows and consultants to provide quality teaching in conjunction with medical schools and hospitals ... (S_100).

It will be important to ensure that the concepts of the revised programme be moved thorough [sic] into IMGS training, and into CPD (S_063).

S_045 requests that College documents relating to SOTs and MSs should specify the minimum amount of non-clinical time required per trainee. For example:

(for SOTs) 1 hour per Trainee on arrival at a hospital and a further minimum of 1 hour per Trainee every 3 months... and ... (for MSs) a minimum clinical time of 1 hour per Trainee per month until the Module is complete (S_045).

Links with other relevant courses

Submissions suggest training can be supported **through links with other relevant courses and/or agencies:**

- Well recognised courses such as "Train the trainer" (S_019).
- 2-day generic instructor courses similar to ATLS or ALS (S_024).
- Teaching "on the run" programme (S_014).
- Medical defence organisations have expertise in curriculum development, teacher-training and direct trainee education, such as online teaching modules, face-to-face seminars at teaching hospitals (S_101).
- Use common or combined elements with other supervisor training programmes in both other medical colleges, but also universities and the prevocational sector (S_115).
- Accredited teacher training from other sources (S_034).

Courses with university affiliation

The recommendation was made to develop the clinical teaching course, perhaps **expanding it with university affiliation** to provide postgraduate training in medical education (S_022). Several examples of courses in medical education were provided as examples in Australia and New Zealand. It was suggested that ANZCA could select a university to produce courses at diploma and masters level tailored to anaesthesia. See S_051 for further discussion.

Ideally, exposure to other health professionals would be maintained so that generic skills could be learnt together and opportunities for networking and cross-fertilisation of ideas ... retained. This would accelerate the modest growth in educationally qualified Fellows that is already occurring (S_022).

For ... clinical teachers looking for more focused opportunities to improve their teaching [...] University runs a series of one-off workshops that would meet this purpose if tailored to anaesthesia (S_041).

S_089 suggests involvement with the University sector could occur in three ways:

- training clinical teachers;
- evaluating the teaching delivered by ANZCA clinical tutors;
- a combined approach to allow for further academic achievement in anaesthesia such as PhD and MD in anaesthesia. See S_089 for extended comment.

Section 3: Who should be able to access initiatives?

This section considers in turn each of the major groups involved in teaching who will need to access the Clinical Teacher Development and Support Programme (see Table 4).

Table 4: Numbers of submissions providing comments on who should access the Clinical Teacher Development and Support Programme providing breakdown for strengths, weaknesses and innovative ideas.

	Strengths	Weaknesses	Innovative Ideas	Total N of Submissions
Who should be able to access initiatives?	0	4	0	22
Department Heads, SOTs, module supervisors, examiners	0	0	0	7
Fellows	0	2	0	13
Trainees	0	2	0	9
Valuing informal learning	0	0	0	1

Department Heads, SOTs, module supervisors, examiners

It was considered that it should be a **priority to improve support** for Department Heads, SOTs, Module Supervisors (S_035) and for Fellows heavily involved in teaching and exam preparation (S_015). Respondents reported that Directors of training and Fellows in supervisory or teaching roles, should have particular access to training (S_115) and specialised courses provided for their needs (S_008).

Those with greater educational roles such as module supervisor or SOT, a further training package needs to be created or developed and these anaesthetists should be taught and supported by the College (at College expense) (S_021).

Fellows

Respondent S_019 notes that, although there has been an improvement, there is still little emphasis on all anaesthetists being teachers in college CPD programmes. This is considered to shape understandings of who should be able to access teacher training courses. S_008 would restrict access to registered teachers only but others consider all Fellows should have access to these courses (“any anaesthetist” S_017) (“SOTs, Fellows interested in teaching” S_018). One submission stipulates that the teacher development programme “should be freely available to any interested fellow of ANZCA who teaches trainees” (S_092).

... any FANZCA or registrar who is interested in teaching should be given the opportunity to learn how to teach (S_013).

Most fellows are involved in teaching registrars (S_006).

