



**RACP**  
Specialists. Together  
EDUCATE ADVOCATE INNOVATE



Australasian Faculty of  
Occupational and Environmental Medicine  
Specialists caring for workers' health

**AFOEM Annual Training Meeting**

# Working with your supervisor

David Goddard

15 May 2022

# Who am I?

- Worked in occup med for nearly 49 years
- More than half this time as educator at Monash University
- Worked 18 years on AFOEM Assessment Committee
- Delivered the AFOEM training curriculum and training requirements for formative assessment, e.g. DOFS.

# Why this session?

- From my work with supervisor development for the College

# What's your supervisor meant to do?

- Prime role is to help you think like an expert.
- They do this by acting as role model, giving feedback on your performance to assist your progress and, *to a limited extent*, pointing you toward resources for learning.
- If all you want to do is to cram enough facts to pass your AFOEM exam, your supervisor will be of limited use to you.
- If you want to learn to be a capable and respected occupational physician, then that's where your supervisor will be of most assistance.
- And for your future, I ask you to remember this. Every patient, every client is a form of mini-exam.

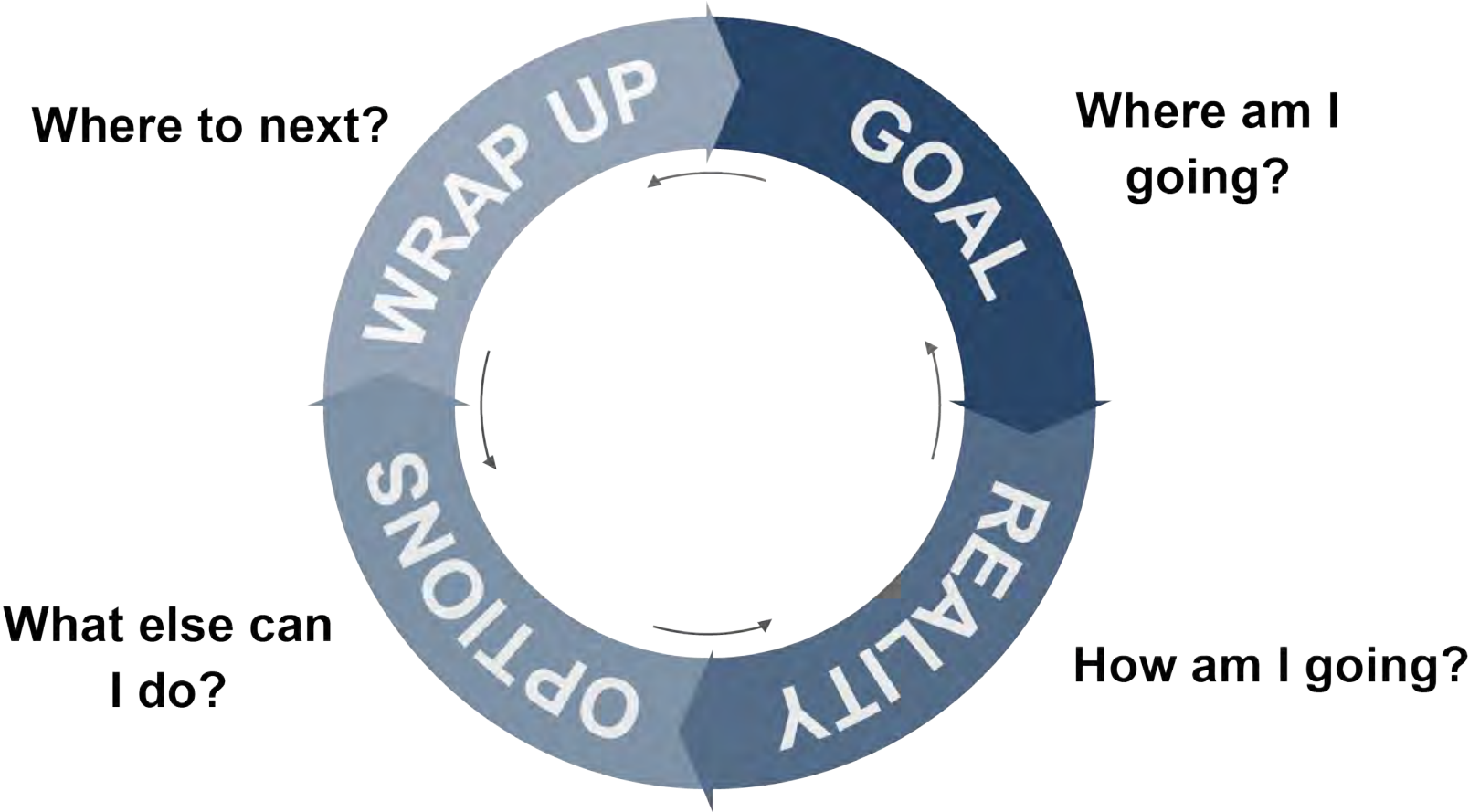
# Communicating with your supervisor

- Occup Med is an outpatient or community-based specialty. Your supervisor is not often geographically close.
- Much onus on you to initiate and sustain communication. Discuss this when you first meet.
- It's not like a hospital where a supervisor is more readily to hand. So you're more on your own. You have to grow up fast on 'the streets of occup med.'

# Assisting your supervisor. Caring for your relationship.

- Supervisors are precious. Treat yours well. It's a voluntary role.
- Set expectations early – yours and your supervisor's
- Should include **three** particular expectations – regular, frank interaction, how feedback will be given and received, and the setting-up of formative assessments, e.g. DOFS, case-based discussion, mini-CEX.
- Do as many formative assessments as possible. You should initiate these.
- You don't fail formative assessments. You may perform badly but that's **not** a fail!

# How to structure the feedback conversation



# What if your supervisor doesn't know ....?

- No occup physician uses all their skills in routine practice. I'm a classic example.
- So what if your supervisor isn't particularly good at research or environmental issues?
- You'll need to look wider – but *not* behind your supervisor's back.
- Early on, ask your supervisor whether there are particular areas of the curriculum where you may need to do this.
- And there may be points of, let's say, toxicology that your supervisor doesn't know. That's OK. But don't make it a "Gotcha" moment. Gotcha moments are not a good feel for the 'Gotchee'.



# What if you 'fall out' with you supervisor?

- Try to resolve it between you.
- If that doesn't work, go to Regional Director of Physician Education with a clear, fair and factual description of the problem.
- DPE will talk with you both.

# The exam

- The myth of pass-rates?
- The value of networks to help you prepare.
- Readiness: don't fake it with your supervisor!
- The next session is designed for that.
- Useful handouts on ATM website