



NATIONAL PGY1 TRAINING AND ASSESSMENT FRAMEWORK



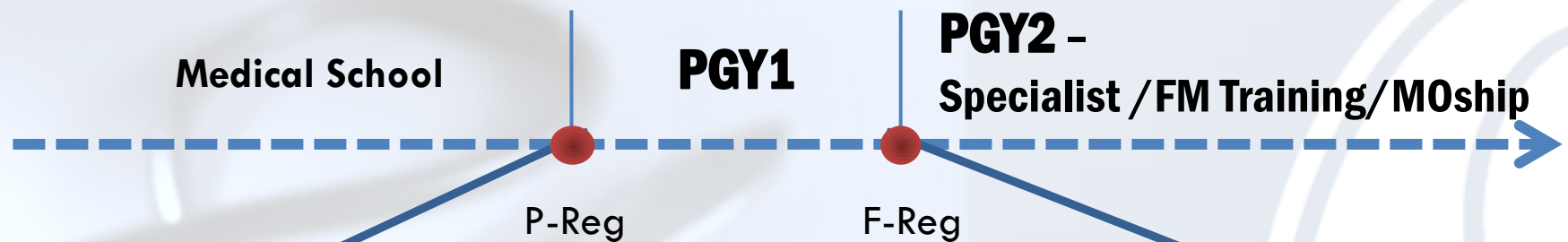
Overview

- Why is the Postgraduate Year 1 (PGY1) important?
- What am I expected to learn during PGY1?
- How am I going to be assessed?

WHY IS POSTGRADUATE YEAR 1 IMPORTANT?

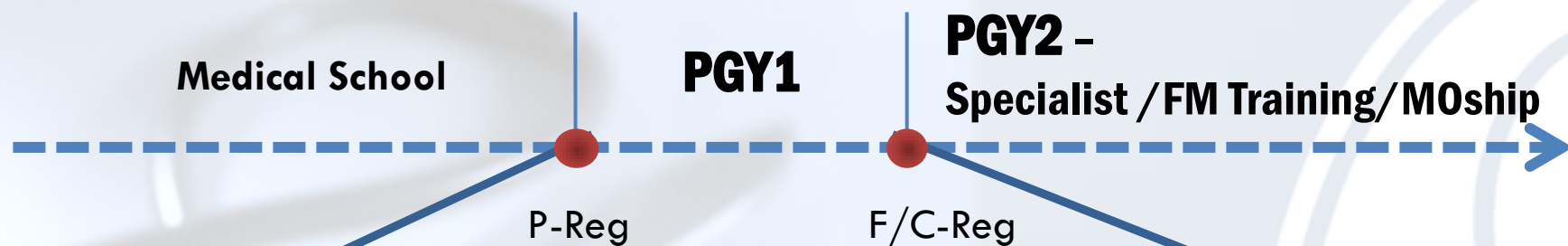


POSTGRADUATE YEAR 1



- ❑ Transition year between undergraduate medical education and full medical registration
- ❑ Successful completion leads to issuance of a **Certificate of Experience**

POSTGRADUATE YEAR 1



Structured Training and Assessment Framework



- ❑ Acquire the attributes, knowledge, skills and competencies for independent practice in an unsupervised ambulatory setting

Important for PGY1s to undergo common structured training and assessments

The National PGY1 Training and Assessment Framework

- Establishment of expected attributes, knowledge, skills and competencies
 - ▣ National PGY1 Competency Committee headed by Prof Rajasoorya

- Establishment of Assessment Tools
 - ▣ National PGY1 Assessment Tools Committee headed by A/Prof Nicholas Chew

WHAT AM I EXPECTED TO
LEARN IN PGY1?



