

UWA MD
Professional Development
and Mentoring Program

UWA Medical School

Clinician-Student MD Mentoring

Mentee Guidebook

Version 1, 2023



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Introduction

UWA MD Professional Development and Mentoring (PDM) Theme

Doctors work in a very privileged position. With this role come responsibilities and challenges. Just as it is essential for you to graduate knowing how to diagnose or treat an illness, medical students also need to graduate with the professional skills that are required as an intern and beyond.

Professional development and mentoring (PDM) is one of the six themes in the UWA curriculum. PDM aims to provide you with an opportunity to learn about and reflect on issues related to professional life.

The graduate outcomes related to this theme are:

- Professional attitudes and behaviour
- Self-care
- Medical Ethics
- Medical Law and Governance

The outcomes noted above are assessed using a variety of methods throughout the course.

The PDM program is designed to encourage you to develop skills in:

- reflection on practice and experiences,
- personal and professional self-evaluation and development,
- applying knowledge in context

so that as a medical graduate of UWA, you

- have high quality knowledge and skills
- are up to date with evidence based practice
- are accessible to patients and colleagues
- demonstrate social responsibility to the community and country
- work collaboratively in teams

The PDM program across the course consists of

- Mentoring from Years 1 to 4
- Seminars
- ePortfolio tasks
- MD Medical Student Elective Report - Mentor Review
- Case based ethics essay

Why is PDM so important?

Although PDM will be an ongoing part of your career at this stage most students are focussed on acquiring the knowledge necessary to become an intern/junior doctor.

In your final year when you are applying for an intern position in a WA hospital, the Intern Application Form has many PDM-related questions ([Appendix 6](#)). This reflects how important the Health Department and the community at large rate the qualities and characteristics included in PDM.

Selection criteria on the 2022 application form included:

- Ability to work effectively in a healthcare environment. In your answer, provide examples of good interpersonal skills, an ability to work in a multidisciplinary environment, and good organisation and time management skills
- Commitments to working in Western Australia to promote, protect, maintain, and restore the health of the people of Western Australia. Indicate how these commitments have influenced your decision to choose your hospital of first preference
- Commitment to continued learning and academic excellence

Please note that these questions are subject to review. For more information on the Intern Application Process go to [Postgraduate Medical Council of Western Australia's \(PMCWA\)](#), and in particular read [PMCWA Intern recruitment](#) and the [Western Australian Intern Application guide](#)

PMCWA also have [support resources](#) which medical students can access.

What do we mean by “Professionalism” in medicine?

Professionalism in medicine means different things to different people. In “Redefining Medical Professionalism” it has been proposed that the concept has four basic characteristics, these are:

- A calling or vocation linked to public service and altruistic behaviour
- The observance of explicit standards and ethical codes
- The ability to apply a body of specialist knowledge and skills
- A high degree of self-regulation over professional membership and the content and organization of work (Rosen and Dewar, King's Fund, 2004)

The [Medical Professionalism Project](#) defines professionalism “as the basis of Medicine's contract with society”. It demands placing the interests of patients above those of the physician, setting and maintaining standards of competence and integrity, and providing expert advice to society on matters of health (Lancet 2002; 359: 520-22). It is notable that concepts of professionalism evolve; since the 2000's, there is increased recognition of the importance of [health professional well-being](#) as a facet of medical professionalism.



The Australian Medical Council states that medical students should demonstrate the following professionalism and leadership attitudes, fundamental to medical practice:

Domain 4 - Professionalism and Leadership: the medical graduate as a professional and leader

On entry to professional practice, Australian and New Zealand graduates are able to:

- 4.1 Provide care to all patients according to "Good Medical Practice: A Code of Conduct for Doctors in Australia" and "Good Medical Practice: A Guide for Doctors" in New Zealand.
- 4.2 Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.
- 4.3 Describe the principles and practice of professionalism and leadership in health care.
- 4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.
- 4.5 Demonstrate awareness of factors that affect doctors' health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice. Recognise their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.
- 4.6 Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.
- 4.7 Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.
- 4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.
- 4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.
- 4.10 Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients and colleagues, privacy, confidentiality, mandatory reporting and notification. Demonstrate awareness of financial and other conflicts of interest.

Australian Medical Association Medical Professionalism Position Statement – 2010 (Revised 2015)

2.1 While the expression 'medical professionalism' is used in different ways, for the purposes of this position statement we are using it to refer to the values and skills that the profession and society expects of doctors, encapsulating both the individual doctor-patient relationship and the wider social 'contract' between the profession and society.

2.3 Although individual doctors have their own personal beliefs and values, the medical profession upholds a core set of values to which its members must adhere, including (but not limited to):

respect, trust, compassion, altruism, integrity, advocacy and justice, accountability, protection of confidentiality, leadership, collaboration, advancing knowledge and innovation, **teaching, mentoring and collegiality**, and practicing and promoting responsible stewardship of health care resources.

The UWA Medical School MD Mentoring Programs

Most doctors develop supports to help them deal with the stresses of the job including developing mentoring relationships. Mentoring occurs when one individual with knowledge and experience, assists with the learning and development of another. Upon reflection, most people can recall a time when someone offered them this kind of assistance. Many people can point to a mentoring relationship that has had a significant positive impact on their lives.

UWA Medical School has two mentoring programs for medical student mentoring. Each program has a different emphasis and requirements.

The first program is Clinician-Student Mentoring which this guidebook covers. UWA is the only Australian medical school to have a longitudinal mentoring program whereby all medical students have a clinical mentor involved in the student's professional development for the duration of the [course](#). The Clinician-Student Mentoring Program comprises of a minimum number of meetings and activities that must be completed for each academic year.

Your Clinical mentor (being a qualified health professional) has an important role in providing you with formative feedback and identifying if you need assistance in the personal and professional development aspects of the course.

The UWA Medical School in collaboration with the Western Australian Medical Students Society (WAMSS) and the Unimentor program has expanded the UWA Student Services UniMentor program for medical students. This is called the **Student MeDMentor Program**. The Student MeDMentoring runs parallel to the Clinician-Student mentoring. The aim of both mentoring programs is to act as frameworks providing support and resources for you as students to develop the professional skills and knowledge that you will need in your journey to becoming a medical doctor and for the remainder of your professional life.

"Educating the mind without educating the heart is no education at all"

Aristotle

Studying to become a doctor is one of the most challenging courses in tertiary education. To paraphrase William Osler, "[Your] heart will be exercised as much as [your] head". However nothing worthwhile tends to come easily - life as a doctor can be demanding, but it is an extremely rewarding career.

There is a wealth of data to show that medical students can be stressed and even traumatised by both the clinical situations they experience but also by the health professionals they interact with and are meant to learn from.

