

UWA MD
Professional Development
and Mentoring Program

UWA Medical School

Clinician-Student MD Mentoring

Mentor Guidebook

Version 1, 2023



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You have been approached to be a Clinician Mentor, either by a medical student or the Medical School.

This guidebook will outline the programme, where mentoring fits in, how to make your mentoring relationship work and what the students expect from it. It will also act as your guide for content and assessment.

Just as it is essential for a graduate to know how to diagnose or treat an illness, they need to graduate with the professional skills that are required as an intern and beyond. Your role as a mentor will help ensure they have addressed and reflected on many of these areas in Professional Development and Mentoring (PDM).

Australian Medical Association Role of the Doctor Position Statement - 2011

Training the current and next generation of doctors

The relationship between experienced and less experienced doctors further improves the standard of patient care. Doctors value the mentoring tradition of medical learning where senior or more experienced colleagues pass on their knowledge and skills.

Doctors see it as a professional duty to mentor their newly appointed and less experienced colleagues and to be available informally as sources of advice, tutorship and support.



Summary & Quick Guide

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, for which the work of a few years under teachers is but a preparation."

William Osler

Thank you for your interest in being a MD Program mentor in the UWA Medical School.

You have a wealth of experience and insight which are invaluable in nurturing the next generation of doctors. In addition, we hope you will find being a mentor personally rewarding. This booklet outlines the mentoring program, how mentoring fits into the students' professional development and provides tips on how to make the program work.

Professional development and mentoring (PDM) is one of the themes in the medical curriculum and ensures that students address and reflect on issues related to ethical behaviour in professional practice, legal and professional responsibilities, lifelong learning, self-care and career development. This is covered through seminars, a reflective portfolio, essays and the mentoring program.

The UWA mentoring program provided by doctors has been well evaluated by students and they recognise its benefits; in particular when they reach the later years. The program involves supporting the learning and development of the student, assessing their capacity to reflect on issues and ensuring that they are developing appropriate professional behaviours and attitudes. This guidebook outlines what it is to be a mentor, how to approach it and how to address problems.

Mentorship

Why do medical students benefit from mentoring?

"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, "[Their] heart will be exercised as much as [their] heads". However nothing worthwhile tends to come easily - as clinician mentors we know that life as a doctor can be demanding, but it is an extremely rewarding career.

There is a fundamental difference between what students are taught and what they learn. There is a wealth of data demonstrating that medical students can be stressed and even traumatised by both the clinical situations they experience and by the health professionals they interact with and are meant to often learn from.

Recently 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.



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.

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.

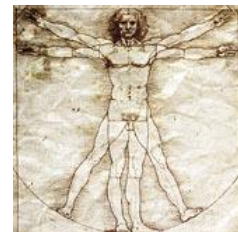
Mentor Professional Development - Mentor Information Evening

A mentor information evening, hosted by the PDM Program Co-ordinator, is held annually (usually in September/October each year). This session is open to both new and experienced mentors and seeks to discuss the role of a Mentor, as well as give you an opportunity to ask any questions or clarify any requirements of the program. Mentors are emailed details of the evening and a Certificate of Attendance can be provided to participants.

UWA Doctor of Medicine (MD)

The UWA Medical School was established in 1956. The MBBS degree was replaced by a postgraduate qualification, the Doctor of Medicine, in 2014. The benefits of the MD include:

- A stronger foundation and knowledge-base from the undergraduate degree
- An advanced learning environment at postgraduate level.



Curriculum:

The [Curriculum](#) is fully integrated, both vertically and horizontally, and is made of thematic groups emphasising the following areas:

- Scientific foundations of medical practice
- Foundations of clinical skills, clinical reasoning and decision making
- Foundations of the role of the medical profession in population health, public policy, health reform and medical politics
- Professional development and mentoring of a doctor and the interactions within a multicultural and multiracial society.



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 a graduate to know how to diagnose or treat an illness, students 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 the students 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

These outcomes are assessed using a variety of methods throughout the course.

