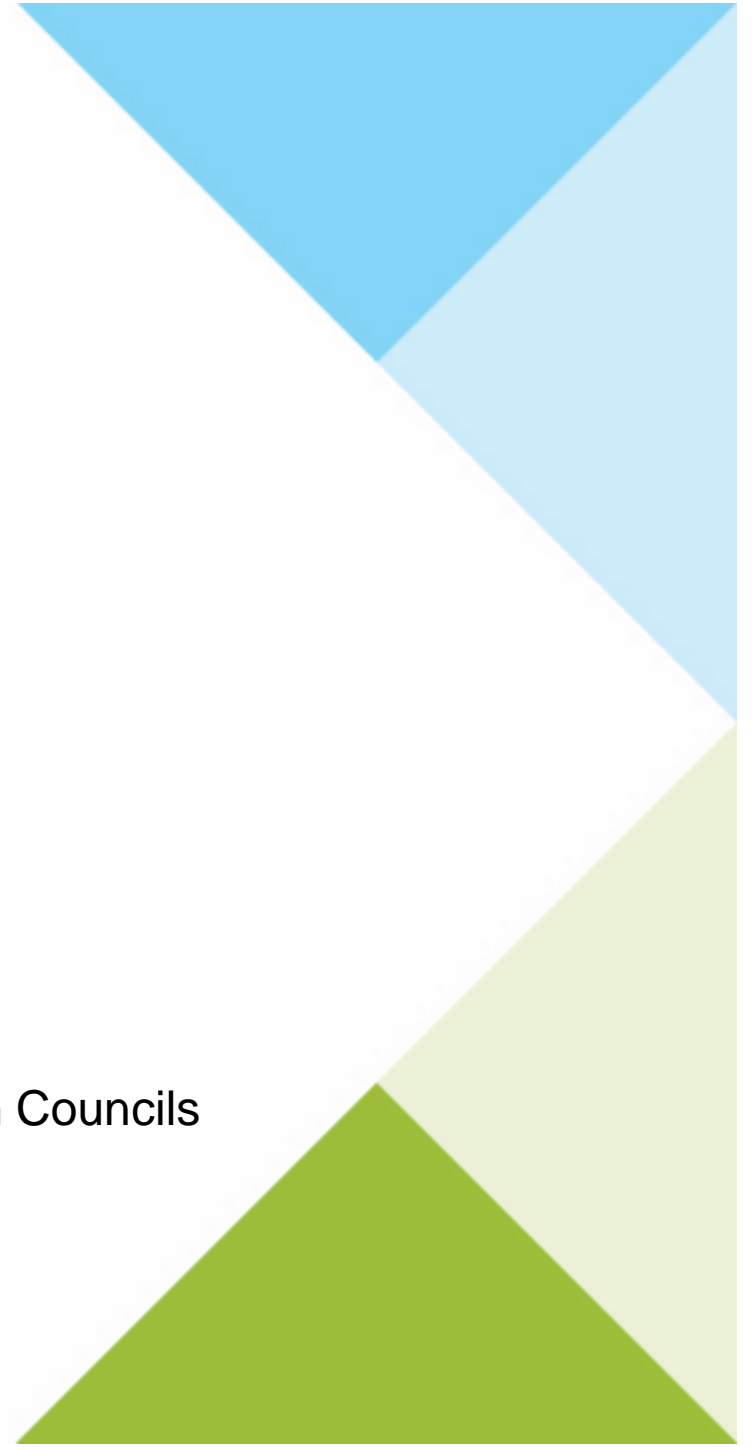


Doctors and Type

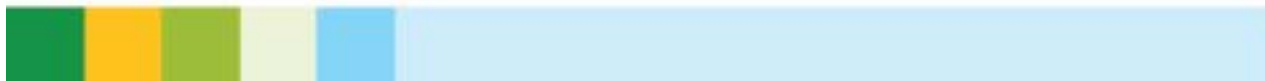
Developed by Dr. Jagdishwar Singh PhD
Chief Executive Officer
Confederation of Postgraduate Medical Education Councils