The Beyond Blue organisation published a [National Mental Health Survey of Doctors and Students in 2013/4 \(updated 2019\)](#). They found that:

1. Medical students report high rates of general and specific distress
2. Female and Indigenous students are more at risk of mental health problems
3. Medical students perceive that there are stigmatising attitudes if doctors have mental health problems



Benefits of mentoring

"We are here to add what we can to life, not to get what we can from life."

William Osler

Students who are mentored should:

- Transition better to the MD Course
- Receive encouragement and support in studies and work
- Reflect on their learning, learning styles and work life balance
- Discuss their career aspirations and options and develop career networks
- Develop new skills, knowledge and confidence
- Reflect on their personal and professional behaviours and attitudes



For those who provide mentoring, it may be a way to:

- Enhance skills in coaching and counselling
- Gain satisfaction from helping a student develop professional behaviours and attitudes
- Contribute to their own professional development
- Increase awareness of different areas of medicine and medical education

PDM Clinical Mentor Criteria

To provide the best support to your mentee, clinical mentors should be:

- a respected individual in their chosen field;
- able to listen and empathise;
- interested in medical education;
- able to self-reflect;
- committed to lifelong learning in themselves and others;
- skilled in facilitating discussions;
- understand the healthcare system they work in
- able to work within an ethical framework.

In order to ensure the above, we have found that mentors should:

- have adequate time and be able to meet with the students officially for Professional Development and Mentoring during the course (4 years),
- be a medically qualified clinician, qualified for a minimum of 3 years
- be able to follow the timetable set out in the PDM Guidebook.

"Example is not the main thing in influencing others; it is the only thing,"

Albert Schweitzer

Note your clinical mentor will need to complete the interview record sheets at the back of this guidebook for you in the relevant years. We recommend that STUDENTS send the completed sheets to the [PDM Academic Services Officer](#). **Failure to return the interview record sheets may result in you failing the Professionalism component of your degree.**

FAQs

What is the Student's Role in the Clinician-Student Mentoring Program?

Studying to become a doctor is one of the most challenging courses in tertiary education. You can approach your clinical mentor to discuss issues and ideas concerning personal and professional development.

The clinical mentor's role is primarily supportive; it is the student who must take ultimate responsibility for any decisions or take actions required (within professional, University and Hospital guidelines).

What is the Clinical Mentor's Role?

Clinical mentors have a great opportunity to witness the transition of a student as they progress through their medical training to become doctors.

The mentor's job is very variable depending on how the relationship develops. They have a role in providing constructive feedback, helping you consider various options, referring you to available resources and facilitating and assessing your portfolio submissions and professional development. The mentors can provide guidance and are collaborators in the problem solving process but they will not solve your problems or issues for you.

Ideally you should choose your own clinical mentor as many students find this leads to a more rewarding relationship. If you cannot find a mentor, you need to nominate a Discipline (e.g. General Practice or Psychiatry) in which you think you are interested, and we will do our best to match you to a mentor in that area.

The vast majority of students have no problems in achieving the [AMC Professionalism Goals](#). However, a small number of students struggle with these and benefit from assistance by the Medical School. As such, it is important that clinical mentors contact the PDM co-ordinator if they have concerns in this regard.

Clinical mentoring typically involves the mentor:

- Acting as counsellor and coach – to help you assess where you are and where you want to be; discuss relevant medical issues e.g. ethics
- Being a role model for you.
- Helping you reflect on and resolve "difficult" aspects of professional practice.
- Ensuring that you are developing appropriate professional behaviours and attitudes. If mentors have concerns about you in these areas, they should inform the PDM Co-ordinator (one of the reasons for the PDM program is to encourage the medical students to reflect on difficult areas of medical practice so that any concerns in their personal or professional development can be highlighted)



The mentoring program involves “face-to-face” meetings and formative assessment for the students.

A few mentors can feel uncomfortable combining the predominately nurturing role of mentoring with assessment; however qualified doctors have a duty to ensure that the next generation of doctors develop appropriate professional behaviours and attitudes, see [AMA code of ethics](#). The Clinical mentor’s role in assessment is solely formative (giving feedback).

It is vital that the mentor signs off on the required parts in your PDM student [interview records](#). The records are primarily an instrument to record your progress and achievements, and encourage you to reflect and build upon your personal and professional development through the medical course, but they also function as an assessment tool and as evidence for continuous professional development. This is particularly relevant if there are concerns in these areas.

How do I nominate an exemplary mentor for Medical School recognition?

Clinical mentors perform their role altruistically. They are often busy clinicians, but volunteer their time as part of their professional role as a doctor (see page 9 AMA position statement).

Final year students are encouraged to nominate exemplary clinical mentors for the Dean’s Letter of Commendation if they wish the Medical School to recognise mentors who have excelled in that role. Please email [PDM School Operations Officer](#), before the last Monday in October with your mentor’s name and document why you consider them suitable for this award.

Summary of Roles and Responsibilities for Clinician Mentor and Student Mentee

Clinician Mentor

- Be a positive role model
- Be available, provide honest and timely feedback
- Share knowledge and experience
- Learn from the perspectives and ideas brought by the mentee

Mentee

- Take an active role in your own learning - you need to become a reflective practitioner
- Ensure you allow enough time to contact / arrange meetings with your mentor - they are often busy people. You need to organise meetings etc. in a timely fashion.
- Dedicate time and energy in carrying out your professional development goals
- Realise that the clinical environment has some excellent positive examples of professionalism but also some poor examples of professional practice

What do I need to know about a clinical placement with my mentor?

There is NO onus or expectation that UWA clinical mentors involve students in clinical placements at their workplace. Mentors have the option to do this if they wish but many will not be able to do so for a variety of reasons. The option for student placement is at the discretion of the mentor; students should not give the impression that there is an expectation for this to occur.

If you would like to attend a self-organised placement with your mentor, please email [PDM School Operations Officer](#) **2 weeks prior to commencing your placement**, with details of your proposed activity. You will be sent a document to complete (for each health care facility) which needs to be signed by both student and mentor in order to satisfy UWA insurance requirements. The completed form needs to be returned to PDM Admin, who will let you know when your proposed placement has been approved (Appendix 8).

If you would like to request a self-organised **rural** placement with a clinician who is not your mentor, please [email RCSWA](#) with details of your proposed activity, including details of your proposed supervisor. Information relating to application dates and processes for rural clinical electives can be viewed [here](#).

What if the Mentoring Relationship is not working?

If mentoring partners are unable to build a satisfactory relationship they may ask PDM Admin for assistance.

While changing your mentor/mentee is allowed, the parties should think carefully about this before doing so - it can be a good opportunity to gain knowledge and experience in professionalism. It is always wise to reflect on why you don't get on and addressing this may be an important learning experience!

What are the Boundaries for Mentoring?

