

TERM DESCRIPTION

Term descriptions are designed to provide important information to prevocational junior medical officers (JMOs) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the JMO.

FACILITY: The Canberra Hospital															
UPDATED: February 2019															
TERM NAME: Neurology A & B															
TERM SUPERVISOR:		Neurology A- Dr. Chandí Das	Neurology B- Dr. Andrew Hughes												
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Prof Christian Lueck – 6244 2950 Dr. Chandí Das – 6244 2950 Dr. Andrew Hughes – 6244 4196 Dr. Craig McColl – 6244 4196 Dr. Ram Malhotra – 6282 4007 Dr. Rajat Lahoria - 62442950														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> </thead> <tbody> <tr> <td>PGY1</td><td>2</td><td>Medicine Core</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>1</td><td>Medicine core</td><td>12-14 weeks</td></tr> </tbody> </table> <p>Total positions available: 3 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	2	Medicine Core	12-14 weeks	PGY2+	1	Medicine core	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	The Neurology Unit at The Canberra Hospital aims to provide the following: <ul style="list-style-type: none"> • Care and management of patients with diseases of the nervous system and advice about prevention of these diseases. • Consultation service regarding the management of patients with neurological disease under the care of other units within The Canberra Hospital. 														

	<ul style="list-style-type: none"> • Advice over the telephone on patient management to other members of the Medical Profession. • Teaching of Neurology to Medical Undergraduates and Post Graduates and to other health professionals. • Provision of a clinical Neurophysiology service. <p>This term forms part of Medical Pod 1.</p> <p>Medical Pod 1 encompasses:</p> <ul style="list-style-type: none"> • Gastroenterology/Hepatology; • Neurology A&B; • Infectious Diseases; • Renal Medicine; and • Relief positions. <p>Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub specialties when able, as well as your own specialty's teaching programme. All JMOs, particularly PGY1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</p> <p>Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate a handover period with the day staff and a handover with the night staff. Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm – 8.30am (8.30pm – 8.30am on weekends). Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then . Alternatively arrangements can be made to allow for leave provided adequate warning is given.</p> <p>By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod who you will be familiar with. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day to day basis. You will participate in more focused handover and utilise relevant electronic discharge/casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	<p>Basic Clinical Training</p>
<p>ORIENTATION:</p> <p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional</i></p>	<p>On the first day of your attachment, you will be introduced to the neurology department and wards and provided with your timetable by the head of department or his delegate. On the first morning of your attachment, it is expected that you will attend the morning handover at 08.30 hours in the meeting room next to ward 7B. If possible, you should contact members of the team during the week prior to the beginning of your attachment to determine which consultants you will be working for and to arrange for an appropriate handover of patients.</p>

<p><i>resource documents such as clinical policies and guidelines required as reference material for the JMO.</i></p>	
<p>JMO's CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Neurology Patients: Daily attendance and management of neurology inpatients, including review of treatment charts and investigations under the supervision of the Neurology Registrars.</p> <p>Ward Rounds: Attendance is expected at all ward rounds, handover rounds, multidisciplinary rounds, book rounds, X-Ray and unit meetings. Please also refer to the Unit timetable at the end of this document. The JMO should attempt to make sure that results of recent investigations, including scans and X-rays, are available for the ward Rounds. The JMO should also ensure that accurate daily entries are made in the patients' notes during ward rounds and that notes are kept up to date.</p> <p>Outpatient Clinics: JMOs may attend outpatient clinics if this is possible within the constraints of their ward timetable. Unfortunately, there is no capacity to timetable clinics owing to lack of clinic room space.</p> <p>Grand Rounds: All junior staff are expected to attend Grand Rounds</p> <p>Handover: All junior staff are expected to attend the daily handover rounds at 08.00 unless specifically timetabled to the contrary. At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients. Please note the unit timetable below Patient load: (average) 22 inpatients (shared between three JMOs)</p> <p>Hours of Work: 0800hrs – 1630hrs Additionally you will be covering evening shifts for Med Pod 1 for one week. This will commence at 1 pm to allow overlap with day staff for hand over. You will receive handover from all JMOs within your Pod and care for the patients until 9.30 pm after handover to the night JMO. As an evening JMO you may be called to commence work earlier in the day should the patient load require it. A week of night shifts will also occur during your term from 9pm-8.30am (8.30pm-8.30am on weekends). Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively arrangements can be made to allow for leave provided adequate warning is given. All JMOs are required to work weekends as dictated by the roster.</p>
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS: The Visiting Medical Officer and the five Staff Specialists operate a one-in-six on-call roster, changing each week on Friday at 8.00 a.m.</p>