Translating Six Core Competencies into observable actions



Two Broad Based Components

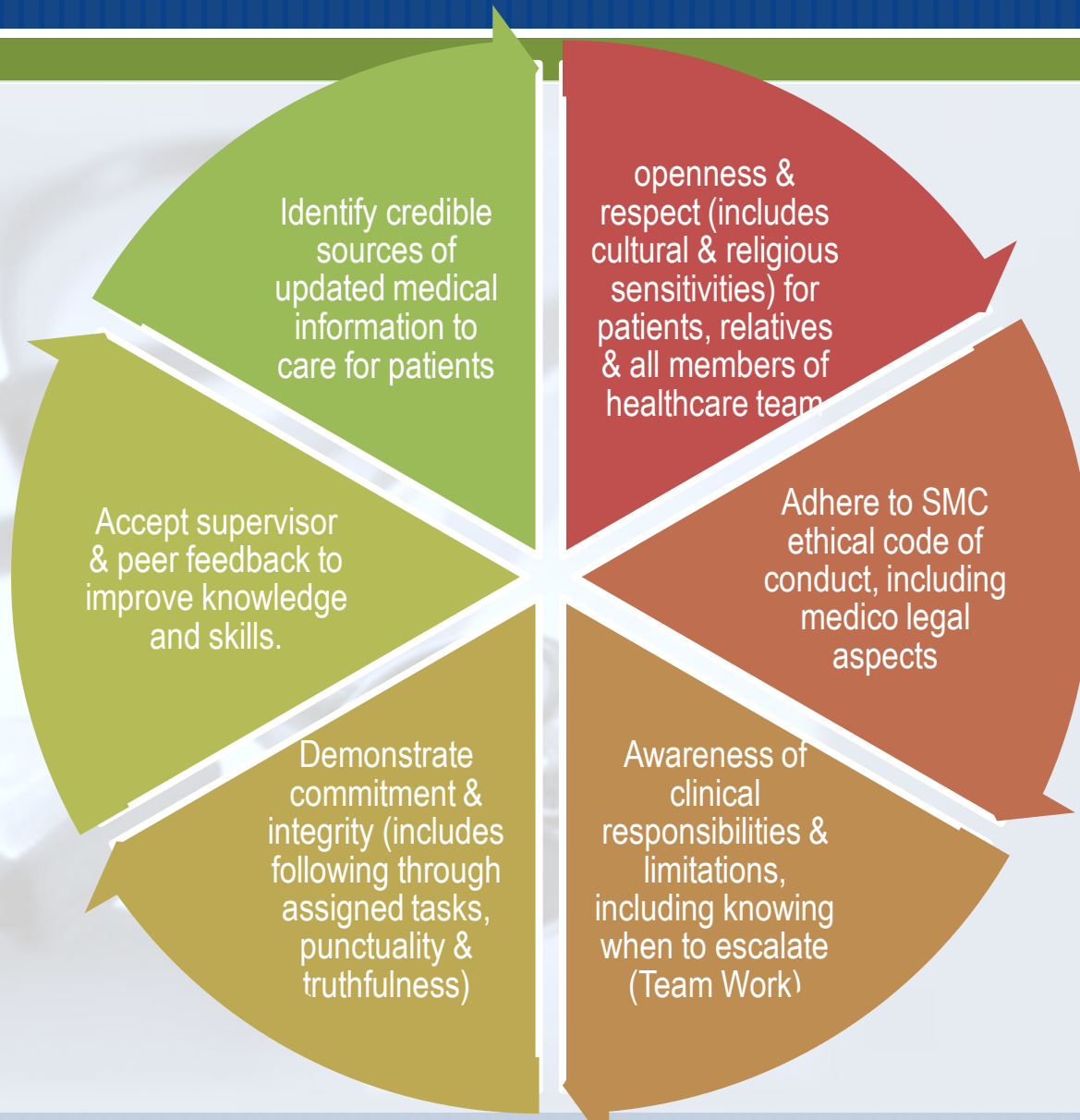
Foundational Attributes

- **Foundational Attributes** refer to behaviours expected, taught and reinforced in medical school and that must be demonstrated **throughout** their professional practice.
- The Foundational Attributes constitute behaviours associated with the competencies of Professionalism and Practice-Based Learning.