Personal matters such as marriage/ relationship problems, drugs, or alcohol abuse should be referred to:

- The relevant year Sub-Dean
- Ms Deborah Leicester, Manager Student Experience, Student Services and Engagement, email: Deborah.leicester@uwa.edu.au, phone: 6488 4243

NOT your Clinical Mentor.

If in doubt, please contact PDM admin via [email](#) or Phone: 6457 3804.

What about privacy and confidentiality?

Any meetings with your Clinical Mentor are confidential and all information remains with you and the mentor unless you mutually arrange otherwise. Mentors are expected to ensure a reasonable standardisation of the interview process, and emphasis is placed



on the importance of the principle of confidentiality during training. However, one of the roles of the mentor is to ensure that students are developing appropriate professional behaviours and attitudes. In circumstances where unethical or unprofessional conduct or behaviour is suspected by the mentor, doctors should report this to the PDM co-ordinator. For further information, see [AMA code of ethics for doctors](#).

What if I can't get hold of my mentor?

The student is responsible for ensuring that meetings are arranged. Please bear in mind that clinical mentors are often busy clinicians and they volunteer for the role of being a clinical mentor altruistically. **You should allow at least 4 weeks' notice for meetings etc.**

If you do experience problems contacting your mentor, first check that you have the correct contact (e.g. check no minor typos in the e-mail address). Clinical mentors can move practices, so we next recommend that you do an internet search for their practice details. If you are still unable to establish contact then please contact the [PDM School Operations Officer](#) as soon as possible as they may have up to date contact details for your mentor.

If you are close to a deadline for a PDM submission (interview record) then keep all records of contact and contact PDM Admin ASAP. **There is discretion for late entries if students can demonstrate they have allowed adequate time to contact their mentor etc.**

What if I am unable to submit my Interview Record Form on time?

Please email [PDM Admin](#) to explain your circumstances and to apply for special consideration to extend the submission due date. Please include evidence of your attempts to meet the requirements of PDM e.g. contact with your mentor to support your application.

Students should be aware that if the Interview Record Forms are not submitted on time this will be regarded as a professionalism issue. This may result in an 'Unsatisfactory' Student Professionalism assessment and you may be discussed at the relevant Board of Examiners (BOE) meeting. For further information, see [Progression rules](#) for 2023.

The submission dates for your Interview Record are clearly shown on the form, in the [Important Dates](#) section of this document (Appendix 7) and on LMS. The Medical School strongly advises that you retain a copy of your submission for your personal records.

What if I want to describe an incident unrelated to my medical course?

This is acceptable, but during the interview you should explain how the experience will impact on your future career in medicine.

What if I want to express a controversial opinion?

Life and medicine often have issues which provoke controversy and debate. You should be able to explain the rationale for your opinion in a professional manner. Often the context of the situation is important to consider.

What if I want to describe an incident in which I made a significant mistake?

Everyone makes mistakes! Students are encouraged to reflect on their mistakes, and will not be marked down, even if you have initially failed to recognise the mistake.

Can I re-do my draft entries for the final portfolio?

Yes. This is usually a good indication of reflection and critical thinking on the topic.

How long should the mentor meetings last?

It is up to you and your mentor, usually an hour is sufficient.

Can I fail PDM?

Your mentor is NOT involved in summative assessments but if they think you need assistance they will contact the Medical School. Most students in this category will be contacted by the Mentoring Program Coordinator to discuss their progress and provide assistance as required.

The other reason which will flag concerns is if you have not submitted any documentation that you have met the requirements of the program by meeting your mentor. Please contact [PDM Admin](#) if you are having difficulties meeting your mentor as we will consider extenuating circumstances. As this is a core component of your professional skills, failure to meet the requirements of the mentoring program may lead to an 'Unsatisfactory' Student Professionalism assessment; you may be discussed at the relevant Board of Examiners meeting.

By three methods we may learn wisdom: First, by reflection, which is noblest; second, by imitation, which is easiest; and third by experience, which is the bitterest.

Confucius

Reflective practice

To be an effective doctor, you will need to be a reflective practitioner. This means that you will need the knowledge and skills to do complex things, but also be able to observe and evaluate your own behaviour and actions, being appropriately critical, recognising your own shortcomings and using your observations as the basis for your continuing education and development.

There are a number of resources for health professional reflective practice, e.g. [General Medical Council 'The reflective practitioner'](#) and [AHPRA reflective reports](#).

A reflective account consists of 3 steps:

1. Description of the situation: This provides the background detail of what has prompted the reflection. Ideally it includes both details about the event and details about the writer's feelings and thoughts at the time of the event.

2. Analysis: this stage of reflection involves uncovering our assumptions or beliefs. We tend to live our daily life without questioning why we might hold certain views or recognising that there could be other perspectives. When we are able to identify 'why' we do or say what we do, we are then able to make choices that have been informed by our own self-understanding rather than doing something in a particular way because that's 'how I've always done it' or because it's 'how everyone else does it'.

The Johari Window

1 Open Known to self and to others	2 Blind Not known to self but known to others
3 Hidden Known to self but not to others	4 Unknown Not known to self or others

[The Johari Window](#)

3. Conclusion and Action Plan: Seeking new information or different perspectives about the same event will assist us in gaining fresh insights that may in turn result in developing a different perspective and arriving at different conclusions – about ourselves and about others. These new insights may motivate us to take action and plan steps that can be taken to 'do it differently' next time.

One of the purposes of the portfolio is to encourage you to reflect on the work you have done in PDM. You should reflect on what you think you may have learnt about yourself, what remains for you to learn, or what skills you wish to develop further.

'Experience is not what happens to you, it is what you do with what happens to you.'

Aldous Huxley

What do I need to know about the UWA Medical School Professional Behaviour Policy

The Medical School '[Policy on Professional Behaviour for Students](#)' and associated procedural guidelines have been developed to facilitate a consistent and equitable approach to the recording, monitoring and evaluation of misconduct in the area of professionalism and professional behaviour of all students enrolled in coursework programs of study offered by the Medical School.

It is acknowledged that whilst medical students are not yet doctors, they have certain privileges and responsibilities different from those of other students. As potential future doctors, rigorous standards of professional behaviour are expected of them. Students must be aware that their behaviour outside the clinical environment, including in their personal lives, may have an impact on their fitness to practice and ability to provisionally register as a doctor. Their behaviour at all times must justify the trust the public places in the medical profession, and never put patients or the public at risk.

In the Medical School's experience, medical students can (often inadvertently) have difficulties with appropriate professionalism behaviour in both ensuring patient confidentiality and in using social media.

Doctor-patient relationships rely on implicit trust; patient information should only be shared on a "needs to know" basis. Health professionals must always acknowledge the vulnerability of patients and protect their patient's personal information whenever possible.

Medical students are in a privileged position in terms of access to patient information. With this comes professional responsibilities in terms of using this information appropriately and ensuring that patient information is kept confidential.