Presented by Dr. Martin Boulton, CPP



Outline

- ◆ The context
- ◆ Defining the need
- ◆ The challenges
- ◆ Why the MBTI?
- ◆ Feedback
- ◆ Some words of caution
- ◆ The situation now



Dr Jag Singh



- ◆ CEO, Confederation of Postgraduate Medical Education Councils (CPMEC)
 - Each state has a Postgraduate Medical Council or equivalent body that looks after teaching and supervision of junior doctors
 - CPMEC is peak body for these organisations
- ◆ Professional Development programs for Medical Doctors since 2005 (throughout Australia)
- ◆ 2013 Geoffrey Marel Medal recipient – outstanding contribution to prevocational medical education and training in Australasia
- ◆ 35 years in management and leadership in Asia-Pacific and last 10 years with medical workforce

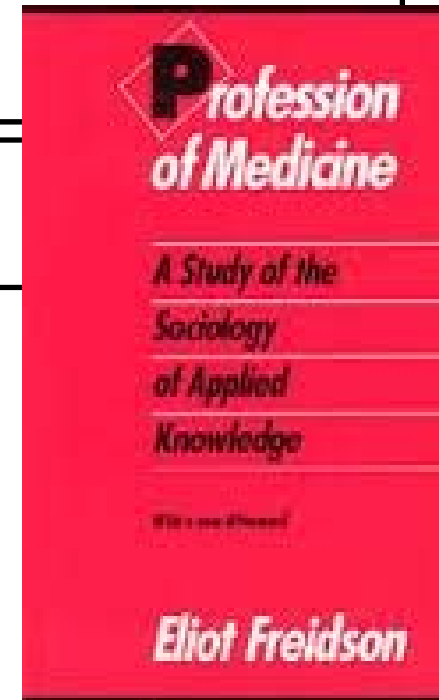
The medical profession

Occupation

Avowal or promise

Medicine

- Granted autonomy over practice
- Prolonged period of training
- Control of training, entry, exit
- Self-regulation – being scrutinised
- Define illness
- Service orientation





Expert Advisory Group
 on discrimination, bullying and sexual harassment
Advising the Royal Australasian College of Surgeons

Report to RACS

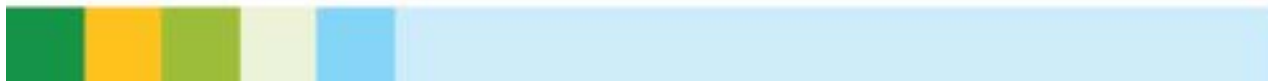


ROYAL AUSTRALASIAN
 COLLEGE OF SURGEONS



Before you get too alarmed...

- ◆ Only 1-5% of medical practitioners have serious concerns raised regarding competence
- ◆ Many not substantiated



Focus on professionalism
about assisting the majority
of medical professionals to
maintain & further develop
high standards of reflective
practice

Defining the need

- ◆ Little preparation for doctors **transitioning** to front-line leadership & management in a complex industry
- ◆ Reliance on role models highly variable – impacts quality of teaching and supervision
- ◆ Over last decade increased focus on non-clinical aspects of doctors role as professional
- ◆ Identifying modalities to allow for acquisition of skills
- ◆ Increased medical graduate numbers – competition ratios for vocational training spots; teaching and supervision
- ◆ Changing models of care