Professional Activities

- **Professional Activities (PA)** are defined as those professional activities that operationally define a profession and that a doctor can progressively be trusted to perform competently.

List of 6 Foundational Attributes



Professional Activities Overview

- **Professional Activity 1** - Manage patients by obtaining a detailed history, performing appropriate physical examination, requesting and follow-through relevant diagnostic evaluation and therapeutic interventions
- **Professional Activity 2** - Manage transitions of care (within and between teams)
- **Professional Activity 3** - Able to perform bedside procedures

Professional Activities Overview (Con't)

- ❑ **Professional Activity 4** - Resuscitate, stabilise, and care for unstable or critically ill patients
- ❑ **Professional Activity 5** - Provide peri-procedural and post procedural/ surgical assessment and care
- ❑ **Professional Activity 6** - Able to educate, update and interact with patient and family members and facilitate family conferences
- ❑ **Professional Activity 7** - Improve the quality of healthcare at both individual and systems levels

This Professional Activity will require you to be able to perform the following actions independently by end of your training year:

- ❑ Obtain complete relevant and accurate patient history and perform physical examination.
- ❑ Propose a reasonable working and differential diagnoses.
- ❑ Decide on initial diagnostic evaluation and recommend/carry out acute therapeutic interventions.
- ❑ Demonstrate awareness of costs, risks and benefits.
- ❑ Articulate and utilise knowledge to diagnose and treat common conditions encountered in the posting (dependent on conditions listed in your logbook).
- ❑ Maintain patient confidentiality.
- ❑ Work effectively and respectfully within an inter-professional team.
- ❑ Demonstrate compassion, empathy, openness & respect for patients & relatives that includes cultural and religious sensitivities.

You are required to be able to perform the below activities independently by the end of your training year:

- ❑ Handover a sick patient to a colleague.
- ❑ Document clearly and concisely the Primary Team's care plans as well as the Receiving Team's follow-up clinical care requirements.
- ❑ Demonstrate responsibility in providing good care for patients of other colleagues whom he/she is "cross covering".
- ❑ Understand, inform and refer patients to appropriate care options and programs in the community.
- ❑ Co-ordinate efforts with other providers within and outside the immediate healthcare team.
- ❑ Communicate changes in patient status to the other members of the care team.

You are expected to be able to perform the list of activities when carrying out the bedside procedures:

- ❑ Demonstrate knowledge of indications, contraindications, complications and benefits of procedures performed.
- ❑ Explain effectively and efficiently with patients and caregivers regarding procedures being done.
- ❑ Perform procedures effectively and safely.
- ❑ Seek guidance when difficulty is encountered and for more complex tasks.

You will be expected to be able to carry out the following activities by the end of your training year. If you have not been certified in BCLS or in the use of the AED, you will be required to attend one and log your attendance in the logbook.

- ❑ Recognise critically ill patients and provide first line care.
- ❑ Identify deteriorating clinical states requiring critical care.
- ❑ Perform life support measures (including BCLS and use of AED) and paediatric resuscitative skills.

PA 5

Provide peri-procedural and post procedural/ surgical assessment and care

You will be expected to be able to carry out the following activities by the end of your training year.

- ❑ Be aware of the patient's indication of surgery and referral for surgery.
- ❑ Identify high risk patients who require additional assessment prior to procedures and surgery.
- ❑ Optimise the patients' condition for surgery.
- ❑ Identify symptoms and signs of clinical concern in patients post-operatively and take appropriate actions.
- ❑ Understand one's own limitations and informs appropriately to the supervisor in time.

You will be expected to be able to perform these activities during your professional career:

- ❑ Identify and prioritise the medical, social and emotional issues prior to a family conference.
- ❑ Ensure that the correct patient's relatives are spoken to at time of family conference together with paramedical colleagues
- ❑ Ensure that privacy and confidentiality are not compromised during family conference.
- ❑ Demonstrates compassion and empathy (verbal and non-verbal) and allow family members to air grievances and feelings.
- ❑ Demonstrates effective listening skills by allowing patient and his/her family to voice his/her/their concerns and feelings and by acknowledging them.