The Medical School recognise that medical students need to use patient information as an essential part of their education and have been instrumental in providing students with access to WA Health Department patient information resources such as iCM. Although students need to use clinical information for reports etcetera, this must be in the context of the data being de-identified and sensible precautions being made about data security and disposal. Any medical students not taking due diligence in this area are behaving unprofessionally and may have professional misconduct processes instituted. These professional behaviour expectations apply to a range of activities including photocopying patient's notes, printing patient's results, disposing of patient information and using social media. For further information, see [AMA guide to social media and medical professionalism](#).

Administrative Details

The Academic Services Officer for the PDM program is Deborah Chapman. She is located in the Medical School, J. Robin Warren Library, UWA Health Campus (adjacent to QEII Medical Centre) and can be contacted by [email](#) or phone 6457 3804 for any administrative questions, including copies of forms or new guidebooks.

Year 1

Students in year 1 are matched with both a Student MeDMentor and a Clinical mentor for both parts of the mentoring programs

Many students choose their own clinical mentor, while others get help from the Medical School in finding a mentor. Once you are allocated a Clinical Mentor please arrange a meeting as soon as mutually convenient.

You need to meet **at least once** with your clinical mentor in year 1. This meeting will enable you to introduce yourselves and give you and your mentor an opportunity to discuss how the PDM interviews/ meetings will work throughout years 2-4. You will also be able to discuss with your mentor any other issues related to your progress in the course and your professional development as a medical student.

Each mentoring relationship is unique between the Clinician and student, however based on feedback there are some suggestions below to help the mentoring process flourish:

First Meeting

Step 1 — Getting acquainted

The most important part of beginning your mentoring relationship is to get to know each other and clarify your mentoring goals.



Explore your commonalities. Talk about your social and academic backgrounds; how you both became interested in medicine as a career.

Look for uniqueness. What makes you different? For example, do you speak a foreign language, have you spent time overseas, etc.

Discuss your interests/ pastimes. Describe what you like to do when you are not studying/working.

Explore work styles. Identify whether your personalities and/or your work styles are similar or different. For example, are you the type of person who will pay attention to quality and detail or do you prefer the big picture? Are you shy and quiet or do you tend to be outgoing and sociable?

"While medicine is to be your vocation, or calling, see to it that you have also an avocation -some intellectual pastime which may serve to keep you in touch with the world of art, of science, or of letters."

William Osler

Step 2 — Discuss basic mentoring goals with each other

Step 3 — Clarify expectations and define boundaries

- Establish a meeting framework:
 - Where?
 - When?
 - How? (we advise face to face meetings at least once per year, but e-mail or phone are acceptable if both parties prefer for other interactions)
 - How long?
 - Frequency? (we advise at least twice in the academic year)
- **PDM Admin Hint:** We encourage you (the student) to initiate meeting dates, and discuss with your clinical mentor how best to organise (e-mail, phone). For students to complete PDM for each year, the student must return the signed [Interview Record](#) to the Medical School by email by the due date (see Appendices). Many mentors find it easiest to give the signed record back to the student, who can then arrange to hand this in to the Medical School.

Subsequent meetings

Successful mentoring is a collaborative effort. Mentors should create a safe and supportive environment for the Student Mentee to examine behaviours or areas that they want to improve on. A Clinician Mentor can be a wealth of knowledge during this stage by sharing resources, encouraging reflection and providing ideas and opportunities. Ideally a key outcome of the initial meeting for the year should be a plan of action by the Student Mentee which is why meeting up at least twice per year is advised.

Year 2

In year 2 the PDM material is covered in a series of seminars, on line using LMS and ePortfolio modules, communication tutorials, issues that arise in small group learning and through discussions with mentors. These issues include personal self-care and stress, breaking bad news, informed consent, confidentiality, ethical legal issues, reflective practice and critical incident debriefing.

For students to complete year 2 PDM, you must meet your clinical mentor **at least once**. A completed and signed copy of the [Interview Record](#) needs to be submitted to the Medical School by the due date (See Appendices).

Students Transitioning into Year 2 from Bachelor of Science (Medical Sciences) degree

If you have transitioned into Year 2, we highly recommend that you meet your clinical mentor at least twice in Year 2. To complete Year 2 PDM you need to submit a

completed and signed copy of the [Student Transitioning into Year 2 Interview Record](#) to the Medical School by the due date (see Appendices).

Year 3

Year 3 MD students are required to complete 2 x 'Challenges in Medical Professionalism' (ChiMPs) reflections for discussion with their UWA clinical mentor. You do not need to submit your reflections with your interview record.

ChiMPs reflections are designed to give you a framework for reflection and strategies for taking the best out of your medical experiences. Choose something that happened during a clinical rotation that has affected you strongly. You can choose either positive or negative experiences - there can be powerful learning gained from reflecting on why a negative experience happened - e.g. what is the back story to a doctor treating a patient rudely, or leaving extra work for their colleagues? There is a list of possible ChiMP topics below.

Suggested ChiMPs Topics (Appendix 2)

- Difficult ethical dilemmas
- Dealing with conflicts of interest- eg. pharmaceutical companies, having financial incentives to treat
- Lack of compassion and empathy for patients, their families/carers and other health professionals
- Health inequities in populations
- Inequities and inefficiencies in healthcare spending and resources
- Iatrogenesis, overdiagnosis and overtreatment
- Cynicism, burnout and the effects on patient care and reputation of the profession(al)
- Work-life balance
- Not coping when things go wrong (the second victim)
- External threats to the medical profession- politics, big Pharma, bureaucracy, litigation

Useful Resources:

- [RACP Clinical Ethics resources](#)
- [BMA Ethics Toolkit](#)

Recommended structure:

1. Brief description of the incident
2. Reflection on the professionalism challenges the incident raised; why do you think this provoked a reaction in you
3. Comment on how you think this will affect your future practice. Optionally, you may choose to reference some literature (medical or non-medical) that you think would be relevant or enhance the discussion.



Approximately 500 words per reflection should suffice.

Students usually benefit from some formative feedback with their reflective essays; as such the Medical School recommend that **you meet with your clinical mentor at least twice in Year 3**. The first interview is a chance to catch up, discuss the possible ChiMPs topics, arrange convenient meeting times and how the student should submit their ChiMPs. To complete Year 3 PDM requirements, you need to submit a completed and signed copy of the [Year 3 interview record](#) to the Medical School by the submission due date ([see Appendix 7](#)).

NOTE: Students can use the ChiMPs reflection they submitted for IMP1 Portfolio requirements plus one other, or write two 'new' ChiMPs reflections based on challenges they have experienced in the clinical workplace.

We recommend that before you meet your mentor to discuss a ChiMPs reflection, you send them drafts of at least one of the ChiMPs reflections. This provides your mentor with an opportunity to reflect on your ChiMPs topic and should result in a more informed discussion of the professionalism issues.