Key Transitioning Challenges

Increased responsibility - resident to registrar to specialist

Increased patient management authority & decision making

Teaching and supervising others

Managing consultants

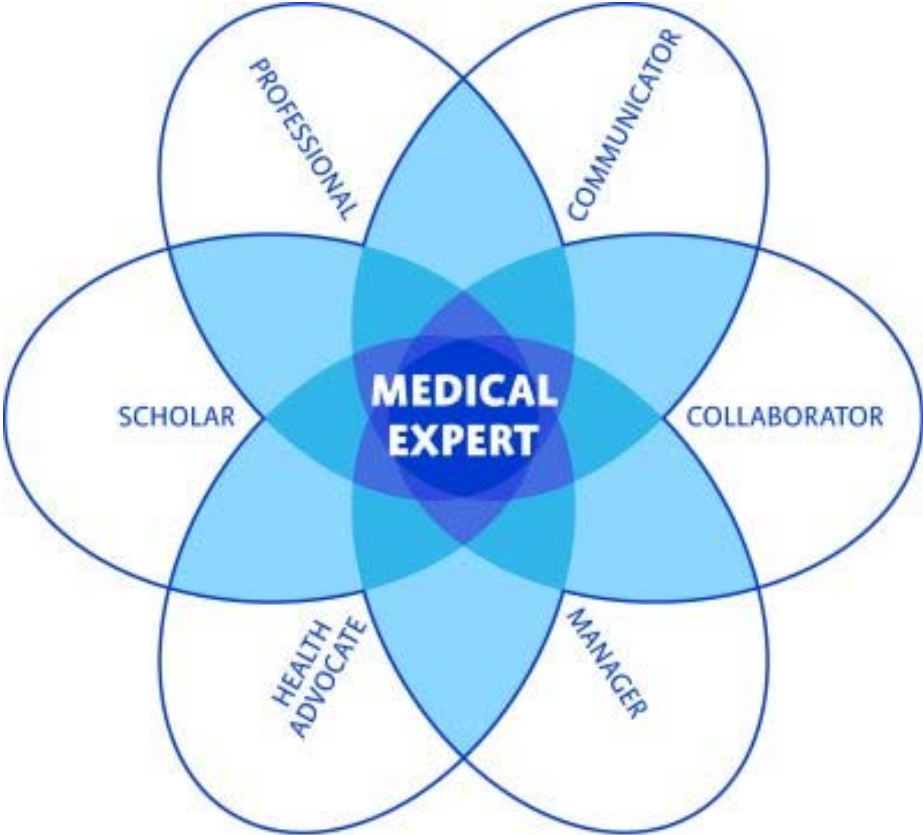
Knowing when and how to delegate

Maintain focus on own study

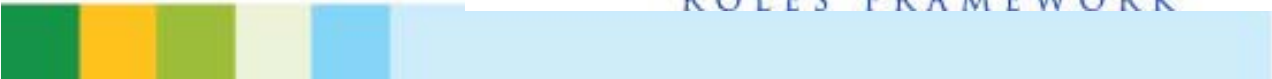
Maintain work-life balance

phronesis
PRACTICAL KNOWHOW

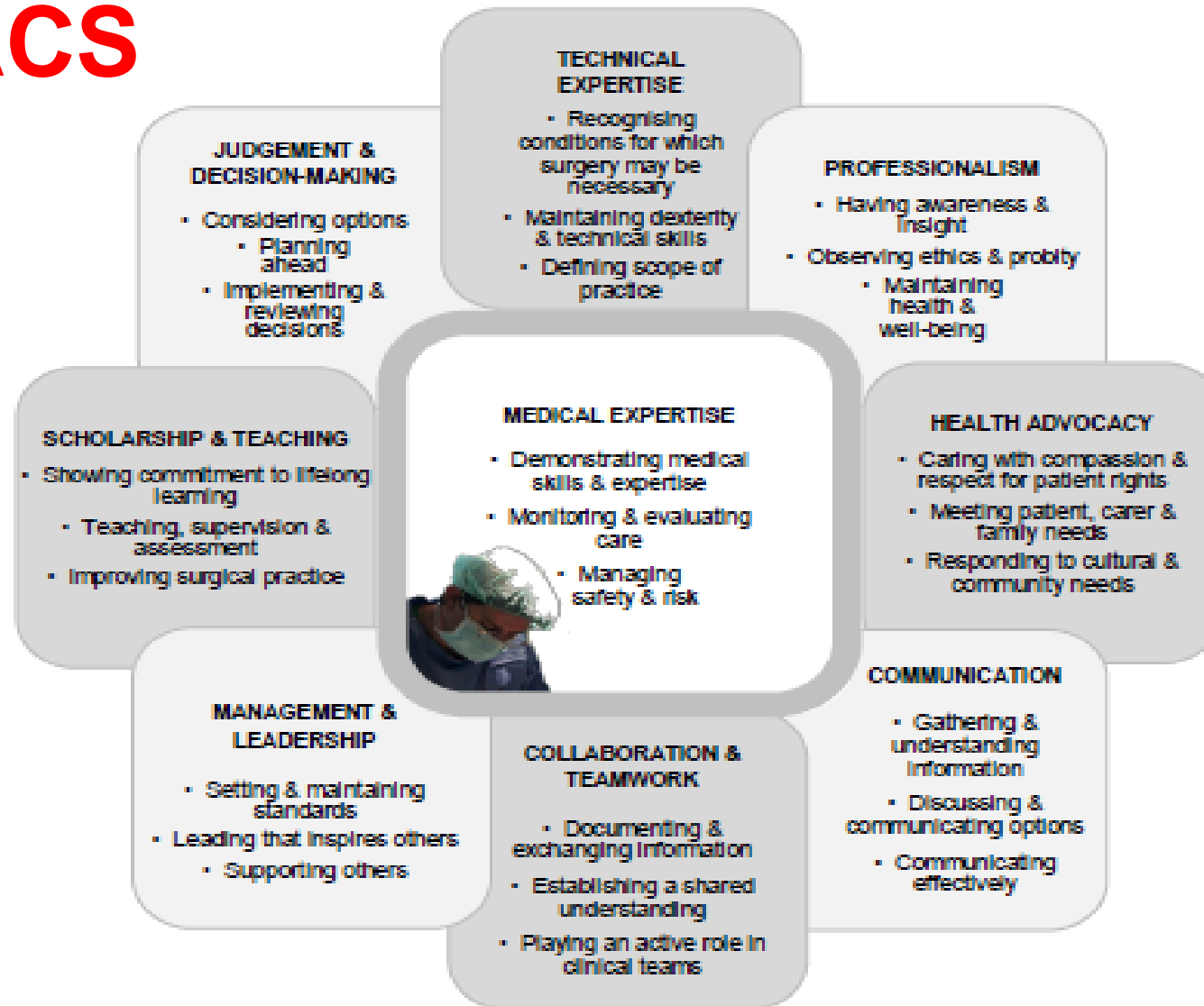
The CanMEDS Roles Framework



THE
CANMEDS
ROLES FRAMEWORK



RACS



The challenges

- ◆ A few isolated initiatives in medical leadership and management when we started
- ◆ Scepticism and little awareness
- ◆ Engaging the registrars and senior clinicians key
- ◆ Crowded syllabus
- ◆ Changing trainee profile
- ◆ Usual change management issues – identifying pathway; building support; identifying champions; early successes; maintaining momentum ...

Professional development program for registrars (PDPR)

PDPR emerged from a program in Victoria

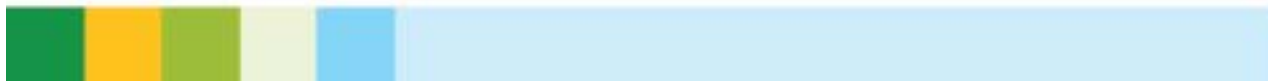
National Development by CPMEC – framework, job shadowing, program design, content & delivery, pilots, evaluation

Rolled out throughout Australia -Trainer Accreditation Program (TAP) – clinician engagement

Supported by health departments, colleges & others key stakeholders

2500+ registrars nationally (110 programs by CPMEC and est.40 by accredited TAP trainers) spanning 10 years