	<p>AFTER HOURS: Supervision after-hours is provided by the on-call medical and surgical registrars.</p>
<p>STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT: By the completion of this term the JMO may expect to have acquired the following knowledge:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • To learn to take a detailed neurological history and to perform a competent neurological examination. • To learn to present the patient's history and physical findings succinctly and accurately. • To learn the fundamentals of management of patients with <i>stroke, epilepsy, headache, multiple sclerosis, Parkinson 's disease, myasthenia, meningitis and encephalitis, and to gain exposure to other less common neurological conditions.</i> <p>Procedural:</p> <ul style="list-style-type: none"> • To learn how to perform a lumbar puncture • To be able to interpret common abnormalities on CT and MR scans of the brain and spinal cord. To gain a basic understanding of the use (and abuse) of EEG and other neurophysiological tests.
	<p>COMMUNICATION: By the completion of this term the JMO may expect to have acquired experience in the following:</p> <ul style="list-style-type: none"> • Interaction with patients and their families through history taking, examination, family meetings, and daily updating of clinical progress; • Interacting with medical, nursing and allied health staff and working as part of a multidisciplinary team; • Maintenance of up-to-date entries in patients' notes and writing of discharge summaries; • Liaising with other medical and surgical teams; and • Liaising with general practitioners and teams in other hospitals.
	<p>PROFESSIONALISM: By the completion of this term the JMO may expect to have acquired exposure and further education in the following:</p> <ul style="list-style-type: none"> • Communicating and participating effectively in a multidisciplinary clinical team; • Development of self-directed learning through the use of medical educational resources and by participating in educational sessions such as book rounds, journal club and neurology presentations; • Application of evidence based medicine and clinical research methodology to patient management; and • Application of medical ethics, end-of-life and medico legal issues as they relate to the management of individual patients.

INSERT TIMETABLE (the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	8.00 Morning Handover	8.00 Morning Handover	8.00 Morning Handover	8.00 Morning Handover	8.00 Morning Handover		
	8.30 Neurology Paper Round	8.30 Neurology Paper Round	8.30 Neurology Paper Round	8.30 Neurology Paper Round	8.30 Neurology Paper Round		
	9.00 Ward Rounds – Lueck & Hughes	9.00 Ward Rounds - Das	9.00 Journal Club	9.00 Ward Rounds – Lueck & Malhotra	9.00 Ward Rounds - Das		
PM		12.30 Book Round	12.00 Grand Rounds	12.00 JMO Grand Rounds	12.00 Neuro-radiology		
		13.30 Stroke Meeting			13.00 Clinical Meeting		
	14.00 Ward Rounds – Malhotra	14.30 Ward Rounds – McColl & Lahoria		13.30 Ward Rounds – Hughes	14.00 Ward Rounds – McColl & Lahoria		
		1430-1600 JMO Teaching Session		1400-1500 RMO teaching session			

PATIENT LOAD:

Average number of patients looked after by the JMO per day

22 patients shared between 2 teams

OVERTIME

Average hours per week ROSTERED: 8 UNROSTERED: 0

EDUCATION:

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.

Education sessions:

- All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 2.30-4pm on Tuesdays is considered to be protected time for JMOs.
- RMO teaching is Thursdays 2-3pm; venue and topics TBC
- All neurology junior staff are expected to attend the weekly "book round" at 12.30 on Tuesdays, the journal club at 9.00 on Wednesdays, the neuroradiology meeting at 12.00 on Fridays and the neurology/neurosurgery meeting at 1.00 on Fridays.
- The junior resident is expected to read around interesting cases in the ward and contribute to discussion at team meetings and on ward rounds.
- All JMOs are also expected to attend morning hand-over at 08.00