PDM Program Prize for Best Year 3 UWA MD Essay on “Quality and Safety in Healthcare”

PDM awards prizes for the two best Year 3 “Quality and Safety” short essays. If you wish to enter this, submit a 750-1000 word reflective essay on a topic related to Quality and Safety in Healthcare to [PDM Admin](#) by the first Monday in September.

Scoring criteria (and weighting %):

1. Knowledge of safety or quality concepts (40%)

- Indication of awareness of patient safety and quality
- Understanding of patient safety and quality
- Commitment to patient safety and quality

2. Understanding of the importance of evidence (30%)

- Acknowledgement of importance of evidence review
- Acknowledgement of differing quality of evidence sources
- Indication of evidence review, or knowledge of current best evidence
- Indication of critical analysis of evidence

3. Commitment to improvement (30%)

- Identification of potential for errors within a current system/process
- Identification of potential improvements to patient safety or quality
- Implementation of improvements to current system/process



Word count 750-1000 words.

For non-RCS students to complete year 3 PDM, students must meet their clinical mentor **at least twice**. Completed and signed copies of the Interview Record need to be submitted to the Medical School by the due date (See Appendices 3 and 6).

Rural Clinical School Students (RCS)

As RCS students are allocated a mentor during their time with RCS, students who are involved with the RCS in year 3 do not need to complete the PDM interview record or complete the interviews. Students are encouraged to remain in contact with their urban based mentor during RCS as you will continue the PDM program in final year.

Electives

Electives for year 4 MD students occur during the transition from IMP2 to IMP3. The MD clinical elective requirement is four weeks (20 days). The official elective period starts in January, with students returning in time to allow processing of their MRSA swabs before year 4 rotations commence. Students may elect to go for up to 6 weeks, and if so start the elective earlier, but not before the year 3 Board of Examiners meeting.

The clinical elective unit is assessed on a pass/fail basis. In order to pass students must meet the following requirements:

(1) a minimum 4 weeks (20 working days) supervised by a clinician in a medical-related workplace and documented with a signed supervisor report form;

(2) submit either a reflective paper of approximately 1500 to 2000 words about their elective experiences, or a blog/photo diary with equivalent content.

The submission should cover the student's aims for their elective and relate how the elective experience matched these aims. Students should reflect on what they learnt from the elective experience e.g. the practice of medicine in the location where the elective was spent, how this relates to medicine in Western Australia and their own professional development.

This requirement must be met regardless of where the placement was undertaken; it applies equally to students undertaking a placement in a hospital or medical practice in WA.

The elective report (Appendix 4) is to be sent to the clinical mentor - students may subsequently wish to meet with their mentor to discuss the elective and report, but the mentor needs to complete the [Medical Student Elective Report - Mentor Review form](#)

and

(3) submit a satisfactory, signed and dated supervisor's report form covering each placement over the full 4 weeks. Students should keep a copy of their report and the supervisor's report forms.



Students need to upload the signed and completed **Medical Student Elective Report - Mentor Review form** and the **MD Elective Supervisor Report form** to the appropriate elective unit on LMS. Any queries should be directed to the Elective coordinator, kim.mcmullan@uwa.edu.au.

The deadline for submission is 30 April in any given year.

Students should view the appropriate Electives unit on LMS for further details.

Year 4

To assist in your preparation for internship, the PDM program runs a series of seminars focussing on topics relevant to new doctors. Seminars may include topics such as:

- Ethics
- Law, Medical Defence and Risk Management
- Communication, Open Disclosure, Difficult Patient Relationships
- Life Balance, transition to Junior Doctor
- Leadership

We encourage students to meet their clinical mentors early in the year to discuss their Intern Application, as these contain many PDM-related themes. This is not compulsory, but is a good opportunity to prepare for the next stage in your career journey.

To complete your PDM program requirements, students are given an Ethics essay to write (word count c. 1500). This is reviewed by their clinical mentor.

We recommend that you meet your clinical mentor **at least once** and have completed and signed copies of the [Interview Record](#) submitted to the PDM Academic Services Officer, UWA Medical School by the relevant due date ([See Appendix 7](#)). It is **your responsibility** to ensure that this occurs.

The Ethics essay topic changes each year, and the students are informed through their learning management System (LMS).

Record Keeping and the Interview Process

The Medical School recognises that each clinical mentoring relationship is unique. We try to strike a balance between laissez-faire and bureaucracy. The tasks each year are to provide a structure for discussion and a stimulus for reflection rather than be just tick box exercises. In our experience, the people who are most reticent about the mentoring program are those who have the most to gain from mentoring.

The Interview records are used to document any formative assessments, to note your progress through the interviews, and to give final comments on your professional development.



The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.

Plato

Appendices

Appendix 1: [AMC Standards in Medical Education 2012](#)



On entry to professional practice, Australian and New Zealand graduates are able to:

4.1 Provide care to all patients according to “Good Medical Practice: A Code of Conduct for Doctors in Australia” and “Good Medical Practice: A Guide for Doctors” in New Zealand.

4.2 Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.

4.3 Describe the principles and practice of professionalism and leadership in health care.

4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.

4.5 Demonstrate awareness of factors that affect doctors' health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice. Recognise their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.

4.6 Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.

4.7 Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.

4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.

4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.

4.10 Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients and colleagues, privacy, confidentiality, mandatory reporting and notification. Demonstrate awareness of financial and other conflicts of interest.

Appendix 2: Sample Year 3 ChiMPs

Sample One: Ethical Behaviour

When I was in first year I was sitting in with a GP and a girl a bit younger than me was one of his patients. By the end of the consult she needed a pap smear. She was very shy and she was obviously quite nervous about the whole situation. I was very upset by the way the GP dealt with her. He didn't explain the procedure at all, just made her get undressed and did it. Because she was so anxious she couldn't relax enough and it made the procedure difficult and the GP almost yelled at her to relax. It made me very angry but since I was only a first year student I didn't feel I could say anything.

This was the first big example of unethical behaviour I saw and it has certainly stuck with me ever since. It was a big lesson to me and has made me be extra careful about being sensitive to a patient's needs.

Mentor's Comments:

Needs more work: Student is aware that something is of ethical concern, but does not clearly articulate the ethical issue. Some thoughtful reflection, albeit brief. Acceptable subject matter, but needs further discussion with student about the underlying ethical issues, what makes health professionals behave this way (? burnout), and some additional detail added by the student.

Sample Two: Diversity

Patients' cultures and backgrounds can certainly have great effect on the care provided them. For example, there are some cultures and backgrounds which I've observed which have so great an effect that no significant care is possible from male doctors.