PA 6

Able to educate, update and interact with patient and family members and facilitate family conferences

You will be expected to be able to perform these activities during your professional career:

- ❑ Resist any reactionary or rude behaviour (verbal and non-verbal) even when provoked and maintain a professional attitude in all dealings.
- ❑ Provide clear information to patient and family in context of appropriate discussion.
- ❑ Allow opportunities for family members to clarify issues that come about during discussions.
- ❑ Avoid imposing judgmental attitude towards patient's lifestyle and choices.
- ❑ Effectively communicate bad news.
- ❑ Document clearly the essential discussion during family updates and conferences.
- ❑ Follow through on issues agreed upon at family conference.

You are expected to be exposed to the following activities in your training year:

- ❑ Demonstrate an understanding of the individual and system causes of risk, harm, errors and adverse events.
- ❑ Demonstrate understanding and follow safe care protocols for patient care, especially during transition of care.
- ❑ Demonstrate an understanding of the purpose of incident reporting systems and reports unsafe care, near misses and serious clinical incidents to relevant parties.
- ❑ Present and discuss clinical cases during clinical learning activities such as peer review and mortality and morbidity quality assurance committees.
- ❑ Demonstrate a basic understanding of the concepts of continuous quality improvement (QI).
- ❑ Acknowledge any error commission or omission to supervisor and follow through accordingly.
- ❑ Show respect and sensitivity for students and other learners.
- ❑ Teach junior members of the team in the clinical setting.

HOW AM I GOING TO BE
ASSESSED?



Assessment Tools

1

Logbook

2

Supervisor Feedback
(Monthly and End of Posting)

3

Multi-Rater Feedback

ELECTRONIC PLATFORM
(in development)

1. Logbook

- Logbook

- ▣ Available online in training institutions

Intended Use:

- ▣ Tracking tool that charts the achievement of milestones (case managed and procedures)
 - ▣ Formative tool that you can use to discuss the management of patients with your supervisors.
- List of core cases and procedures can be found in the logbook

1. Logbook (con't)

- ❑ Log all seen cases seen in the case log section
 - ▣ At least all core conditions listed within each posting
- ❑ Log all procedures performed
 - ▣ At least all core procedures listed for each posting
 - ▣ For Paediatric Medicine, core procedures need to be logged under supervision
- ❑ Log all compulsory learning activities and BCLS course