	<ul style="list-style-type: none"> You are encouraged to attend any teaching sessions conducted by other specialities within your Pod, time permitting. <p>Educational resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Reading and Resource List: Neurology by M Manford and G Fuller Introductory Neurology by J G McLeod, JW Lance and L Davies</p> <p>Protocols and Clinical Pathways: Protocols and Clinical Pathways are contained on the ward and are available from the Consultant Nurse Coordinator.</p> <p>AMO Teaching: Prof. Christian Lueck; Dr. Andrew Hughes; Dr. Craig McColl; Dr. Chandi Das; Dr. Rajat Lahoria; Dr. Ram Malhotra;</p> <p>Registrar Teaching: This is provided on the job on an individual basis.</p>
<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>There may be an opportunity to become involved in clinical research projects by participating in existing research projects which are ongoing within the neurology department.</p>
<p>ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i></p>	<p>Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Medical Record Documentation: To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</p> <ul style="list-style-type: none"> All entries must be legible, clear, relevant and objective. Every entry must include date, time, signature, designation and printed name. All entries must be written within the boundaries of the form. Do not write in the margins. Only approved, barcoded forms should be used. Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper. Only approved hospital abbreviations should be used. Student entries must be countersigned by their supervisor. Entries written in error must have only one line ruled through the incorrect entry; have "Written in Error" entered above or beside the incorrect entry and the entry must be dated, timed, signed and designated. <p>Care Type change: Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient's admission, for example from Acute Care</p>

to Rehab. In some situations a patient may have several Care Type changes during the course of their admission.

For each Care Type change the medical officer must:

- assess the patient
- document patient history, status and expected goals on the Notification of Care Type Change form
- document the new care type, the reason for care type change, goals of current treatment and patient's current status in the progress notes

Once all sections of the form have been completed it should then be signed and handed to the Ward Clerk for action on CareSys.

For more details see the Medical Record Department guidelines.

Communication with General Practitioners:

The resident or registrar is expected to produce a brief handwritten discharge summary and to dictate a discharge summary for typing.

Discharge of Patients/Discharge Referral:

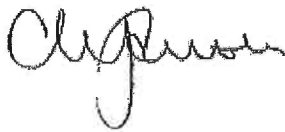
At the time of discharge, patient details including diagnosis, outstanding investigations and follow up arrangements are recorded in a log book which is reviewed weekly.

DISCHARGE SUMMARIES. All discharge summaries are to be done through the Electronic Discharge Summary programme (EDS). The programme is basically the paper case mix, but in electronic form. Paper summaries are no longer accepted in the Neurology Department. It is the responsibility of the JMOs to produce coherent, informative, and thorough discharge summaries, in a timely manner.

Procedure for Discharge summaries :

Login and password are required. It is important that the summary be done throughout the patient's admission, and so that a backlog is not created. It is suggested that you log onto your summaries at least once a day (to add all up to date and relevant information) so it is almost completed by discharge day. Once the discharge summary is completed, one copy should be printed and given directly to the departmental secretary.

Term Supervisor Signature:



Date:

28/7/2019.

Clinical Management

Patient Assessment

Patient Identification

- ☒ Follows the stages of a verification process to ensure the correct identification of a patient
- ☒ Complies with the organisation's procedures for avoiding patient misidentification
- ☒ Confirms with relevant others the correct identification of a patient

History & Examination

- ☒ Recognises how patients present with common acute and chronic problems and conditions
- ☒ Undertakes a comprehensive & focussed history
- ☒ Performs a comprehensive examination of all systems
- ☒ Elicits symptoms & signs relevant to the presenting problem or condition

Problem formulation

- ☒ Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process
- ☒ Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions
- ☒ Regularly re-evaluates the patient problem list

Investigations

- ☒ Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation
- ☒ Follows up & interprets investigation results appropriately to guide patient management
- ☒ Identifies & provides relevant & succinct information when ordering investigations

Referral & consultation

- ☒ Identifies & provides relevant & succinct information
- ☒ Applies the criteria for referral or consultation relevant to a particular problem or condition
- ☒ Collaborates with other health professionals in patient assessment

Safe Patient Care

Systems

- ☒ Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- ☒ Uses mechanisms that minimise error e.g. checklists, clinical pathways
- ☒ Participates in continuous quality improvement e.g. clinical audit

Risk & prevention

- ☒ Identifies the main sources of error & risk in the workplace
- ☒ Identifies which may contribute to patient & staff risk
- ☒ Explains and reports potential risks to patients and staff

Adverse events & near misses

- ☒ Describes examples of the harm caused by errors & system failures
- ☒ Documents & reports adverse events in accordance with local incident reporting systems
- ☒ Recognises & uses existing systems to manage adverse events & near misses