Trainees

It is reported that there is currently little emphasis on the importance of teaching for trainees during their programme. However,

Many junior doctors have teaching and supervisory responsibilities and it is important that they can access formal teaching skills and qualifications to assist them with these activities and to prepare them for their professional responsibilities as consultants (S_099).

Some submissions support Fellows and trainees being able to access clinical teacher training or related on-line courses. It was broadly reported that the Clinical Teacher Course should be extended to trainees in some form.

All fellows and ATY3 should have access to these courses (S_006).

All Fellows and trainees should be able to attend teaching courses (although they will be aimed at Fellows) (S_008).

S_106 points out that access to such training “ensures that trainees are aware of what attributes to expect from their clinical teachers” (S_106).

Respondents reported that **teacher development should begin during training**. It was felt that provision should be made for trainees to address their teaching role as part of their FANZCA training (S_015) e.g. completing a teacher training component as part of a Professional Attributes module (S_008) and encouraging those with aptitude for teaching to undertake post fellowship training (S_010).

Clinical teaching needs to be developed as a core competency within the training program at a level such that every anaesthetist has a basic ability to teach in the operating theatre (S_021).

No component addresses adult education. This is not taught at any stage during medical training and it should be if specialists are expected to be clinical teachers (S_010).

Valuing informal learning

A consideration made was that **trainees learn from a range of people**, both formally and informally, so it is important to establish who they are learning from and where that learning takes place and offer training accordingly.

Training programmes should be accessible to all those who have a role in teaching trainees It is also important to consider the learning environment as well as the teachers and direct resources at improving the learning environment if required (S_106).

A recommendation was made that there should be more involvement in and facilitation of clinical teaching for anaesthetic assistant / PACU staff. Such involvement was perceived to have additional benefits beyond the delivery of teaching.

to improve knowledge, understanding and enhance therapeutic relationships (S_132).

Section 4: How should initiatives be accessed?

The need for flexibility in formats, venues and timing of teacher development activities is emphasised and specific suggestions offered, particularly for online training and resource development (see Table 5).

Table 5: Number of submissions providing comments on how the initiatives should be accessed, providing breakdown for strengths, weaknesses and innovative ideas.

	Strengths	Weaknesses	Innovative Ideas	Total N of Submissions
How should initiatives be accessed?	1	3	0	28
Courses offered in a variety of formats, places, times	1	3	0	28
Online, web based, for trainers and trainees	0	0	0	15
Videoconferencing	0	0	0	1
Face to face	0	0	0	5
Workshops at conferences	0	0	0	3
Resources	1	3	0	11

Equity of access was discussed and the programme format was considered to need to be flexible to ensure all teachers can access it (S_106).

By necessity, a range of access options are required (S_015).

The ANZCA clinical teaching courses should be **supported by staff release time** and **recognised by a system of accreditation**. **Courses should be presented more frequently** and **in a variety of formats** - intensive course, regular commitment or online.

There should be a system of accreditation or recognition when a course has been completed (S_006).

It was considered that the implementation of the programme needs to be ongoing, **requiring readily accessible provision of workshops** either onsite or at readily accessible sites (S_019). “There should be regular and repeated courses for all teachers” (S_128).

It was also reported that access to training courses should be more available and release of staff to attend such courses should be supported by the College and individual department directors (S_064). A suggestion was made that courses for Fellows or senior trainees could be run in individual states where there is an interest, although attendance at these is sometimes low (S_004).

S_005 suggests offering a “how-to-teach” form of EMAC to consultants and registrars.

Online web-based courses for trainers and trainees

On-line access to training is widely supported and a variety of formats are suggested to suit individuals or groups. Such courses may encourage interest and provide background learning.

An on-line course, with practical educational and teaching aids, which is able to be accessed by any Fellow or Trainee should be made available (S_038).

However, S_093 points out that posting “resources on the Internet will only be of benefit to those that are wishing to search for it”.

Two submissions, S_005 and S_090, stress the importance of **regularly updated online courses and activities for regional participants**:

College-provided module-based lecture series/tutorials on-line changing weekly... would assist those registrars who are isolated or in peripheral hospitals and unable to attend formal lectures (S_005).