The PDM program is designed to encourage students 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, they

- 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
- Elective placement at the end of Year 3 and beginning of Year 4
- Case based ethics essay.

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):

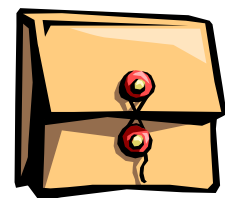
respect, trust, compassion, altruism, integrity, advocacy and justice, accountability, protection of confidentiality, leadership, collaboration, advancing knowledge and innovation, **teaching, mentoring and collegiality**, and practicing and promoting responsible stewardship of health care resources.

What is a Portfolio?

The Portfolio is used as a tool to record the students' progress and achievements in the medical course.

The Portfolio can be also used as:

- an assessment tool
- a means by which reflective practice can be encouraged
- as a record of achievement held by the student for their own use
- as evidence for continuous professional development.



To be an effective doctor, students need to develop the skills to be a reflective practitioner. They need to be able to observe and evaluate their own behaviour and actions, and be appropriately critical. Then students need to be able to use these observations in a constructive way as the basis for their continuing education and development.

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

The UWA Medical School MD Mentoring Programs

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

The first program is Clinician-Student Mentoring which you as a clinician mentor will be involved in. 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.

In your role as a qualified doctor, you have an important role in providing your student with formative feedback and identifying if they need assistance in the professional development and mentoring aspects of the course. Your student may wish to ask you questions about your career and work-life balance to gain insights into your journey and life as a doctor.)

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-Student MeDMentoring runs parallel to the Clinician-Student mentoring. The aim of both mentoring programs is to act as frameworks which provide support and resources for professional skills and relationships to develop for the medical students as they experience the trials and tribulations in their journey to becoming doctors, and ensure that they are developing appropriate professional behaviours.

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:

- be a medically qualified clinician, qualified for a minimum of 3 years
- have adequate time and be able to meet with the students officially for professional development & mentoring during the course (4 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: Mentors need to complete the Interview Records at the back of this guidebook for each of their students in the relevant years.

You will be asked your opinion on your mentee's progress so that the student can send the Interview Record to the PDM School Operations Officer. We encourage mentors for Students in Year 4 to be involved in their student's Elective report and provide feedback on their ethics essay.

FAQs

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 vast majority of students have no problems in achieving the [AMC Professionalism Goals](#). However, a small number of students struggle with these and benefit with assistance from the Medical School. As such, it is important that you contact us if you have ANY concerns in this regard.

Clinical mentoring typically involves:

- Acting as counsellor and coach – to help the student assess where they are and where they want to be; discuss relevant medical issues e.g. ethics.
- Acting as a role model for the student.
- Assisting their mentee reflect on and resolve "difficult" aspects of professional practice.
- Ensuring that the student is developing appropriate professional behaviours and attitudes. If mentors have concerns about the student in these areas, they should inform the PDM co-ordinator (one of the reasons for the PDM portfolio 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 it is made clear to the students that their clinical mentors have a duty to ensure that the next generation of doctors develop appropriate professional behaviours and attitudes, see [AMA code of ethics](#).

