

MODULE TWO
THE ENTRY LEVEL MEDICAL EDUCATOR ROLE

QUESTIONS ANSWERED

	WHAT	<ul style="list-style-type: none"> • are the criteria used to select people to be a medical educator? • are the unique features of the medical educator role? • are my responsibilities?
	WHY	<ul style="list-style-type: none"> • has this role been established?
	WHEN	<ul style="list-style-type: none"> • do I start? • do things happen that I will be involved in?
	HOW	<ul style="list-style-type: none"> • do I carry out my responsibilities? • does this role fit in with other roles and the overall management structure? • do I know I am doing a good job?
	WHERE	<ul style="list-style-type: none"> • is my work location? • do I have to go to do my work?
	WHO	<ul style="list-style-type: none"> • do I report to? • do I work with? • will help me?

New MEs need to acquire detailed insight about the features of the ME role, and how it fits into the working environment and with other positions. A generic PD is presented to provide an overall picture of the range and depth of responsibilities covered by an ME.

THE MEDICAL EDUCATOR ROLE

A review of ME position descriptions from different RTPs has shown that the range of responsibilities and tasks which MEs perform is broadly similar. The main variations occur primarily for two reasons: (1) those MEs who work on a limited part time basis are likely to be allocated a narrow range of specific responsibilities, and (2) less experienced MEs are more likely to have less complex responsibilities whereas senior medical educators and/or directors of training will have a greater breadth and depth of responsibility.

MEs As a general rule MEs work in a collaborative environment. This means that most planning and decision making about educational policies, activities, and procedures occurs through discussion and consultation with a view to reaching consensus about how to proceed. Having said that, once decisions are made about who is doing what, it generally devolves to the individual ME to do the work involved (eg. deliver the teaching session).

What are the key elements of the ME role?

Key elements of the role include:

- Participation in the development and implementation of policies about medical education matters
- Planning programs of educational workshops and related activities
- Establishing and maintaining constructive relationships with GP supervisors and other key groups involved in training eg. hospitals, RACGP, ACRRM
- Assisting with professional development activities for GP supervisors
- Participation in teaching practice accreditation
- Evaluating training including educational workshops and related activities
- Giving advice and guidance to registrars about training, professional and related matters

Selection criteria for the role include:

- Registered medical practitioner, FRACGP or equivalent
- In-depth understanding and commitment to general practice
- Medical education experience/expertise/teaching skills
- Interpersonal communication skills
- Collaboration and teamwork skills
- Management and administrative skills

It should be noted that some RTPs employ “medical educators” who are not medically qualified. In this case, most of the elements and criteria specified above are still applicable. Their contribution to the ME team would be based strongly on their educational expertise in contrast to a GP who may not have formal educational qualifications but would be able to contribute clinical experience and expertise. Clearly a team which included some non-medically trained educators could prove to be a highly creative and effective group.

Are there important characteristics of ME staff worth noting?

There are particular characteristics of the ME staff group which have strong influence on the ME role. This has had important implications for the design and content of the package. The main characteristics are:

- Most MEs are employed on a part-time basis by their RTPs. This means that many MEs will have particular areas of responsibility rather than a broad set of responsibilities across the whole range of possible activities that MEs perform.
- Mostly MEs start in their roles with little or no educational experience or qualifications. This means that new MEs often have to “fly by the seat of their pants” in learning their role.
- The concept of “dual professionalism” is relevant for newly appointed MEs, most of whom have been and will remain part-time clinicians. The term “medical educator” encapsulates this duality. This means that ideally the ME should aspire to demonstrating an equally professional approach to both the clinical and educational aspects of the working life.
- Most MEs have learnt what they know about teaching and learning through the influence of role models, this used to be called “sitting by Nellie”, and generally involved watching, copying an experienced practitioner and learning through trial and error. This means that their learning is strongly experienced based, and dependant on the expertise of the practitioner/role model and less likely to be informed by evidence based principles.
- New MEs come with diverse personal and professional backgrounds. This means that self-directed learning and adult learning principles are a more appropriate framework for MEs to learn new skills rather than a “one size and shape fits all” approach.