Public health

- ☒ Knows pathways for reporting notifiable diseases & which conditions are notifiable
- ☒ Acts in accordance with the management plan for a disease outbreak
- ☒ Identifies the key health issues and opportunities for disease and injury prevention in the community

Infection control

- ☒ Practices correct hand-washing & aseptic techniques
- ☒ Uses methods to minimise transmission of infection between patients
- ☒ Rationally prescribes antimicrobial / antiviral therapy for common conditions

Radiation safety

- ☒ Minimise the risk associated with exposure to radiological investigations or procedures to patient or self
- ☒ Rationally requests radiological investigations & procedures
- ☒ Regularly evaluates his / her ordering of radiological investigations & procedures

Medication safety

- ☒ Identifies the medications most commonly involved in prescribing and administration errors
- ☒ Prescribes, calculates and administers all medications safely mindful of their risk profile
- ☒ Routinely reports medication errors and near misses in accordance with local requirements

Acute & Emergency Care

Assessment

- ☐ Recognises the abnormal physiology and clinical manifestations of critical illness
- ☐ Recognises & effectively assesses acutely ill, deteriorating or dying patients
- ☐ Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

- ☐ Applies the principles of triage & medical prioritisation
- ☐ Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

Basic Life Support

- ☐ Implements basic airway management, ventilatory and circulatory support
- ☐ Effectively uses semi-automatic and automatic defibrillators

Advanced Life Support

- ☐ Identifies the indications for advanced airway management
- ☐ Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation
- ☐ Participates in decision-making about and debriefing after cessation of resuscitation

Acute patient transfer

- ☐ Identifies when patient transfer is required
- ☐ Identifies and manages risks prior to and during patient transfer

Patient Management

Management Options

- ☒ Identifies and is able to justify the patient management options for common problems and conditions
- ☒ Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

Inpatient Management

- ☒ Reviews the patient and their response to treatment on a regular basis

Therapeutics

- ☒ Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- ☒ Involves nurses, pharmacists and allied health professionals appropriately in medication management
- ☒ Evaluates the outcomes of medication therapy

Pain management

- ☒ Specifies and can justify the hierarchy of therapies and options for pain control
- ☒ Prescribes pain therapies to match the patient's analgesia requirements

Fluid, electrolyte & blood product management

- ☒ Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- ☒ Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient

- ☒ Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use

- ☒ Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

Subacute care

- ☒ Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs
- ☒ Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

Ambulatory & community care

- ☒ Identifies and arranges ambulatory and community care services appropriate for each patient

Discharge planning

- ☒ Recognises when patients are ready for discharge
- ☒ Facilitates timely and effective discharge planning

End of Life Care

- ☒ Arranges appropriate support for dying patients
- ☒ Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning

Skills & Procedures

Decision-making

- ☒ Explains the indications, contraindications & risks for common procedures
- ☒ Selects appropriate procedures with involvement of senior clinicians and the patient
- ☒ Considers personal limitations and ensures appropriate supervision

Informed consent

- ☒ Applies the principles of informed consent in day to day clinical practice
- ☒ Identifies the circumstances that require informed consent to be obtained by a more senior clinician

- ☒ Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

Performance of procedures

- ☒ Ensures appropriate supervision is available
- ☒ Identifies the patient appropriately
- ☒ Prepares and positions the patient appropriately
- ☒ Recognises the indications for local, regional or general anaesthesia
- ☒ Arranges appropriate equipment
- ☒ Arranges appropriate support staff and defines their roles
- ☒ Provides appropriate analgesia and/or premedication
- ☒ Performs procedure in a safe and competent manner using aseptic technique
- ☒ Identifies and manages common complications
- ☒ Interprets results & evaluates outcomes of treatment
- ☒ Provides appropriate aftercare & arranges follow-up

Skills & Procedures

- ☒ Venepuncture
- ☒ IV cannulation
- ☒ Preparation and administration of IV medication, injections & fluids
- ☒ Arterial puncture in an adult

- ☒ Blood culture (peripheral)
- ☒ IV infusion including the prescription of fluids
- ☒ IV infusion of blood & blood products
- ☒ Injection of local anaesthetic to skin
- ☐ Subcutaneous injection
- ☐ Intramuscular injection
- ☒ Perform & interpret and ECG
- ☐ Perform & interpret peak flow
- ☒ Urethral catheterisation in adult females & males
- ☐ Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- ☐ NG & feeding tube insertion
- ☐ Gynaecological speculum and pelvic examination
- ☐ Surgical knots & simple suture insertion
- ☐ Corneal & other superficial foreign body removal
- ☐ Plaster cast/splint limb immobilisation