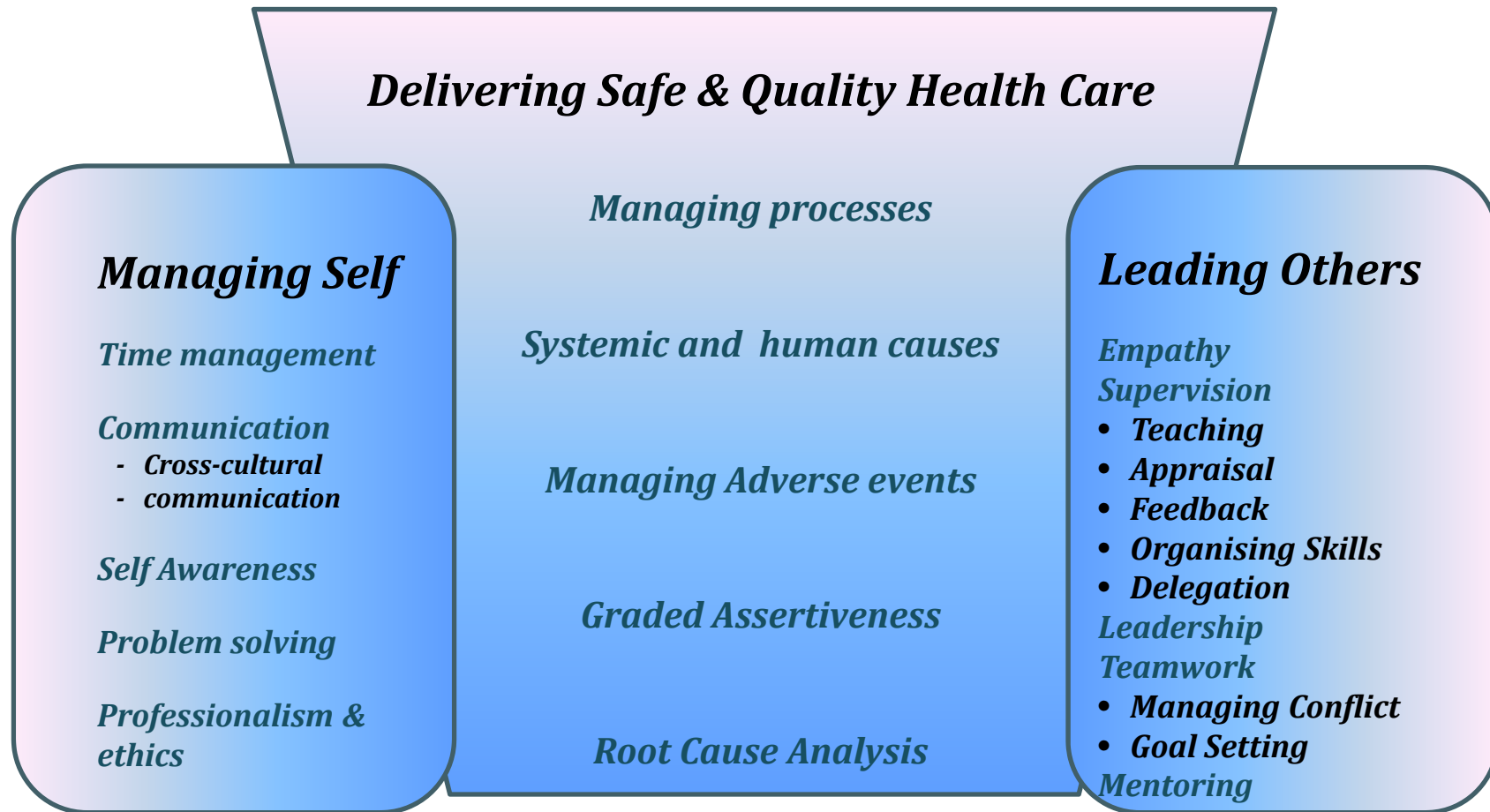
Drawn from all medical specialties and different stages of training



PDPR Evaluation results

- ◆ Workshops received average reaction ratings of over 6.4 out of 7 (n=2500+; range 6.0 – 6.8)
- ◆ Consistently positive feedback on:
 - Self-awareness (MBTI)
 - Applicability to work roles
 - Conflict resolution (TKI)
 - Trainers and interactive methodology used
 - Course meeting or exceeding expectations
- ◆ Post-program follow-up undertaken in VIC, QLD and SA – again very positive feedback

Where the MBTI fits in?