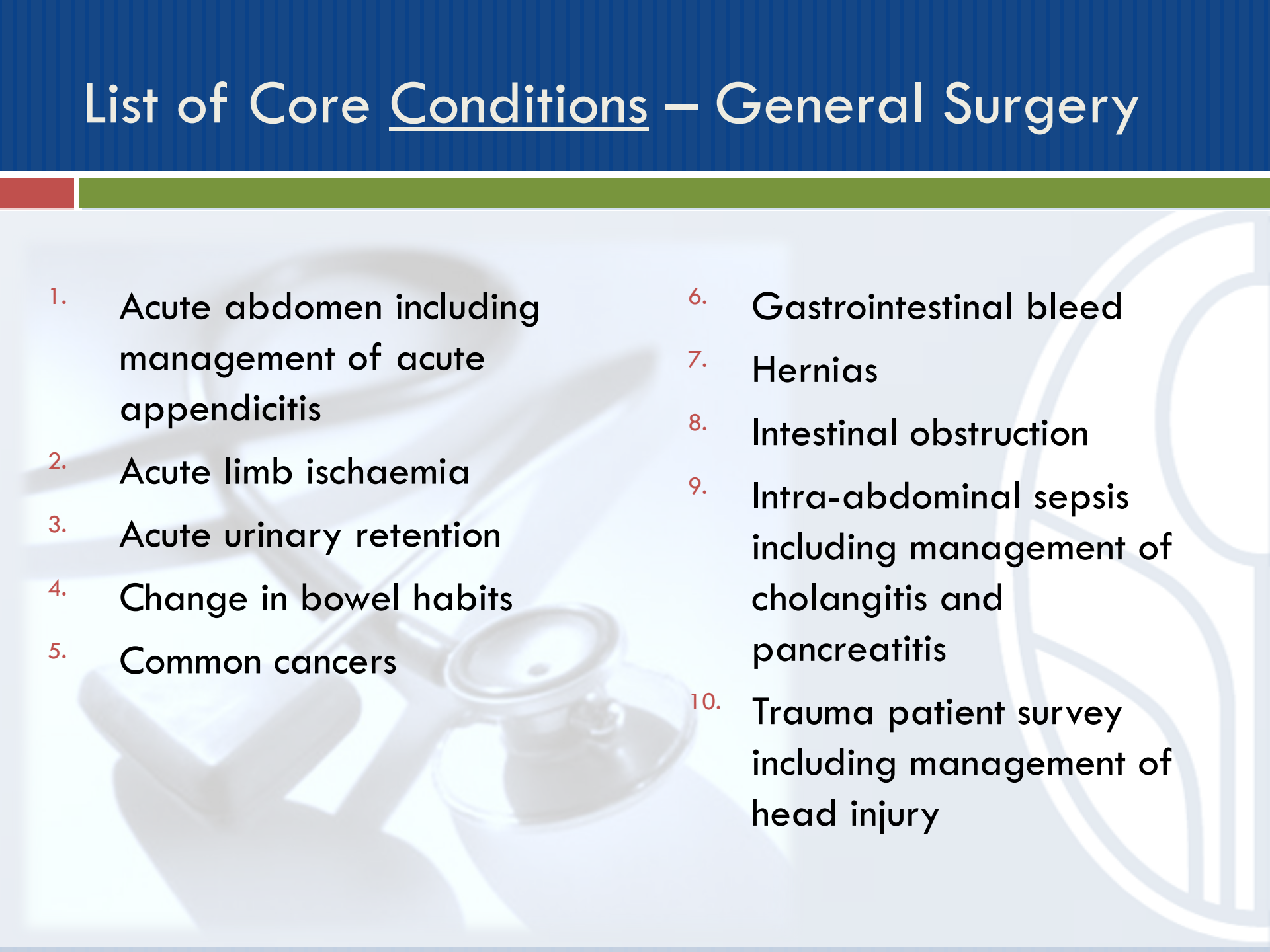
List of Core Conditions – General Medicine

1. Abdominal pain
2. Altered mental state including management of alcohol-intoxicated patients (change of mentation, seizures, meningitis and encephalitis)
3. Atrial fibrillation and other dysrhythmias
4. Change in bowel habits
5. Chest pain including acute management of acute coronary syndromes
6. Drug allergy, drug overdose and poisoning
7. Dyspnoea and cough including management of acute pulmonary oedema, pneumonia, pneumothorax, and acute respiratory distress (chronic bronchitis, asthma, COPD, etc.)
8. Electrolyte disturbances (e.g. hyponatraemia, hyperkalaemia, hypokalaemia) including management of both acute & chronic renal failure and uncontrolled diabetes (including DKA and hypoglycaemia)
9. Falls (in elderly)

List of Core Conditions – General Medicine

- 
10. Fever
 11. Gastrointestinal bleeding
 12. Headache & Giddiness
 13. Hypertension including severe hypertension
 14. Joint Pain
 15. Liver failure/jaundice
 16. Loss of appetite and weight and nutrition
 17. Loss of consciousness (syncope and fits)
 18. Lower Limb Swelling
 19. Nausea/ vomiting and diarrhoea
 20. Pain management
 21. Weakness, numbness and stroke