As an example, I recall an experience a male friend described to me about his encounters with some Muslim families in the labour ward. Their religion forbids, as far as possible, physical contact between Muslim women and men besides their husbands. As a male medical student eager to admit women in labour into the ward, my friend had approached an Iraqi couple, seeking permission to conduct the admission which requires a brief presenting history and quick physical examination. The woman and her husband requested that only female nurses, midwives and doctors look after her. The most my friend was permitted to do was to have a brief chat with them before calling for the midwife to take over the remainder of the admission. This couple's religious conviction meant that as a male student, he could have no part in the care of this lady and in the birth of her baby.

In such cases, then, simply being male affects the provision of care, as long as there are female staff who can do the same job. Only in real emergencies, and as a last resort, can male health workers make physical contact with Muslim women. I am not aware if this is also true for physical contact between female non-Muslim health workers and male Muslim patients.

As it turned out, my friend told me that other couples refused his involvement in their care for religious reasons that night, making his twelve-hour shift a lot quieter than it would have been normally. Of course, that cannot be held against them - patients should have a right to choose if a student is to be involved in their care. As my friend

told me, he simply counted it as another part of his experience in the ward, and realised what it has taught him – and me – about people of other religions and cultures. He used his time on labour ward to look at some educational resources on this topic. I also found very useful info on the [WA Health Dept Multicultural health website](http://www.wahealth.gov.au/multicultural-health) and RANZCOG.edu.au

Mentor's Comments:

Acceptable. Provides an example of how patient's belief system was relevant to the particular encounter. Accurately identified and articulated and reflective learning skills demonstrated.

Sample Three: Learning and Continuing Education (Self Care/Self Awareness)

Artefact: Extract from 'The Depressed Medical Student' blog

<http://thedepressedmedstudent.com/why-i-dislike-problem-based-learning-pbl/>

Problem Based Learning is a bit like Marmite – you either love it or hate it. When applying to medical school, many applicants discriminate their choices based on things like grade requirements, extra-curricular requirements, entry test requirements and so on. Some lucky applicants (or those applicants who have applied unwisely) are in the position to further narrow their search if they meet all of the entry requirements – they can now, for example, decide on things like the city, student life and course. The last option here is key – the course.

Medical courses tend to be either lecture based, problem-based or a bit of a combination of the two (which is what mine is). Many medical schools have thrown out names like case-based learning but, from having a read of what they entail, they just seem like fancy names for problem-based learning (PBL) as a way of attracting applicants to their medical school.

Having experienced both at my medical school (admittedly, my medical school is very heavily lecture based with just the odd PBL session thrown in here and there), I have decided that I really don't like PBL as a teaching mechanism. This isn't to say that it's a *bad* method for everyone and indeed, many medical students do love it. Nor do I wish to diss any fellow medical students or doctors who learnt via PBL, for they are not any less competent.

Being exposed to so much PBL this year has been very different to the previous four years. Initially, my reactions were along the lines of those described above. I really thought it could never work, or that if it did, we would need to put in an enormous amount of time and work. So far I've achieved high marks and I wanted this to continue – I was concerned that PBL would make this more difficult. For sixteen years I've been taught in a didactic way, that's how I got into Medicine and that's how I've achieved high marks so far, and it seemed a bit late in the course to be suddenly changing all this.

I had complained about this to a friend of mine who is a teacher, who instantly said, "No wonder you're worried, you've always been a surface learner." I'd heard of this term before but she gave me some references which clarified the styles of learning. From reading about the definitions of surface, deep and achieving learners ([Learning styles and approaches to learning among medical undergraduates and postgraduates](#)) I attempted to analyse my learning styles throughout the course. Until this year, I have employed a mixture of surface and achieving learning styles – in that I have spent most of my studying time memorising the facts and procedures which I



anticipated would be tested in the exams, but sometimes trying to learn things at a deeper level to improve my marks. There have been very few times when I have been motivated to study a subject more holistically or deeply for any reason other than achieving a higher mark.

Looking back on the effect of the PBLs during this year, I realise that their very design has forced me towards a deeper learning style. There is more work involved, but at the same time it is more satisfying. In previous years, after an exam I have felt I've forgotten all the facts I'd learned for it within a few days; but this year, I feel I am retaining information much more easily – because there is a context in which I learnt it, rather than just memorising lists of unconnected facts. Obviously this should make my transition to working life easier.

I don't know if I could have continued to exist as a surface learner this year – because I enjoyed the PBL style, I found myself making a conscious effort to learn in a deeper way anyway – but I suppose when it comes to exams at the end of this year, that will be the true test of how much my learning style has changed. Overall I prefer the end result of deep learning, but at times find the effort required is much higher than my previous surface learning style, and if I was to return to a non-PBL based curriculum, I might find it easier to revert to surface learning. I have always achieved good results through that method, and even though the quality of my learning would be lower, if I'm honest then the good results are more important to me, and I'll do what I can to get the highest results in the time I have available.

Mentor's Comments:

Well done. Demonstrates sophisticated awareness of the Theory/Principles which underpin the theme. Demonstrates how awareness changes performance or precipitates action that results in different or potentially different outcomes with regard to specific example or practice generally.

Sample Four: Self Care and Stress Management

For some reason, this year has been the most stressful one for me at uni so far. I have always kept a diary but usually just write the facts and feelings as they happen – without wondering if I could change anything to make it better. I'm pretty lucky to have parents who are happy to support me throughout uni, but because many of my school friends have long graduated and started earning money, I'm very conscious of trying to provide for myself a little, so I have kept up a part-time job at the supermarket. But there are times when combining this, my study, my family life, and a pretty limited social life all get a bit difficult.

Normally I notice I'm stressed when I start arguing with people – especially my family. At these times I often also find it hard to get to sleep at night – all the things I didn't get finished during the day go round and round in my mind. After I read back on my diary entries for the past few weeks I realised that I should be looking after myself better – I mostly recognise when I'm stressed, but do very little about it. When I read [an article by](#)



a senior doctor who opened up about his major mental health crisis I gained a new appreciation of the importance of being pro-active and open about my mental health.

I'm about to start a mindfulness/meditation course which a friend on the course recommended – she said the techniques they teach are very simple and she does it each night before she goes to bed, and she sleeps a lot better, and feels more in control of all the busy things she does. I'm aware that different strategies suit different people so I will monitor how this works with me; and try other strategies if I feel this isn't as effective as I'd like.

It's also reassuring to know that I am not the only one with these problems. I found some helpful articles by students and doctors in the Humans of Medicine website and other resources in the WAMSS 'I need help' site.

Mentor's Comments:

Acceptable. The student identifies the stress and stressor and addresses the link between stress and general performance. Is aware of and can identify stress signs and their significance, and demonstrates ability to seek out resources and involving friends and family in developing personal stress management strategies.



Appendix 3 – PDM Interview Records

MD PERSONAL AND PROFESSIONAL DEVELOPMENT

Year 1 PDM Interview Record

The purpose of this form is to allow mentors to report back on their initial interview with their 1st year student/s.