Why the MBTI?

- ◆ Some familiarity with tool by groups and advocates
- ◆ Benign – Big Five not all traits are positive – neuroticism
- ◆ All types valuable - unequivocally positive (in theory!)
- ◆ Not linked to abilities
- ◆ Get out of it what you want ...focus on MBTI as personal self-development tool
- ◆ Early success despite some apprehension

Why the MBTI

- ◆ Limitations discussed frankly
- ◆ Practical usefulness key focus
 - Decisions
 - Understanding and communicating with others
 - Team productivity
 - Career choices – attraction or repulsion towards certain specialties?
 - Teaching and learning
 - Errors
- ◆ Applications in medical roles identifiable – see next few slides

Australian Medical Council: Doctor as Communicator

- ◆ Managing the interactions that occur before, during, and after the medical encounter
 - Develop rapport, trust & ethical therapeutic relationships
 - Seek & synthesise relevant information and perspectives
 - Accurately convey relevant information and explanations
 - Develop common understanding on issues, plans, and options & develop a shared plan of care
 - Convey effective oral and written information about a medical encounter

Communication interactions

Patients,
families,
interpreters

Consultants

Interns and
medical
students

Nurses and
other health
professionals

Colleagues
from other
departments

Other
hospitals

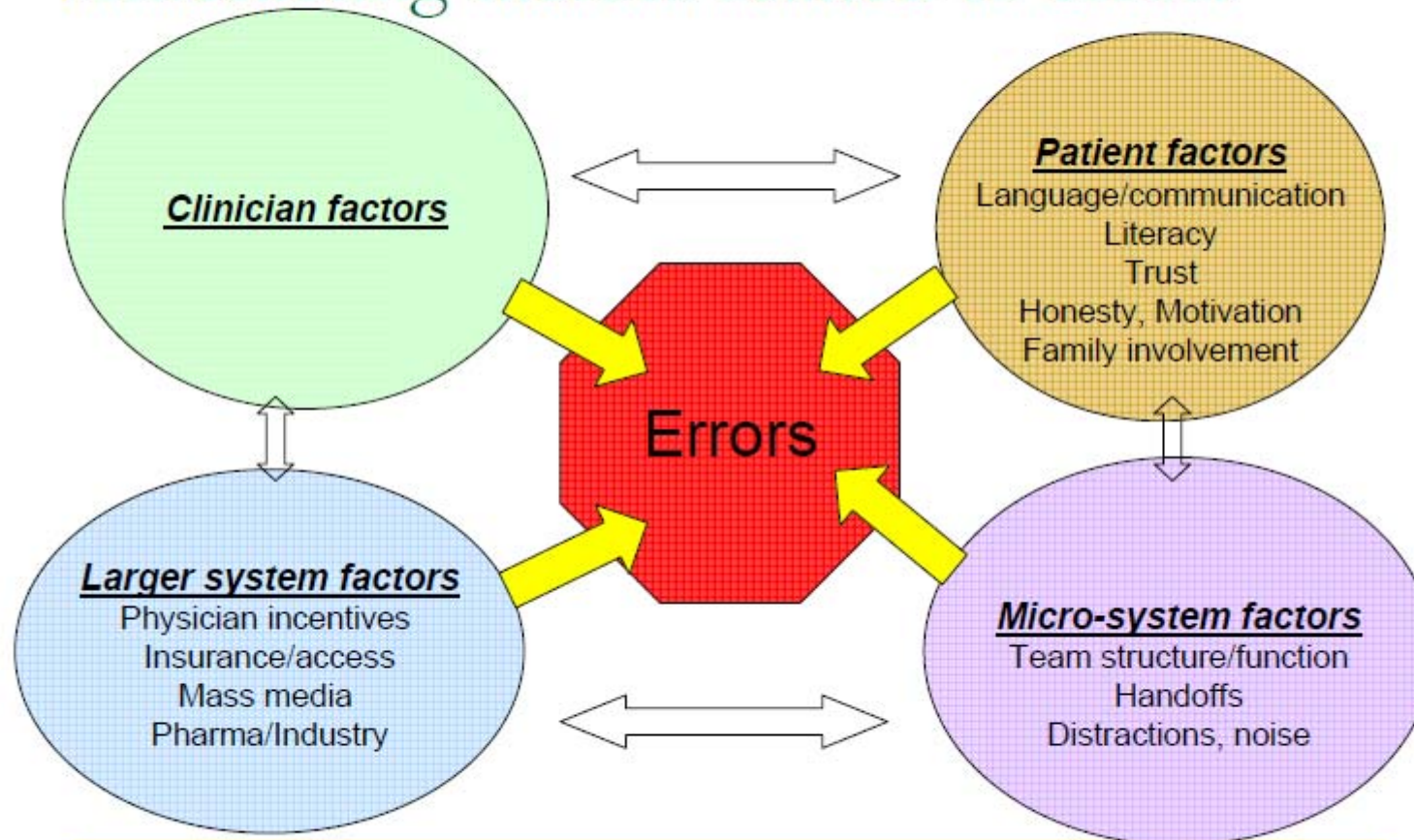
Patient GP's

Phone, pager,
discuss,
records, etc.

Constant
interruptions

Shared work
areas

Interacting factors related to errors