List of Core Conditions – General Surgery

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1. Acute abdomen including management of acute appendicitis
 2. Acute limb ischaemia
 3. Acute urinary retention
 4. Change in bowel habits
 5. Common cancers
 6. Gastrointestinal bleed
 7. Hernias
 8. Intestinal obstruction
 9. Intra-abdominal sepsis including management of cholangitis and pancreatitis
 10. Trauma patient survey including management of head injury

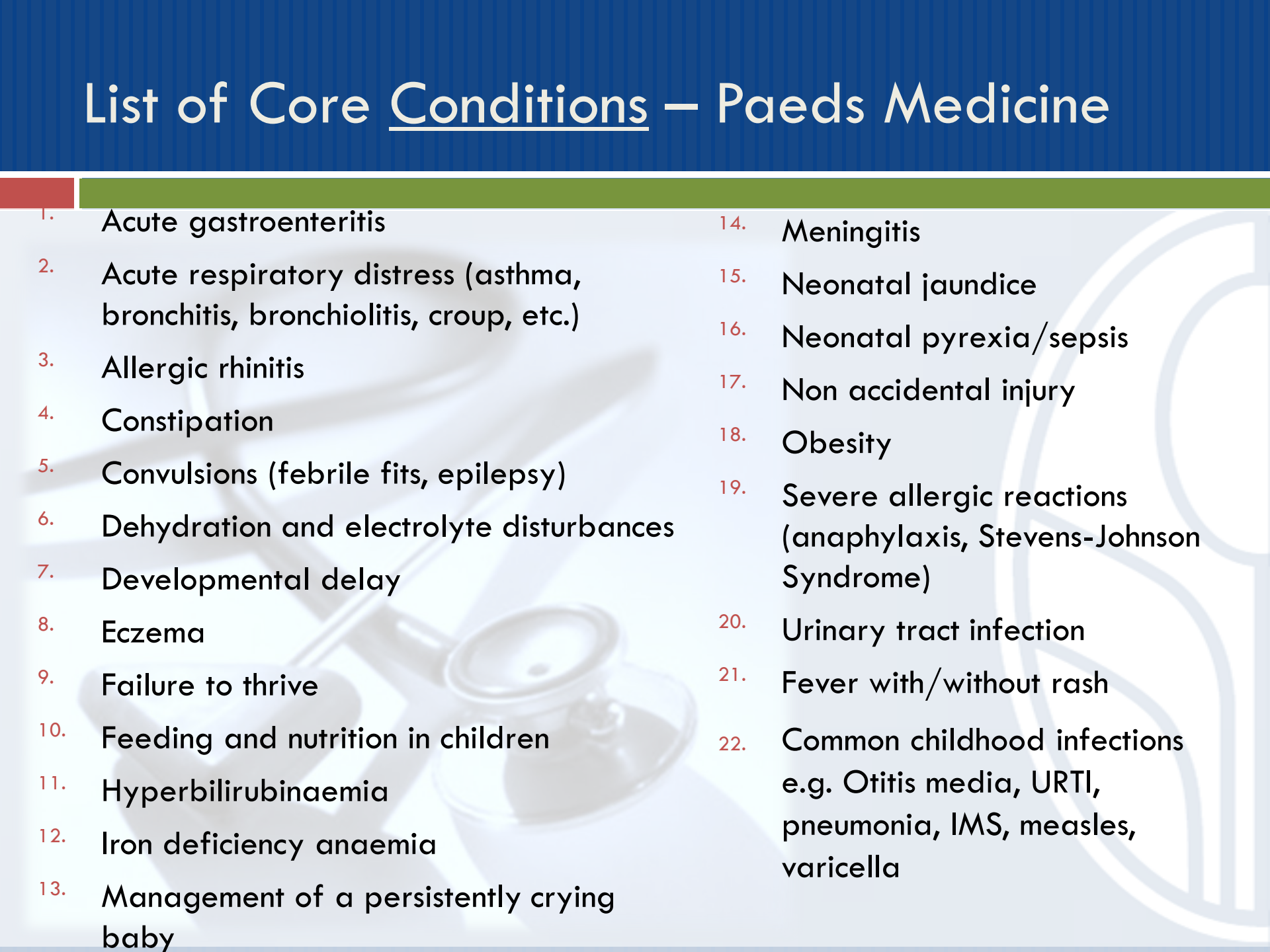
List of Core Conditions – Ortho Surgery

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1. Acute compartment syndrome
 2. Avascular necrosis
 3. Backache
 4. Degenerative conditions of the spine
 5. Joint dislocations
 6. Musculoskeletal sepsis including management of septic arthritis and osteomyelitis
 7. Osteoarthritis
 8. Osteoporosis
 9. Spinal trauma including management of acute and chronic cord compression
 10. Trauma – fractures (open and closed) and soft tissue injuries

List of Core Conditions – O&G

1. Abnormal uterine/vaginal bleeding including management of menorrhagia
2. Acute abdomen in gynaecology including management of ectopic pregnancy
3. Basic antenatal care and early pregnancy problems including management of pregnancy of unknown location, miscarriages, hyperemesis gravidarum
4. Chronic pelvic pain
5. Contraception and infertility
6. Dysmenorrhoea
7. Evaluation of abnormal pap smears including cervical cancer
8. Gestational Diabetes
9. Hypertension in pregnancy
10. Indications for caesarean section and management of postoperative complications
11. Normal and abnormal gynaecological vaginal examination
12. Normal labour and delivery of newborns including basic resuscitation of newborns, episiotomy repair and associated problems
13. Sexually transmitted diseases
14. Trophoblastic disease

List of Core Conditions – Paeds Medicine

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1. Acute gastroenteritis
 2. Acute respiratory distress (asthma, bronchitis, bronchiolitis, croup, etc.)
 3. Allergic rhinitis
 4. Constipation