Students may fail a professionalism assessment if this Interview Record is not submitted to PDM Admin by the first Monday in November.

Student Name: _____

Student Number: _____

Interview date: _____

Topic	Yes/No	Comments/ Actions	
1. Discuss professionalism in clinical practice (Pages 5-6 Mentee Guidebook)			
2. Identify the importance of the role of a mentor in the professional setting (Pages 9-11 Mentee Guidebook)			
3. Understand the benefits of PDM and the areas of PDM focus (Pages 4-5 and 8 Mentee Guidebook)			
4. Developing confidence interacting on a personal level with a clinician on a one-to one basis			
Please tick one box:		Acceptable	Needs Assistance

Please comment if mentor feels the student needs additional support

Name of Mentor		Mentor email	
Signature of mentor		Date:	

Please return this form to: Deborah Chapman, PDM School Operations Officer. UWA Medical School
Email: ppdmed-fmdhs@uwa.edu.au, phone 6457 3804 by **no later than the first Monday in November**

MD PERSONAL AND PROFESSIONAL DEVELOPMENT

Year 2 PDM Interview Record

The purpose of this form is to allow Mentors to report back on their initial interview with their 2nd year student/s.

Students may fail a professionalism assessment if this Interview Record is not submitted to PDM Admin by the first Monday in October.

Student Name: _____

Student Number: _____

Interview date: _____

Topic	Yes/No	Comments/ Actions	
1. Discuss the transition to the clinical years			
2. Ensure the mentee is aware of the AMC Professional Attitude Goals of Medical Education (Page 6 Mentee Guidebook)			
3. Describe the requirements for and themes for the Year 3 ChiMPs essays (Pages 20-21 Mentee Guidebook)			
4. Satisfactory ability to interact on a personal level with a clinician on a one-to one basis.			
Please tick one box:		Acceptable	Needs Assistance

Please comment if mentor feels the student needs additional support

Name of Mentor		Mentor email	
Signature of mentor		Date:	

Please return this form to: Deborah Chapman, PDM School Operations Officer.

Email: ppdmed-fmdhs@uwa.edu.au, **Phone:** 6457 3804 by **no later than the first Monday in October**

MD PERSONAL AND PROFESSIONAL DEVELOPMENT

Student Transitioning into Year 2 PDM Interview Record

The purpose of this form is to allow mentors to report back on their initial interview with their 2nd year student/s.

Students may fail a professionalism assessment if this Interview Record is not submitted to PDM Admin by the first Monday in October.

Student Name: _____

Student Number: _____

Interview date: _____

Topic	Yes/No	Comments/ Actions	
1. Discuss professionalism in clinical practice (Pages 5-6 Mentee Guidebook) and transition to the clinical years.			
2. Identify the importance of the role of a mentor in the professional setting (Pages 9-11 Mentee Guidebook)			
3. Understand the benefits of PDM and the areas of PDM focus (Page 4-5 Mentee Guidebook) and awareness of AMC Professional Attitude Goals of Medical Education (Page 6 Mentee Guidebook)			
4. Developing confidence interacting on a personal level with a clinician on a one-to one basis			
5. Describe the requirements for and themes for the Year 3 ChiMPs essays (Pages 20-21 Mentee Guidebook)			
Please tick one box:		Acceptable	Needs Assistance

Please comment if mentor feels the student needs additional support

Name of Mentor		Mentor email	
Signature of mentor		Date:	

Please return this form to: Deborah Chapman, PDM School Operations Officer.

Email: ppdmed-fmdhs@uwa.edu.au, **Phone:** 6457 3804 by **no later than the first Monday in October**

MD PERSONAL AND PROFESSIONAL DEVELOPMENT

Year 3 PDM Interview Record

The purpose of this form is to allow Mentors to report back on their initial and final interview with their 3rd year student/s.

Students may fail a professionalism assessment if this Interview Record is not submitted to PDM Admin by the first Monday in September.

Name of student and student number			FINAL
		Interview Date 1	Interview Date 2

Topic	Yes/No	Comments/ Actions
Ensure the mentee understands the principles and importance of reflective practice (Pg. 15-16 Mentee Guidebook)		

Challenges in Medical Professionalism Topic (Specify Below)	Feedback or comments to student on professionalism issue (Optional to complete if wish)	Circle overall assessment
		Acceptable Needs assistance
		Acceptable Needs Assistance

Admin reminder: The PDM Program awards prizes for the two Year 3 best "Quality and Safety" short essays. If students wish to enter this, submit a 750-1000 word reflective essay on a topic related to Quality and Safety in Healthcare to ppdmed-fmdhs@uwa.edu.au by the first Monday in September.

Name of Mentor		Mentor email	
Signature of mentor		Date:	

Please return this form to: Deborah Chapman, PDM School Operations Officer:

Email: ppdmed-fmdhs@uwa.edu.au, phone 6457 3804-by **no later than the first Monday in September.**

MD PERSONAL AND PROFESSIONAL DEVELOPMENT

Year 4 PDM Interview Record

The purpose of this form is to allow Mentors to report back on their initial interview with their 4th year student/s.

Students may fail a professionalism assessment if this Interview Record is not submitted to PDM Admin by the first Monday in November

Name of student and student number		Final	
		Submission of Essay	Interview Date

Topic	Yes/No	Comments/ Actions	
1. Have you any concerns that the mentee needs additional assistance in any of the AMC Professional Attitude Goals of Medical Education (Page 6 Mentee Guidebook) before graduation?			
2. Does the ethics essay display acceptable understanding of the issues			
Please tick one box		Acceptable Progress	Needs Assistance

Please comment if mentor feels the student has made unacceptable progress or would benefit from extra assistance

Comments:

Name of Mentor		Mentor email	
Signature of mentor		Date:	

Please return this form to: Deborah Chapman, PDM School Operations Officer:

Email: ppdmed-fmdhs@uwa.edu.au, phone 6457 3804 by **no later than the first Monday in November.**

Appendix 4 – 2022/3 MD Medical Student Elective Report – Mentor Review Form

Background: Medical student electives are an opportunity for the students to explore new horizons or seek greater wisdom in an area of medical practice. The elective for MD students occurs in transition from 3rd year to 4th year, and lasts four weeks. Students may choose to go for up to 6 weeks, by starting their elective earlier and there is no requirement to go abroad. Due to a return from COVID restrictions, the 2022 elective is optional and could be shortened to 2-weeks if discussed with the Unit Coordinator.

The purpose of this form is to document the mentor's feedback comments on their mentee's professional development during their student elective by means of the student's elective report. If mentors perceive that students need assistance (professionalism, self-care, or ethical concerns) this will be followed up by the Professional Development and Mentorship Program Coordinator.

Requirements:

Students completing electives are required to submit a reflective report of approximately 1000 words.