Two submissions, S_018 and S_019, favour a Web based discussion forum for teachers and Supervisors of training.

Although on-line teacher training and support is desired, especially in the basic stages (S_034), it was considered that face-to-face workshops or learning should continue to be available.

On-line resources are strongly supported for providing easy access to material (S_016). For example:

Website page for Clinical teachers with links to articles that may be helpful (S_018).

On-line resources, available to both teachers and trainees, are reported to support private study (S_008). They also provide centralised support for quality teaching as well as empowering local teachers and learning groups, making ANZCA approved resources available (S_022).

Web based resources could be developed and available to inform departmental educational activities, e.g.: outline a standard tutorial program founded on ANZCA learning objectives; and teaching resources and ideas for teaching particular topics (S_092).

It was emphasised that there is considered to be an **urgent need for online resources in regional areas** or at peripheral hospitals. Some responses related to the provision of clinical updates rather than teacher training initiatives in particular.

Best thing that could be done for those of us working in rural centres is a fully functional pod-casted or web-streamed part 2 lecture/tutorial series... should be a priority as it would allow for simultaneous trainee education and for fellows, CME- and encourage active debate within departments. When time is limited for educational activities this resource will be a godsend (S_070).

S_046 cautions against unnecessary duplication in developing ANZCA module teaching resources:

There is so much material available in journals and on internet sites ... the money would be better spent on developing web tools to navigate round what is currently available using hyperlinks, podcasts, videostreaming etc (S_046).

Video conferencing

S_091 is of the opinion that **video conferencing should be more widely used** in training and other areas.

Video conferences more accessible and affordable to all trainees (S_005).

It should be noted that some respondents confused some of the technology available to support distance education. Particular reference was made to videoconferencing being able to make College meetings available on the website.

Face to face

Face-to-face courses are seen as more likely to be effective (S_015) and are favoured by five submissions e.g. S_106. At workshops, the hands-on experience and assistance that can be provided is valued (S_128). The face-to-face format is considered particularly useful for a clinical teaching course (S_035).

It was recognised that courses would need to be **run at multiple locations** (S_008) and **not be too short**: “odd half-day sessions every so often are little use” (S_020). It was suggested that costs could be met by the Professional development allowance and accessed by registration through the ANZCA website (S_018).

Face-to face workshops are particularly important because they allow supervisors opportunities to interact with other clinicians, undertake activities (such as role plays) and engage in discussions to help them to see the relevance of particular skills (S_108).

It is also seen as desirable that all SOTs / members of the regional training committee meet on a regular basis (S_035).

Workshops at conferences

There is support for **workshops at conferences** either as **refresher sessions** (S_020) or as **major workshops** e.g. ANZCA ASM, Education SIG etc. “There may be a place for more than one course – such as Basic, Intermediate and Advanced” (S_038).

Regardless, they must be well advertised and subsidized to encourage attendance, as the ultimate goal is improving the quality of the "pro bono" teaching Fellows do for the College (S_004).

Incorporating an Educational Symposium into the Annual General Congress has also been particularly effective (S_108).

Resources

Respondents called for **more training resources to be made available** to Supervisors of Training (S_016). The current kit for SOTs is considered to be inadequate and one submission suggests the College needs to increase the available resources, both written and otherwise (S_004).

These could be in the form of conference sessions or inserts with the College Bulletin (S_093).

On the other hand, one submission (S_044) suggests there is a need to **streamline the information** the College provides to teachers:

There is too much paper- for example, the Manual for Supervisors of Training. ... A concise, practical approach would be more useful. Aim for quality not quantity (S_044).

It was suggested that **on-line videos** showing good and bad interactions could be educational (S_017). A 'learner-centred' focus for the structured teaching programme could include case discussions, and more dynamic, clinically focused teaching (S_092).

Other suggestions to support ANZCA teachers included:

- Circulating and sharing good teaching resources generated by teachers at particular sites. See S_065 for an example of such a resource.
- Producing a regular newsletter.