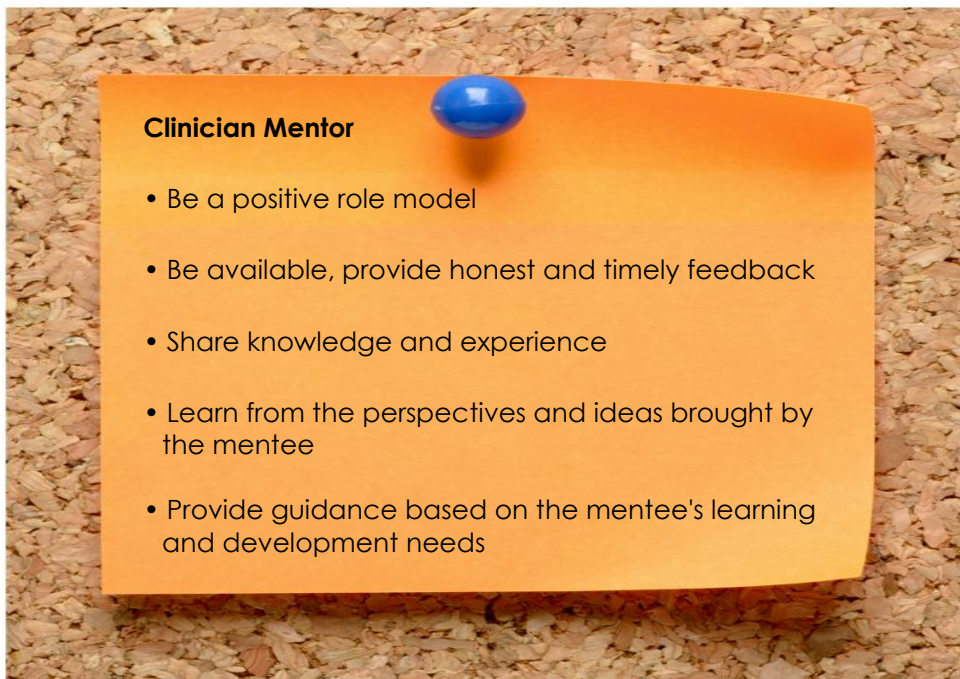
The clinical mentors' role in assessment is solely formative (giving feedback). *In circumstances where unethical or unprofessional conduct or behaviour is suspected, or mentors feel that the student would benefit from more assistance in these areas, mentors should contact the [PDM co-ordinator](#) (or [PDM administrator](#)).*

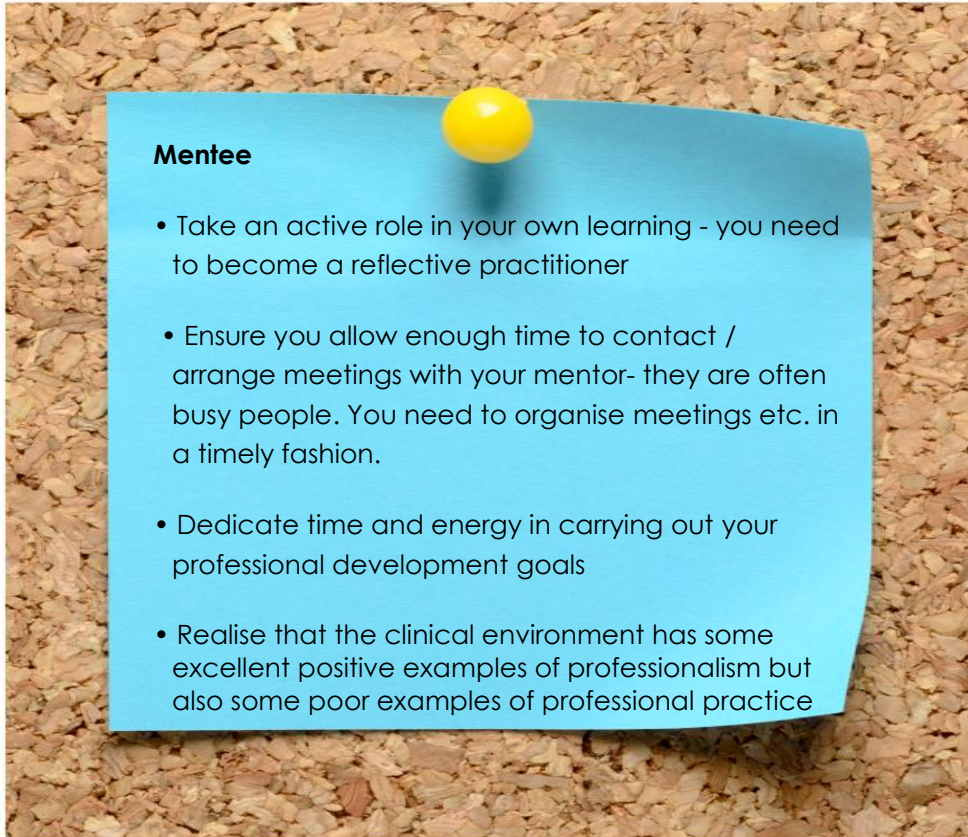
What is the Student's Role?