Students can choose the form of this submission from the following options:

- a recorded PechaKucha presentation (20 slides for 20 seconds each <https://www.pechakucha.com>)
- a blog (see <https://studyabroaduwa.wordpress.com/the-exchange-blogs/> for examples)
- a media-style article targeted at UWA news (<https://www.uwa.edu.au/news>)
- a reflective personal journal piece not for broader distribution

Your submission should:

- Reflect on what you learnt about yourself
- Highlight your most memorable learning experience(s)
- Discuss how this relates to your future medical career (your professional development).

For course requirements, the elective report should be submitted to LMS by January 30th and this form needs to be signed off by the clinical mentor and submitted by 30 April (approximately 10-week window from the elective completion). Please contact the Elective Coordinator if this is not possible. Although it is recommended to meet with your mentor to discuss the elective with them, we recognise that this may not be possible and you can alternatively meet with the Unit Coordinator Dr Scott McCoombe.

Student Name: _____

Student No: _____

Feedback on Student Elective Report (please tick):

☐ Excellent

☐ Acceptable Progress

☐ Needs Assistance

Mentor/UC Name: _____

Signature of mentor/UC: _____

Email: _____ **Date:** ____/____/____

Submission due date is of this form is 30th April. The student must upload this signed and completed form to the appropriate elective unit on LMS, together with their Elective Supervisor Report form.

Any queries email Kim.McMullan@uwa.edu.au.

PROFESSIONAL DEVELOPMENT AND MENTORING

Appendix 5 - Student (Mentee) Feedback and Evaluation Form (two pages)

We value and welcome your feedback on the PDM Clinical Mentoring Program.

Please take a few minutes to complete this feedback form, available on line at <https://forms.office.com/r/Q8BBT08y8v> or return a paper copy to *Deborah Chapman, PDM School Operations Officer*.

Email: ppdmed-fmdhs@uwa.edu.au, phone 6457 3804

Post: UWA Medical School, M500, 35 Stirling Highway, Crawley, 6009

Data obtained from this evaluation will be treated anonymously and will be used to improve the program in future years.

For the following statements, please tick to indicate whether you Strongly Disagree, Disagree, feel Neutral, Agree or Strongly Agree. Some of these statements will correlate with those on the SPOT form for PDM.

		SD	D	N	A	SA
1	I understood what was expected of me as a mentee					
2	My clinical mentor understood what was expected of them as a mentor					
3	The Mentoring program and tasks are useful for assessing some components of PDM					
4	The Medical School provided adequate support for the Mentoring Program					
5	I would like to continue to be involved in the UWA Mentoring Program in the future					

Please list any positive aspects of the UWA PDM Clinical Mentoring Program?



Do you have any suggestions for change or improvement?

Please let us know if you would like to be contacted in the future regarding acting as a clinical mentor to medical students by completing the section below:

☐ Yes, I would be interested in participating as a future mentor in the mentoring program. Please use this e-mail for future contact:

☐ I do not wish to be a UWA Clinical Mentor in future, but may contact the Medical School if I decide otherwise



Appendix 6: Intern Application Link (Online Application)

<https://www.pmcwa.org.au/interns/intern-recruitment/>

The 2023 intern application process requires applicants to address four criteria (maximum of 500 words each). Applications are ranked according to merit in accordance with standard public sector recruitment processes.

1. Primary medical degree from an Australian Medical Council accredited medical school, registerable with the Medical Board of Australia.
2. Ability to work effectively in a healthcare environment. In your answer, provide examples of good interpersonal skills, an ability to work in a multidisciplinary environment and good organisation and time management skills.
3. Commitments to working in Western Australia to promote, protect, maintain and restore the health of the people of Western Australia. Indicate how these commitments have influenced your decision to choose your hospital of first preference.
4. Commitment to continued learning and academic excellence.

There are many guides on addressing the selection criteria available online.

Appendix 7: Important Dates

<i>Year 1</i>	
Before the first Monday in November	Students to meet with mentor once to introduce yourselves and explore how you see your mentoring relationship working. Submit Interview Record to PDM School Operations Officer, UWA Medical School before Monday 6th November 2023 (Students are to ensure this happens)
<i>Year 2</i>	
Before the first Monday in October	Students to meet with mentor at least once to discuss transition to clinical phase and begin discussions on portfolio areas. Submit Interview Record to PDM School Operations Officer, UWA Medical School before Monday 2nd October 2023 (Students are to ensure this happens)
Transitioning into Year 2 from Bachelor of Science (Medical Sciences) October Student Information	Students are strongly recommended to meet with their mentor at least twice. Your first meeting is to introduce yourselves and explore how you see your mentoring relationship working and your second meeting is to discuss professionalism, transition to clinical phase and begin discussions on portfolio areas. Submit Student Transitioning into Year 2 interview record to PDM School Operations Officer, UWA Medical School before Monday 2nd October 2023 (Students are to ensure this happens)
<i>Year 3</i>	
Before the last Monday in June	First interview to take place by Monday 26th June 2023 , although earlier is recommended. Students to have submitted at least one of their draft ChiMPs entries to their Mentor
Before the last Monday in July	Students to submit final ChiMPs (two topics) to their Mentor by Monday 31st July 2023
Before the first Monday in September	Final interview to take place and Interview record including student's mark to be submitted to PDM School Operations Officer, UWA Medical School by Monday 4th September 2023 (Students are to ensure this happens)
<i>Year 4</i>	
Last Monday in July	Student to Submit Case Based Ethics Essay to their Mentor by Monday 31st July 2023
First Monday in November	Year 4 MD students - Final interview to occur and Mentor to record Student's mark ('Acceptable Progress' or 'Needs Assistance') and forward to the PDM School Operations Officer, UWA Medical School by Monday 6th November 2023 . Students are to ensure this happens)

Appendix 8: Useful Contacts

Professional Development and Mentoring Program Queries

- Student MeDMentor Program
- Clinical Mentor Program
- Approval for Clinical Placements with Mentor*

Contacts: [A/Prof. Paul McGurgan](#), Program Coordinator

[Deborah Chapman](#), Program Administrator

Web: <https://www.uwa.edu.au/study/courses/doctor-of-medicine>

Tel: 6457 3804

- *For rural clinical placement approval please email [RCSWA](#).

E-Portfolio Queries

- Assessment

Contact: [Dr Helen Wilcox](#), MD Program Director.

Student Life

- Student Experience - [Health and Medical Sciences Student Office](#) –Tel: 6488 8500
- [Admissions](#), Tel: 6488 4646

Student Support Services

- Drug and alcohol counselling is available from The [UWA Medical Centre](#):
- Face to face support can be obtained in Perth through the UWA Counselling Service (+61 8) 6488 2423

Additional student support services available can be found on LMS MD Program Community Site, see Mentoring Program

Medical School | Health and Medical Sciences
T +61 8 6457 3804 **E** ppdmed-fmdhs@uwa.edu.au
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