Challenges with MBTI

- ◆ Engaging the audience
- ◆ Amount of a trait versus degree of clarity of preference
- ◆ Competing instruments
- ◆ Not advocating one size fits all
- ◆ Demonstrating practical usefulness
- ◆ MBTI seen as corporate “religion” - scientific validity by the NTs in the room!!
- ◆ Avoiding stereotyping and crude determinism – more an issue as program expanded

Results - Some common feedback about the MBTI

- ◆ Useful tool to look into who we are and the way we act and how others do the same
- ◆ Thoroughly enjoyed the personality identification
- ◆ Very helpful for self-awareness
- ◆ Would never have done something like this myself
- ◆ Very insightful and helpful (together with other instruments)
- ◆ Very valuable component of the PDPR
- ◆ Will help me approach situations a little differently in the future
- ◆ Realised my skills and some flaws that I need to address
- ◆ More aware of where others may be coming from
- ◆ Will assist in my teaching and supervision of junior doctors

Feedback 2

- ◆ Very valuable session delivered in safe learning environment allowed us to open up
- ◆ Useful and effective way to provoke self-introspection and encourage people to talk about it
- ◆ Helped outline potential areas of improvement for me
- ◆ Made me realise how preferences matter in conflict
- ◆ Learning what questions to ask of myself and a different method of reflecting on these areas
- ◆ Splitting exercises highlighted differences quite well
- ◆ Helps understand the way that I respond in certain ways to people and activities