The student can approach their mentor to discuss issues and ideas around their professional development and mentoring. The student may ask for feedback or advice to clarify situations. The mentor's questions or comments may help students see another perspective, consider other options and review their plans or actions. Whatever the matter discussed, it is the student who must take ultimate responsibility for any decisions or take actions required (within professional, University and Hospital guidelines).

It is the student's responsibility to ensure that all of the program requirements and paperwork are submitted to the [PDM administrator](#).

Summary of Roles and Responsibilities for Clinician Mentor and Student Mentee





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 wish to continue and addressing this may be an important learning experience!

What are the Boundaries for Mentoring?

At times students may bring up problems that are outside the scope of the mentoring role and which you may not be equipped to deal with. It is important for both parties to recognise the limits of the mentoring relationship.

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

- The relevant year Sub-Dean (for contact details please see Appendix 8 - [Useful Contacts](#)).
- [Ms Deborah Leicester](#), Manager Student Services and Engagement, phone: 6488 4243



When a mentor is not qualified to offer advice they should refer the student to other sources.

What training and support is available for Mentors?

The Medical School run training sessions for mentors and potential mentors covering aspects of the PDM program and mentoring. We will email you details of upcoming information evenings (page 6)

The [PDM program coordinator](#) (Paul McGurgan) is available to discuss any specific student related concerns or [Deborah Chapman](#) can assist with any [administrative or general queries](#).

What about privacy and confidentiality?

Any meetings with your PDM Mentee are confidential and all information remains with you and the mentee 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 the mentee is developing appropriate professional behaviours and attitudes. In circumstances where unethical or unprofessional conduct or behaviour is suspected by the mentor, doctors should contact the [PDM co-ordinator](#). For further information, see [AMA code of ethics for doctors](#) and [AHPRA Good Medical Practice](#) guides.

The PDM mentorship is invaluable in facilitating the development of the student as a reflective practitioner. The **minimum** recommendations for meeting with your students are detailed in the Assessment section.

It is vital that the mentor signs off on the required parts in the PDM student interview records. The interview records are primarily an instrument to record the students' progress and achievements, and encourage them to reflect and build upon their professional development and mentoring through the medical course, but they also function as an assessment tool and as evidence for continuous professional development (particularly relevant when the student has concerns or deficiencies identified in these areas).

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

The student should be the person responsible for ensuring that meetings are arranged. It is emphasised to the students that clinician mentors are busy people and students should **allow at least 4 weeks' notice** for organising meetings, etc.

If you do need to contact your student and experience difficulty with this, please inform the [PDM School Operations Officer](#) as soon as possible as they should have up to date contact details for the student.

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, high 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 (usually 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 UWA Medical School recognises 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 etc, this must be in the context of the data being de-identified and sensible precautions being made about data security and disposal. Any medical student not taking due diligence in this area is 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 School Operations Officer for the PDM programs is Deborah Chapman. She is located in the Medical School, and can be contacted by email ppdmed-fmdhs@uwa.edu.au 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 a clinical mentor is allocated, the students will contact you to introduce themselves and arrange a meeting. *Students are strongly encouraged to make contact with their mentors early in the year.*

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

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

1st 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.

Introduce yourselves and find out four things about each other:

- **Explore your commonalities.** Talk about your social and academic backgrounds, how you 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, from *After Twenty-Five Years*, in *Aequanimitas*

Step 2 — Discuss basic mentoring goals with each other

For the Student (mentee):

- Why do you want to be a doctor?
- What strengths and qualities do you have that should help in the course?
- What do you think you will find most difficult in the course?
- Have you any other career aspirations?