Features of ME PDs

The style and layout of ME PDs varies between RTPs; however in essence they are fairly similar in content. An ME PD will normally include the following information:

1. Title of the position
2. Level of the position
3. Type of position (casual, fixed term, continuing)
4. Fraction of appointment
5. Who the person occupying the position reports to in the organisation’s structure
6. The overall objective and scope of the position
7. A listing of the key activities that the incumbent is responsible for
8. A statement of the criteria used for selection of somebody for the position and review of their performance in the position.

Activity 2.1



Getting to Know Your Role

- Compare what you have received from your RTP with the above list of 8 points. Do you have all this information?
- If so, is it sufficiently clear from your point of view?
- If not, which points are missing or inadequate? Seek assistance from your RTP contact person to obtain this information.

What is the difference between a position and an appointment?

It's not always evident to newly appointed MEs that there is an important distinction to be made between the person appointed and the position they occupy.

A position is created because it meets the RTPs needs to have specified work done (as described in the PD). The classification/salary range of a position is usually determined with reference to the breadth and depth of the responsibilities, how it compares with other positions both within the organization and outside the organization, and how difficult it is to fill the position. A position can be reclassified if the work involved becomes more or less complex, or can be declared redundant if the need for the work in a position disappears or can be absorbed into other positions.

A person is appointed to a position because they meet specified selection criteria. This means that there is an expectation that the person will be able to carry out the activities in the PD effectively. A person appointed to a position can expect to have their performance formally reviewed after a specified probationary period as prior step to confirming their appointment and thereafter on a regular basis (usually annually). Formal performance reviews are usually used as a basis for determining whether an incremental increase in salary is warranted. In some cases where a review determines that the incumbent has demonstrated superior performance a double increment or even a promotion to a higher level position may be warranted.

Of course, the above only applies where staff are appointed with an employment contract and are therefore placed on the payroll. If an ME is appointed as a contractor (usually because they

have an ABN and have multiple sources of income), then they will be engaged at an agreed contract price. This is likely to be broadly similar to the salary range for the position but would not include superannuation or pay-as-you-earn income taxation deductions.

Are there different levels of ME positions?

Depending on its size, an RTP is likely to employ a number of MEs at different levels. Typically this could consist of:

Director of Training

- Highly experienced ME and GP
- May have academic qualifications in medical education or related area
- Strong grasp of, and commitment to adult learning principles and medical education methods
- Overall responsibility for leading and coordinating the education and training programs conducted by the RTP

Senior Medical Educator

- Experienced ME and GP
- Strong grasp of, and commitment to adult education and medical education principles and methods
- Responsibility for a significant area of activity, (eg. the education release program)

Medical Educator

- Entry level ME and experienced GP
- Understanding of and willingness to develop knowledge and skills in medical education
- Responsibility for specific sets of duties and making a contribution to education and training activities in collaboration with others

It is this latter level which is the prime focus of this package.

A GENERIC POSITION DESCRIPTION FOR AN ENTRY LEVEL MEDICAL EDUCATOR

The substantive part of an ME's PD is the listing of the areas of activity which he or she is asked to do. These are usually called Key Responsibilities, Accountabilities or Duties (although this latter term is more appropriate for particular tasks rather than broader sets of responsibilities). Some PDs also provide some guidance about the amount of time allocated to key areas of responsibility. This gives a useful indication of the relative priorities in the role. It might also link back to the RTPs strategic plan thereby showing how the role fits into the RTPs overall objectives and planning priorities.

The key responsibilities describe what must be done to achieve the objective of the position. As such this is a list of the areas for which the incumbent is accountable when it comes to reviewing their performance.