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

- ☐ Fever
- ☐ Dehydration
- ☒ Loss of Consciousness
- ☒ Syncope
- ☒ Headache
- ☐ Toothache
- ☐ Upper airway obstruction
- ☐ Chest pain
- ☐ Breathlessness
- ☐ Cough
- ☐ Back pain
- ☒ Nausea & Vomiting
- ☐ Jaundice
- ☐ Abdominal pain
- ☐ Gastrointestinal bleeding
- ☐ Constipation
- ☐ Diarrhoea
- ☐ Dysuria / or frequent micturition
- ☐ Oliguria & anuria
- ☐ Pain & bleeding in early pregnancy
- ☐ Agitation
- ☐ Depression

Common Clinical Problems and Conditions

- ☒ Non-specific febrile illness
- ☒ Sepsis
- ☒ Shock
- ☒ Anaphylaxis
- ☒ Envenomation
- ☒ Diabetes mellitus and direct complications
- ☐ Thyroid disorders
- ☐ Electrolyte disturbances
- ☐ Malnutrition
- ☐ Obesity
- ☐ Red painful eye
- ☒ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☐ Common skin rashes & infections
- ☐ Bums
- ☐ Fractures
- ☐ Minor Trauma
- ☐ Multiple Trauma
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Gout
- ☐ Septic arthritis
- ☒ Hypertension
- ☐ Heart failure
- ☐ Ischaemic heart disease
- ☒ Cardiac arrhythmias
- ☒ Thromboembolic disease
- ☐ Limb ischaemia

- ☐ Leg ulcers
- ☐ Oral infections
- ☐ Periodontal disease
- ☐ Asthma
- ☐ Respiratory infection
- ☐ Chronic Obstructive Pulmonary Disease
- ☐ Obstructive sleep apnoea
- ☐ Liver disease
- ☐ Acute abdomen
- ☐ Renal failure
- ☒ Pyelonephritis & UTIs
- ☐ Urinary incontinence & retention
- ☐ Menstrual disorders
- ☐ Sexually Transmitted Infections
- ☐ Anaemia
- ☐ Bruising & Bleeding
- ☒ Management of anticoagulation
- ☐ Cognitive or physical disability
- ☐ Substance abuse & dependence
- ☒ Psychosis
- ☒ Depression
- ☒ Anxiety
- ☒ Deliberate self-harm & suicidal behaviours
- ☐ Paracetamol overdose
- ☐ Benzodiazepine & opioid overdose
- ☐ Common malignancies
- ☐ Chemotherapy & radiotherapy side effects
- ☐ The sick child
- ☐ Child abuse
- ☐ Domestic violence
- ☒ Dementia
- ☒ Functional decline or impairment
- ☒ Fall, especially in the elderly
- ☐ Elder abuse
- ☒ Poisoning/overdose

Professionalism

Doctor & Society

Access to healthcare

- ☒ Identifies how physical or cognitive disability can limit patients' access to healthcare services
- ☒ Provides access to culturally appropriate healthcare
- ☒ Demonstrates and advocates a non-discriminatory patient-centred approach to care

Culture, society healthcare

- ☒ Behaves in ways which acknowledge the social, economic political factors in patient illness
- ☒ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- ☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
- ☒ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- ☒ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- ☒ Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

Professional standards

- ☒ Complies with the legal requirements of being a doctor e.g. maintaining registration
- ☒ Adheres to professional standards
- ☒ Respects patient privacy & confidentiality

Medicine & the law

- ☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- ☒ Completes appropriate medico-legal documentation
- ☒ Liaises with legal & statutory authorities, including mandatory reporting where applicable

Health promotion

- ☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health

- ☒ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☒ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

Healthcare resources

- ☒ Identifies the potential impact of resource constraint on patient care
- ☒ Uses finite healthcare resources wisely to achieve the best outcomes
- ☒ Works in ways that acknowledge the complexities & competing demands of the healthcare system

Professional Behaviour

Professional responsibility

- ☒ Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- ☒ Maintains an appropriate standard of professional practice and works within personal capabilities
- ☒ Reflects on personal experiences, actions & decision-making
- ☒ Acts as a role model of professional behaviour