For the Clinician (mentor):

- Why did you want to be a doctor when you started the course? Have your reasons changed, if so why?
- What strengths and qualities have you found that have helped you in your chosen career?
- What do you think has been the most difficult part of your journey through medicine?
- Would you do anything differently with this knowledge and experience?

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)
- We encourage the student to initiate meeting dates, and discuss with you how best to organise (e-mail, phone).

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.

PDM Admin Hint: For students to complete the PDM mentoring program for each year, the student must return the Year 1 interview record 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 return this to the Medical School.

Please contact the [PDM co-ordinator](#) if you feel that your student mentee has made unacceptable progress or would benefit from additional support in areas concerned with professionalism.

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 program requirements, you must meet them **at least once**. Completed and signed copies of the [Interview Record](#) need 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

We highly recommend that transitioning students meet their clinical mentor at least twice in Year 2. If this is difficult for the mentor, one meeting is acceptable but as this group of students have additional topics to be discussed, mentors may need to allow additional meeting time. To complete Year 2 PDM this student group 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 students are required to discuss 2 x 'Challenges in Medical Professionalism' (ChiMPs) reflections with their UWA clinical mentor. ChiMPS reflections are designed to give students a framework for reflection and strategies for taking the best out of their clinical experiences. The students are encouraged to choose something that happened during a clinical rotation which affected them strongly. This could be either a positive or negative experience - 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 – e.g. 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 does the student think this provoked a reaction in them
3. Comment on how the student thinks this will affect their future practice. Optionally, they may choose to reference some literature (medical or non-medical) that they think would be relevant or enhance the discussion.

There is no length requirement but 500 words per reflection should suffice.

Students usually benefit from some formative feedback with their reflective essays; as such the Medical School recommend that **students meet with their 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.

We recommend that before students meet you to discuss a ChiMPs reflection, they send you a draft of at least one of the ChiMPs reflections. This provides you with the opportunity to reflect on their 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 students wish to enter this, they 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.

Rural Clinical School Students (RCS)

Students who are involved with the RCS in year 3 will be allocated an RCS mentor for their time with RCS and do not need to complete the PDM interview record or the interviews. However, students are encouraged to remain in contact with their urban based mentor whilst away in year 3.

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](#).

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

The PDM seminars continue in year 4 and consist of a series of interactive 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 with you 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 "touch base" early in the year.

Your student/s will submit an ethics essay to you for comments and feedback. You should meet with your student face to face **at least once** (we recommend by the last Monday in July as the latest time).

It is **the student's responsibility** to ensure that completed and signed copies of the [Interview Record](#) are returned to the PDM Academic Services Officer, UWA Medical School, before the relevant due date (See [Appendices](#)).

The Ethics essay topic changes each year, and the students are informed through their learning management System (LMS). The word count is c. 1500.

If you any concerns that your mentee needs additional assistance in any of the AMC Professional Attitude Goals of Medical Education ([Appendix 1](#)) or has not made acceptable progress, please contact the PDM co-ordinator urgently.

Assessment Standards

These are a guide to the standards expected in the student's professional development.

Needs additional support	Concerning or unacceptable professional behaviours or attitudes expressed by the student (see Appendix 2)
Acceptable Progress	Accurately identifies, articulates, and elaborates via examples of incident/issue/patient or case. Demonstrates how awareness and/or reflection influences performance or prompts action.

If you **do not** wish to assess the student you are mentoring please let us know and we will arrange for this to be taken over by the [PDM co-ordinator](#).

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 students 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 the student's progress through the interviews and to give final comments on your mentee's professional development.

In Year 3, for each reflective essay you will need to specify the topic and then use the appropriate assessment (Acceptable or Needs assistance) to circle a mark for the formative assessment.