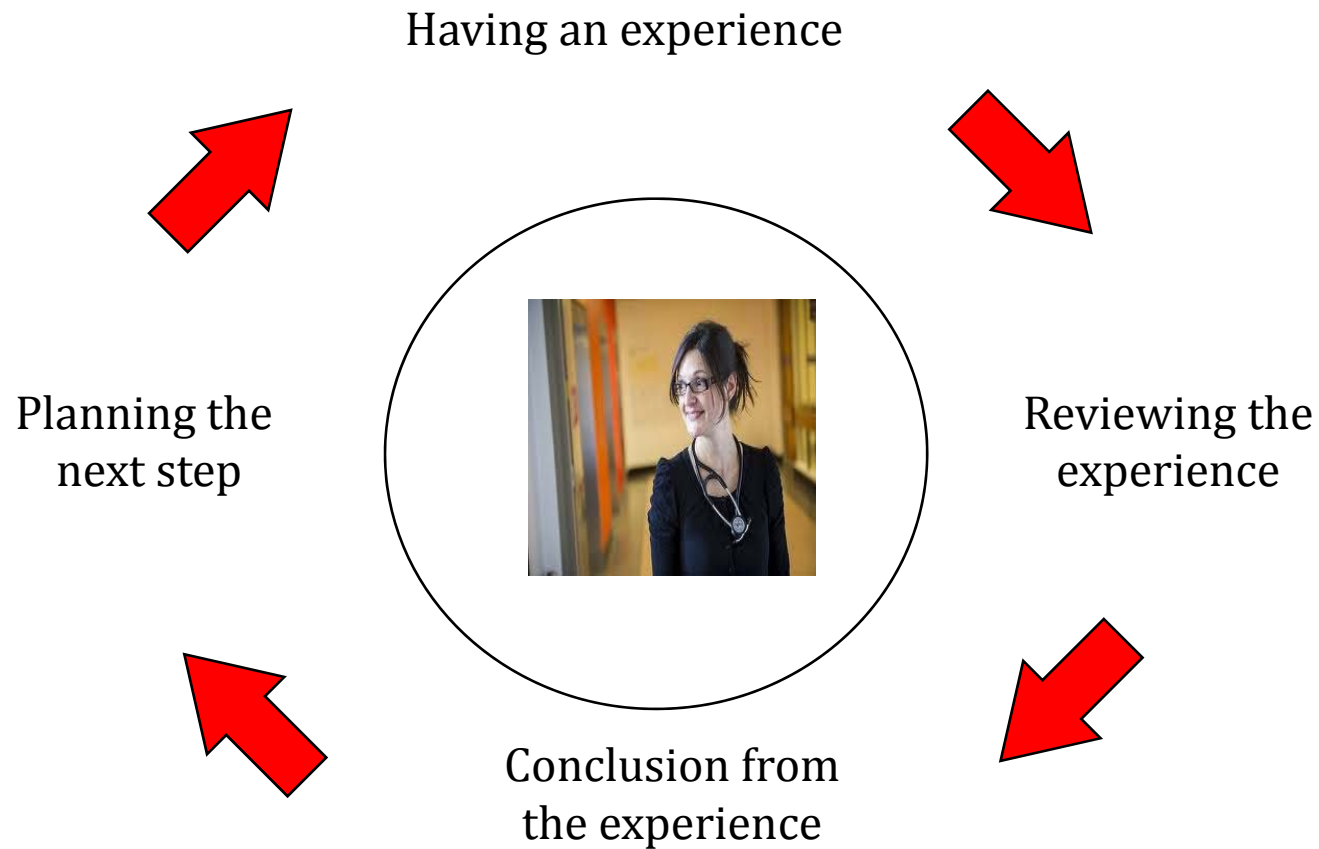
Some Caution

- ◆ Not random sample
- ◆ Under or over-representation
- ◆ Selection bias - more interested in personality type etc.
- ◆ Being prepared to be questioned about tastiness of the communion wine!
- ◆ Feedback (not very common!)
 - Spend less time as it is a flawed instrument
 - Was not true reflection about me (occasional)
 - Don't agree with methodology

The situation now

- ◆ National program for registrars with many offshoots
- ◆ Part of similar professional development programs for Directors of Clinical Training; junior consultants; medical education staff (used MBTI Step 2)
- ◆ A number of clinicians have sought MBTI accreditation
- ◆ Professional development becoming norm – growth of clinical leadership initiatives (building self-awareness)
- ◆ Not a tool for everything – used in combination with TKI, EI and other instruments

Key is starting conversations – the so what?



Sir William Osler

“ The practice of medicine is an **art, not a trade**; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders... ’

More information

- ◆ For more information please contact:
- ◆ Dr Jag Singh, CEO
jsingh@cpmec.org.au

The image features a white background with decorative geometric shapes in the corners. In the top right corner, there is a blue triangle pointing downwards and a light blue triangle pointing upwards. In the bottom right corner, there is a green triangle pointing upwards and a light green triangle pointing downwards. The text "Thank You" is centered in the middle of the page.

Thank You