By reviewing a sample of ME PDs from different RTPs, the Project Team have developed a generic PD for an entry level ME. Please note that some of the activities listed are likely to be only undertaken under the mentorship of a senior ME. *These are shown in italics.*

Generic Medical Educator Position Description

The key responsibilities for this PD are grouped into 5 Key Performance Areas:

1. Education
2. Registrar support and guidance
3. Networking and stakeholder relations
4. Organisational support
5. Professional Development

1. Education

The activities directly involved in delivering the education and training program.

It is estimated that this area could account for 45-55% of time allocation. The responsibilities include:

- a) Assist registrars in developing and executing their learning plans
- b) *Develop educational programs specifically designed for registrars in need of remediation*
- c) Undertake external clinical teaching visits for designated registrars.
- d) Contribute to the design, planning and delivery of small and large group educational activities for registrars, supervisors and other program staff.
- e) Participate in curriculum planning, implementation, evaluation and review.
- f) *Align educational activities with college curricula*
- g) Participate in assessment of registrar progress including provision of feedback
- h) Contribute to educational activities with GP supervisors to assist them with practice based teaching
- i) Contribute to the development of innovative education and training methods and approaches
- j) Support research activity

2. Registrar Support and Guidance

The activities associated with providing guidance, training advice, and other support for registrars during their training. It is estimated that this area could account for 10-20% of the time allocation. The responsibilities include:

- a) Undertake training adviser meetings with registrars
- b) Provide accurate advice to registrars regarding RPL
- c) Respond to queries from registrars about learning planning and education and training requirements
- d) Provide timely advice and assistance to GP supervisors and registrars regarding RTP training program matters
- e) Assist registrars with professional duty of care matters
- f) Assist registrars with self care matters
- g) Provide advice and assistance to registrars in difficulty

- h) Participate in induction and orientation of registrars to training.

3. Networking and stakeholder relations

The activities involved in communicating and networking with regional stakeholders having a direct involvement in training (eg. supervisors, hospital training posts) and state and national organizations (eg. universities, GPET, divisions, other RTPs). It is estimated that this area could account for 15-20% of the time allocation. The responsibilities include:

- a) Provide support for GP and hospital supervisors and training posts by maintaining contact, and providing and seeking feedback
- b) Contribute articles for newsletters and other relevant publications
- c) Liaise with, provide input, and when required represent the RTP, in contacts and meetings with other organisations including the colleges, divisions, universities, other RTPs, and at GPET fora
- d) Assist with the promotion of GP training and recruitment of new registrars
- e) Assist with the recruitment and development of new training posts

4. Organisational support

The activities associated with working within the RTP to assist the organization to run smoothly and cohesively (eg. administrative activities, progress reporting, selection and recruitment). It is estimated that this area could account for 10-15% of the time allocation.

- a) Ensure training reports are submitted in a timely manner
- b) Provide assistance with the registrar selection process
- c) Participate in relevant planning and management discussions
- d) Participate in relevant working parties, project activities
- e) Participate in accreditation processes for training posts and supervisors
- f) Contribute to the GPET Quality Accreditation for RTPs
- g) Participate in program evaluation and quality assurance
- h) Prepare pertinent discussion papers on education policies and processes

5. Professional Development

The activities needed to develop individual knowledge and skills and contribute to overall quality improvement. It is estimated that this could account for 10-15% of the time allocation.

- a) Develop learning plans to enhance individual competence for the medical educator role
- b) Participate and contribute to medical educator workshops and conferences
- c) Participate in CPD activities relevant to the medical educator role
- d) Maintain currency in your knowledge and skills in areas that you are teaching registrars
- e) Develop a thorough understanding of curricula, standards and policies relevant to GP training

To check on your state of readiness for the role of ME refer to *Tool 2.1: What Can I Do Now: The Role Responsibilities Self Assessment Tool*.



A victim of inadequate orientation!