 5. Convulsions (febrile fits, epilepsy)
 6. Dehydration and electrolyte disturbances
 7. Developmental delay
 8. Eczema
 9. Failure to thrive
 10. Feeding and nutrition in children
 11. Hyperbilirubinaemia
 12. Iron deficiency anaemia
 13. Management of a persistently crying baby
 14. Meningitis
 15. Neonatal jaundice
 16. Neonatal pyrexia/sepsis
 17. Non accidental injury
 18. Obesity
 19. Severe allergic reactions (anaphylaxis, Stevens-Johnson Syndrome)
 20. Urinary tract infection
 21. Fever with/without rash
 22. Common childhood infections e.g. Otitis media, URTI, pneumonia, IMS, measles, varicella

List of Core Procedures (all postings)

1. Administer Nebulisation
2. Alcohol-based hand rub
3. Arterial Blood Gas*
4. Aseptic technique
5. Blood cultures
6. Blood transfusion check list
7. Handling sharps
8. Hand washing
9. Insulin management*, including glucose monitoring
10. Parenteral/ intra muscular/ subcutaneous administration of medication

*except in Paeds posting

List of Core Procedures (all postings)

11. Removal of surgical drains / chest tubes
12. Sutures, tying of knots and securing of lines (not applicable in paediatric postings)
13. Urinary catheterisation and removal
14. Venepuncture and the insertion and removal of IV plugs and lines



List of Core Skills – Paeds Medicine

1. Assessing vaccination records & ordering vaccines
2. Bag and mask a child (Real patient / Simulation)
3. Bedside glucose monitoring and responding appropriately to patient's blood glucose
4. Blood pressure measurement
5. Capillary/ Finger prick for blood investigation
6. Developmental assessment
7. Heel prick for Serum Bilirubin
8. MDI administration of medication/ use of spacer devices
9. Measuring and plotting growth (height, weight, OFC)
10. Ordering appropriate oxygen therapy
11. Paediatric prescribing

2. Supervisor Feedback

- Monthly Supervisor Report
 - ▣ Formative assessment tool which assesses your workplace-based performance

- End-of-posting Supervisor Report
 - ▣ To assess ability to meet your learning needs and overall performance.