Section 5: Structure of the programme

While the need for a comprehensive and coherent course structure is acknowledged in the introductory section of this document, there are relatively few explicit suggestions regarding the specific content of the Clinical Teacher Development Programme. Attention is drawn to content areas of the anaesthesia training programme which need additional support as not all teachers are familiar with them, and to perceived weaknesses in current assessment procedures. It is suggested that these shortcomings be addressed through teacher development activities (see Table 6).

Table 6: Number of submissions providing comments on the structure of the Clinical Teacher Development and Support Programme and barriers to its implementation providing breakdown for strengths, weaknesses, and innovative ideas.

	Strengths	Weaknesses	Innovative Ideas	Total N of Submissions
Structure of Programme	0	1	1	18
Other training issues	1	1	1	18
Assessment guidelines and criteria	0	1	2	10
<i>Identifying poor performance, failure</i>	0	0	1	7
<i>Examinations</i>	0	0	0	1
<i>Module assessment</i>	0	0	1	1
<i>Difficulties experienced by overseas Medical graduates</i>	0	0	0	1
Barriers to programme implementation	0	0	0	4

It was considered that training needs to be **easy to access; straight-forward; not too time consuming and engaging for participants**. S_009 suggests topics such as:

- How to lead effective tutorials and make learning interactive and exciting;
- How to implement the syllabus into a teaching programme;
- How to deal with different levels of students' experience and abilities.

Two submissions (S_069, S_090) list **fundamental requirements of teacher training** as follows:

- A simple set of guidelines for teaching;
- An easily understood explanation of the fundamentals of learning and education;
- Educational activities that can be accessed on the web and not requiring travel to the capital cities;
- Teaching flexibility in delivery ;
- Teaching to objectives.

One submission (S_118) suggests that Faculty development should entail two major aspects.

- provision of some general guidelines on what good teaching is;
- faculty development programmes that value the diverse approaches clinical teachers adopt.

There should be room for local initiatives and the development of best practices. Entrepreneurship within the boundaries of the general guidelines that indicate what is acceptable to ANZCA (S_118).

See S_107 for an example of a trainer's training programme from another specialty. S_015 suggests a three stage programme, perhaps comparable to the new RCA programme.

Understanding individual learning styles and bias is important, with ability to adapt teaching styles to facilitate learning. Experience in developing different modes of delivery will also enhance learning (S_132).

Additional teacher training content

There is specific mention of **areas of module content outside the role of medical expert**.

The current modular system goes some way to address the teaching of professional roles, but supervisors of training and module supervisors do not really know how to teach these areas (S_006).

Content to enhance **personal development** is suggested.

College-sponsored small-group learning in leadership, communication, counselling and negotiation (S_015).

Mention is made of training for clinical teachers in **observation skills and coaching and constructive feedback**.

There is a lack of training of clinical supervisors in other areas of people management (orientation, rostering, communication, dispute resolution and the management of poorly performing clinical teachers within departments) (S_051).

Use of simulation environments to increase self awareness in clinical teachers is suggested.

Options for programs in simulation centres / real time OT environments to allow insight into our own behaviour / interactions as well as our behaviour/ feedback/ interactions with patients/ registrars and consultants (S_019).

Assessment skills, guidelines and criteria

It is considered that the **assessment of trainees remains a weakness** as the system is seen to be very subjective (S_093). A need for courses on assessment (including in-training assessment and workplace-based assessment) is recognised, ITA's, DOPS (S_022) and advice on the early detection of trainees with difficulties (S_046).

Respondents report that **readily available resources on assessment** would be useful (S_093).

Generic principles of competency-based assessment should be promulgated. If sufficient detail is present as descriptors, most trainees and trainers will find this relatively easy (S_046).

Examinations

It was suggested that courses could improve the educator's understanding of the exams and particularly the special difficulties experienced by international medical graduates (S_006).

Module assessment

The skills to perform module assessment were flagged. For module assessment, there should be a requirement for precise skills to be obtained to a specified standard by the trainee with supervisor signoff for competence (S_042).