Helpful Hints

- Remember that you didn't learn everything at once or the first time; your students may be the same and may struggle in some areas. Be aware that the students can be unfamiliar with some of the academic and medical attitudes and behaviours which seem second nature to you.
- Students may be unsure as to the purpose of PDM or mentoring. You may need to convey this information in different ways over a period of time, before they appreciate how it works and is of benefit.
- Give fair, encouraging feedback on your student's performance when you meet or through your email correspondence. Some remarks or statements can be misunderstood and induce a different reaction from what you were expecting. Discuss what they need to improve and how best to achieve it.
- Resist the temptation to mould your student into your clone. They need to develop and explore their own attitudes, behaviour, career potential and interests.
- 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 greatly appreciated that you contact the [PDM co-ordinator](#) if you have ANY concerns in this regard.

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

Thank you for your support of our next generation of doctors.

Appendices:

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



The Australian Medical Council stated that medical students should demonstrate the following professional attitudes which are fundamental to medical practice:

- Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community,
- Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own wellbeing,
- Respect for every human being, including respect of sexual boundaries,
- Respect for community values, including an appreciation of the diversity of human backgrounds and cultural values,
- A commitment to ease pain and suffering,
- A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness,
- An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources,
- A realisation that doctors encounter clinical problems that exceed their knowledge and skills, and that in such situations they need to consult and/or refer the patient for help, including help in cultural, social or language-related matters,
- An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout ones professional career,
- An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues,
- An appreciation of the system's approach to health care safety, and the need to adopt and practise health care that maximises patient safety, including cultural safety,
- A commitment to communicating with patients and their families and to involving them fully in planning management,
- A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources,
- A preparedness to work effectively in a team with other health care professionals, and
- A realisation that one's personal, spiritual, cultural or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management, including referral to another practitioner.

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 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 [Why I dislike problem based learning](#)' blog

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 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 '[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 Record Sheets

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 (Page 4-5 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.

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: _____

<i>Topic</i>	Yes/No	<i>Comments/ Actions</i>	
1. Discuss the transition to the clinical years			
2. Ensure the mentee is aware of the AMC Professional Attitude Goals of Medical Education (Page 8 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 7-8 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:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td align="center">Acceptable</td> <td align="center">Needs Assistance</td> </tr> </table>	Acceptable	Needs Assistance
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

<i>Topic</i>	<i>Yes/No</i>	<i>Comments/ Actions</i>	
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

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 mentee to discuss the elective with them, we recognise that this may not be possible and students 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.**

MD PROFESSIONAL DEVELOPMENT AND MENTORING

Appendix 5 - Mentor Feedback and Evaluation Form

We value and welcome your feedback on the PDM Clinical Mentoring Program. Please take a few minutes to complete this feedback form on line at <https://forms.office.com/r/ge1RUscTLD> or complete this paper copy and return it to:

Deborah Chapman, PDM School Operations Officer.

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


Post: UWA Medical School M500, UWA, 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 asked of students on the SPOT form for PDM.

		SD	D	N	A	SA
1	Students understood what was expected of them					
2	I understood what was expected of me as a mentor					
3	The Mentoring program and tasks are useful for assessing <i>some</i> components of PDM					
4	The standard of the student's reflective essays and ethics essay was acceptable					
5	The training session helped me to understand the Mentoring program					
6	The Medical School provided adequate support for the Mentoring Program					
7	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 wish to opt out of being a Clinical Mentor by completing the section below:

- I wish to opt out of the mentoring program for _____ years
- 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)

<http://ww2.health.wa.gov.au/About-us/Postgraduate-Medical-Council/Internship>

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

Year 1	
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)
Year 2	
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) 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)
Year 3	
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)
Year 4	
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

Sub-Dean Quick Contacts

- Year 1 Sub-Dean: Dr Zaza Lyons. zaza.lyons@uwa.edu.au
- Year 2 Sub-Dean: Dr Jacquie Frayne. jacqueline.frayne@uwa.edu.au
- Year 3 Sub-Dean: Dr Brett Montgomery. brett.montgomery@uwa.edu.au
- Year 4 Sub-Dean: Dr Kate Jutsum. kate.jutsum@uwa.edu.au

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