WHAT THIS MODULE THINKS IT HAS HELPED YOU DO



What Have You Done????!!

Use the following list to check off whether these things have worked for you:

You should:

- Have a better understanding of what the ME entails and why you were appointed
- Be better informed about how the ME role fits into RTP staffing arrangements
- More clearly know what you have to do in the role
- Be more self-aware about your levels of confidence and preparation for undertaking the responsibilities of the role

If you agree that you have achieved these outcomes give yourself a tick or a hug.

If you disagree maybe you have some thoughts on how this module could be improved.

Whether you agreed or disagreed any feedback you have would be welcome.

You could post this feedback through AMEN's GPRime website.

TOOLS OF TRADE

Tool 2.1



What Can I Do Now – the Role Responsibilities Self-Assessment Tool

Consider each of the ME position description responsibilities listed below and assess your readiness to undertake them. You may like to do this entirely as a self assessment exercise. In addition you could ask a peer ME colleague to also complete the assessment of your readiness and then discuss the results. Maybe you could ask others to fill it in for themselves and then compare the results – it could prove to be useful tool to identify learning needs for ME staff development purposes.

RESPONSIBILITIES	Degree of Confidence about undertaking this responsibility				WHAT IS YOUR NEXT STEP?
	<i>Very confident</i>	<i>Some confidence</i>	<i>Not much - some help needed</i>	<i>None - lot of help needed</i>	
EDUCATION					
a) Assist registrars in developing and executing their learning plans					
b) Develop educational programs specifically designed for registrars in need of remediation					
c) Undertake external clinical teaching visits for designated registrars.					

d) Contribute to the design, planning and delivery of small and large group educational activities for registrars, supervisors and other program staff.					
e) Participate in curriculum planning, implementation, evaluation and review.					
f) Align educational activities with college curricula					
g) Participate in assessment of registrar progress including provision of feedback					
h) Contribute to educational activities with GP supervisors to assist them with practice based teaching					
i) Contribute to the development of innovatory education and training methods and approaches					
j) Support research activity					
REGISTRAR SUPPORT & GUIDANCE					
a) Undertake training adviser meetings with registrars					
b) Provide accurate advice to registrars regarding RPL					
c) Respond to queries from registrars about learning planning and education and					

training requirements					
d) Provide timely advice and assistance to GP supervisors and registrars regarding RTP training program matters					
e) Assist registrars with professional duty of care matters					
f) Assist registrars with self care matters					
g) Provide advice and assistance to registrars in difficulty					
h) Participate in induction and orientation of registrars to training.					
NETWORKING & STAKEHOLDER RELATIONS					
a) Provide support for GP and hospital supervisors and training posts by maintaining contact, and providing and seeking feedback					
b) Contribute articles for newsletters and other relevant publications					
c) Liaise with, provide input, and when required represent the RTP, in contacts and meetings with other organisations including the colleges, divisions, universities, other RTPs, and at GPET fora					
d) Assist with the promotion of GP training and recruitment of new registrars					

e) Assist with the recruitment and development of new training posts					
ORGANIZATIONAL SUPPORT					
a) Ensure training reports are submitted in a timely manner					
b) Provide assistance with the registrar selection process					
c) Participate in relevant planning and management discussions					
d) Participate in relevant working parties, project activities					
e) Participate in accreditation processes for training posts and supervisors					
f) Contribute to the GPET Quality Accreditation for RTPs					
g) Participate in program evaluation and quality assurance					
h) Prepare pertinent discussion papers on education policies and processes					
PROFESSIONAL DEVELOPMENT					

a) Develop learning plans to enhance individual competence for the medical educator role					
b) Participate and contribute to medical educator workshops and conferences					
c) Participate in CPD activities relevant to the medical educator role					
d) Maintain currency in your knowledge and skills in areas that you are teaching registrars					
e) Develop a thorough understanding of curricula, standards and policies relevant to GP training					