Identifying poor performance or failure

Several submissions regard underperforming trainees as a challenging issue for teachers and supervisors.

It is important for clinical teacher development programs for Fellows to focus on dealing with the 'trainees in difficulty' (S_108).

S_046 suggests that trainers are unnecessarily reluctant "to identify substandard work and/or behaviour" although in everyday life progress in many activities and professions is subject to assessment:

What are we scared of? We have a duty of care to the public to ensure that our trainees have been adequately assessed in competence in invasive procedures and have appropriate professional attitudes and behaviours (S_046).

It was acknowledged that there needs to be scope for teachers to acquire more sophisticated skills to meet these challenges.

e.g. dealing with poorly performing trainees or giving feedback on professional qualities (S_106).

Teaching supervisors (to teach) non-technical skills effectively as well as clinical skills, to give constructive feedback, maintain paper trails, and the importance of keeping College staff in the loop about performance issues is vital (S_108).

Difficulties of International Medical Graduates (IMGS)

Respondents reported that IMGS Anaesthetists need special attention to be able to pass the FANZCA Fellowship Exam and adopt the high standards of Australian medical professionalism. This is seen to require specific teaching skills

... there needs to be greater synergy between the curriculum committee and organisations such as OTSAN to ensure the maintenance of a high standard of medical practice among IMGS Anaesthetists (S_094).

Section 6: Barriers to programme implementation

This section deals with issues that were highlighted relating to both the ANZCA Training programme itself and also the related activities to prepare and support ANZCA teachers. A number of weaknesses of the current training programme are considered to be due to inadequate implementation of the programme rather than faults in the programme itself (S_015) (see Table 6 above).

Limited supervision time available: Safe working hours protocols, solo night shifts, pain rounds and consults limit a trainee's face to face training sessions with a supervisor each week.

... the College should have a more formal approach to guide supervisors on how to improve the supervision of training (S_091).

Shortage of specialists is highlighted as a barrier to the programme's implementation.

A measure of success would be an improvement in the number of fellows involved with teaching and enjoying teaching (S_093).

(S_015) suggests the following factors make the design of a Clinical Teaching Development and Support Programme challenging:

There are "many" inadequately staffed departments in ANZCA training regions and some specialists supervise trainees in multiple locations. Many trainees are rostered alone to "service" lists; there is inadequate non-clinical time for specialists and inadequate ability to take study leave. There are particular shortages in the areas of pain, pre-admission and peri-operative medicine (S_015).

Six submissions request **more feedback or communication to improve the programme**, either in its delivery e.g. more teacher training opportunities (S_008) or more extensive/regular evaluation e.g. with SOTs, NEO, module supervisors, HODs, examiners, NZNC, trainees and staff (S_002).

ANZCA and hospital training departments need a better system of circular feedback and evaluation of education events (S_092).

Teacher appraisal by trainees, incentives for teachers to improve their skills and improved training environments for the trainees are also supported:

All ANZCA accredited training departments (and individual fellows within the department) should have regular feedback/assessments by trainees. ... ANZCA fellows should be further encouraged to improve their clinical teaching skills via ... attendance of teaching courses. The department should also have incentives to improve their training environment for the trainees. (S_014)

Induction and orientation of Fellows undertaking supervision and teaching roles is considered inadequate, despite the kit which is currently available for SOTs.

The College needs to increase the written and other resources available to these individuals. (S_002)

Whilst the majority of the references in this final section relate to the training programme, they have been included to illustrate the support and development that is considered essential to enable ANZCA teachers to improve the educational quality.

Appendix A: Abbreviations

Table 7: Abbreviations used in this document

Acronym	Full Text
CTC	Clinical Teacher Course (replaced in 2010 by the ANZCA Teacher Course – ATC)
EMST	Emergency Management of Surgical Trauma Course
MS	Module Supervisor
NEO	National Education Officer (in Hong Kong, Malaysia, New Zealand and Singapore)
REO	Regional Education Officer (in regions across Australia)
SOT	Supervisor of Training