Time management

- ☒ Prioritises workload to maximise patient outcomes & health service function
- ☒ Demonstrates punctuality

Personal well-being

- ☒ Is aware of, & optimises personal health & well-being
- ☒ Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
- ☒ Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

- ☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- ☒ Consults colleagues about ethical concerns
- ☒ Accepts responsibility for ethical decisions

Practitioner in difficulty

- ☒ Identifies the support services available
- ☒ Recognises the signs of a colleague in difficulty and responds with empathy
- ☒ Refers appropriately

Doctors as leaders

- ☒ Shows an ability to work well with & lead others
- ☒ Exhibits leadership qualities and takes leadership role when required

Professional Development

- ☒ Reflects on own skills & personal attributes in actively investigating a range of career options
- ☒ Participates in a variety of continuing education opportunities
- ☒ Accepts opportunities for increased autonomy and patient responsibility under their supervisor's direction

Teaching, Learning & Supervision

Self-directed learning

- ☒ Identifies & addresses personal learning objectives
- ☒ Establishes & uses current evidence based resources to support patient care & own learning
- ☒ Seeks opportunities to reflect on & learn from clinical practice
- ☒ Seeks & responds to feedback on learning
- ☒ Participates in research & quality improvement activities where possible

Teaching

- ☒ Plans, develops & conducts teaching sessions for peers & juniors
- ☒ Uses varied approaches to teaching small & large groups
- ☒ Incorporates teaching into clinical work

- ☒ Evaluates & responds to feedback on own teaching

Supervision, Assessment & Feedback

- ☒ Seeks out personal supervision & is responsive to feedback
- ☒ Seeks out and participates in personal feedback and assessment processes
- ☒ Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)
- ☒ Adapts level of supervision to the learner's competence & confidence
- ☒ Provides constructive, timely and specific feedback based on observation of performance
- ☒ Escalates performance issues where appropriate

Communication

Patient Interaction

Context

- ☒ Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments

- ☒ Uses principles of good communication to ensure effective healthcare relationships

- ☒ Uses effective strategies to deal with the difficult or vulnerable patient

Respect

- ☒ Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds

- ☒ Maintains privacy & confidentiality

- ☒ Provides clear & honest information to patients & respects their treatment choices

Providing information

- ☒ Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand

- ☒ Uses interpreters for non-English speaking backgrounds when appropriate

- ☒ Involves patients in discussions to ensure their participation in decisions about their care

Meetings with families or carers

- ☒ Identifies the impact of family dynamics on effective communication

- ☒ Ensures relevant family/carers are included appropriately in meetings and decision-making

- ☒ Respects the role of families in patient health care

Breaking bad news

- ☒ Recognises the manifestations of, & responses to, loss & bereavement

- ☒ Participates in breaking bad news to patients & carers

- ☒ Shows empathy & compassion

Open disclosure

- ☒ Explains & participates in implementation of the principles of open disclosure

- ☒ Ensures patients & carers are supported & cared for after an adverse event

Complaints

- ☒ Acts to minimise or prevent the factors that would otherwise lead to complaints

- ☒ Uses local protocols to respond to complaints

- ☒ Adopts behaviours such as good communication designed to prevent complaints

Managing Information

Written

- ☒ Complies with organisational policies regarding timely & accurate documentation
- ☒ Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries

- ☒ Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
- ☒ Accurately documents drug prescription, calculations and administration

Electronic

- ☒ Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information

- ☒ Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

Health Records

- ☒ Complies with legal/institutional requirements for health records

- ☒ Uses the health record to ensure continuity of care

- ☒ Provides accurate documentation for patient care

Evidence-based practice

- ☒ Applies the principles of evidence-based practice and hierarchy of evidence

- ☒ Uses best available evidence in clinical decision-making

- ☒ Critically appraises evidence and information

Handover

- ☒ Demonstrates features of clinical handover that ensure patient safety & continuity of care

- ☒ Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

Working in Teams

Team structure

- ☒ Identifies & works effectively as part of the healthcare team, to ensure best patient care

- ☒ Includes the patient & carers in the team decision making process where appropriate

- ☒ Uses graded assertiveness when appropriate

- ☒ Respects the roles and responsibilities of multidisciplinary team members

Team dynamics

- ☒ Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise

- ☒ Demonstrates flexibility & ability to adapt to change

- ☒ Identifies & adopts a variety of roles within different teams

Case Presentation

- ☒ Presents cases effectively, to senior medical staff & other health professionals