The Monthly Supervisor Report (Form P1)

- ❑ Comprises various sections
 - ▣ Log book review (cases/ procedures)
 - ▣ Case & Procedure-based Discussion
 - The supervisor will review the logbook and discuss a specific case and procedure with you
 - ▣ Competency Evaluation
 - The supervisor will evaluate your competency wrt medical knowledge and patient care
 - ▣ Sign-off / Other comments
- ❑ Completed by Posting or ward supervisor

The End-of-posting Supervisor Report (Form P3)

- ❑ Completed by Posting Supervisor to reflect:
 - ▣ General Progress
 - ▣ Discussion on your learning needs and the necessary development plans to help you achieve them
 - ▣ Overall Assessment
 - Whether you have satisfactorily completed the posting including competencies in communication skills, professionalism and teamwork.

3. Multi-rater Feedback (Form P2)

- ❑ 3 persons (a senior doctor, a peer and a nurse) will be asked to rate your performance in various domains
 - ▣ Communication skills
 - ▣ Professionalism
 - ▣ Teamwork
- ❑ Conducted at least once a year, by end of 2nd posting

Assessment Overview

- The assessment process is meant to be formative and there will be longitudinal review of your progress over the year as you proceed on to the next posting/different institution.
- You will be assessed on your ability to carry out the Professional Activities, your adherence to the foundational attributes and your overall performance in each posting.

Mapping PAs to Competencies and Tools

Professional Activity	Competency	Assessment Tool
PA 1: <u>Manage patients</u> by obtaining a detailed history, performing appropriate physical examination, requesting and follow-through relevant diagnostic evaluation and therapeutic interventions	MK PC Com Skills Professionalism	Supervisor (P1, P3) Multi-rater Feedback Logbook
PA 2: <u>Manage transitions of care</u> (within and between teams)	Com Skills SBP Professionalism	Supervisor (P1, P3) Multi-rater Feedback Logbook
PA 3: <u>Able to perform bedside procedures</u>	PC Com Skills Professionalism	Supervisor (P1, P3) Log-book (Procedure Log)

Mapping PAs to Competencies and Tools

Professional Activity	Competency	Assessment Tool
PA 4: Resuscitate, stabilise, and care for unstable or critically ill patients	PC Com Skills SBP	Supervisor (P1, P3) Multi-rater Feedback Logbook
PA 5: Provide peri-procedural and post-procedural/surgical assessment and care	MK PC Com Skills	Supervisor (P1, P3) Multi-rater Feedback Logbook (Case Log)
PA 6: Able to educate, update and interact with patient and family members and facilitate family conferences	PC Com Skill Professionalism	Multi-rater Feedback Logbook (Log attendance at training sessions)
PA 7: Improve the quality of healthcare at both individual and systems levels	PC PBLI SBP	Logbook (Log attendance of training sessions)

**At least 12 months of
Provisional Registration**

**Before
PGY1
Begins**

- Training Institution to organise a PGY1 induction session to brief you on the training roadmap, assessment system and tools.

**Beginning
of Posting**

- Appointed supervisors will meet you at the beginning of the posting to establish initial contact

**End of each
month**

- Supervisors will review your logbook and evaluate your performance. Remedial measures instituted when necessary

**End of
Posting**

- Supervisors will review your overall performance and progress. Remedial measures instituted when necessary

**Before the
end of 2nd
posting**

- Multi-rater exercise on you will be conducted with one senior doctor, one peer doctor and one nurse

End of year

- Institution will review all supervisor submissions and submit an end of year report on your overall performance

Issuance of COE

- For the most updated information regarding the framework, please refer to the following website:

http://www.moh.gov.sg/content/moh_web/healthprofessionalsportal/allhealthcareprofessionals/news_announcements/national_pgyl_training_assessment_framework.html



THANK YOU

