

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: Canberra Hospital Dec 2017															
TERM NAME: Rheumatology, Immunology and Dermatology															
TERM SUPERVISOR: Dr. Ted Tsai / Dr. Chandi Perera / Prof Matthew Cook / Dr Andrew Miller															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Ted Tsai - 62443107 Dr. Chandi Perera – 6244 3107 A/Prof Kathleen Tymms – 62443107 Dr. Anna Dorai Raj – 62443107 Prof Matthew Cook – 62444954 Dr Katrina Randall – 6174 8523 Dr Carolyn Hawkins – 6174 8523 Dr Gary Chew – 6174 8523 Dr. Andrew Miller – 62472322 Dr Cate Drummond - 62472322														
ACCREDITED TERM FOR :	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <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>0</td> <td>Non-core</td> <td>12-14 weeks</td> </tr> <tr> <td>PGY2+</td> <td>1</td> <td>Non-core</td> <td>12-14 weeks</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;">Total positions available: 1 maximum, per term.</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	0	Non-core	12-14 weeks	PGY2+	1	Non-core	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE

Include outline of the role of the unit, range of clinical services provided, case mix etc.

- To provide excellence in the care of rheumatology, dermatology, and immunology patients within Canberra Hospital.
- To foster teaching and research of rheumatology, dermatology, and immunology within the hospital.
- To care for inpatients and outpatients with rheumatology, dermatology, and immunology diseases.
- To consult on inpatients with dermatological diseases under the care of other units.
- To provide advice on the management of patients with dermatological diseases.
- To teach nursing and allied health on dermatological diseases.

This term form part of Medical Pod 3

Medical Pod 3 includes:

- Medical Assessment and Planning Unit (MAPU),
- Home in the Hospital (HITH),
- Respiratory Medicine,
- Cardiology,
- Rheumatology Immunology & Dermatology,
- Endocrinology; and
- Medical Support Placements

Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme. All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.

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 1-9.30pm to facilitate handover period. 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. Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any shortfalls in staffing. Alternatively arrangements can be made to allow for leave provided adequate warning is given.

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.

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. All JMOs will be required to work weekends as dictated by the roster.

	The Rheumatology/Immunology/Dermatology term is demanding due to its high complexity patients despite moderate patient numbers; as well as its mix of 3 specialties. Good time management and organisational skills are required to ensure equal participation with all 3 subspecialty teams.
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>	Completion of Internship clinical training
ORIENTATION: <i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i>	JMOs should contact Dr. Tsai or Dr Perera; and Professor Cook or a nominated Immunologist; and Dr Miller or Dr Drummond to organise an initial orientation to the term. Contact details are listed above.
JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i>	<p>Daily Duties: Attend morning handover. The JMO should try to attend at least half of one outpatient session per week. The JMO should also jointly be responsible with the registrar for the assessment and care of patients attending HITH under the care of one of the consultants. Under the supervision of the registrar, the JMO is responsible for the day to day management of patients under the dermatology unit. All patients should be seen daily until discharge. The JMO should encourage the medical student's participation in the unit. Investigation results are to be checked at end of each day and discussed with registrars and/or consultant; daily late afternoon paper round/progress discussion with registrars.</p> <p>Ward Rounds & Presentations: The JMO should attend all ward rounds including inter-unit consultations. The specific diagnosis to be listed should be discussed on the patient's final ward round. Any other dictated letters are the responsibility of the registrar or specialist. The JMO is responsible for presenting all new patients in the rheumatology unit to the consultants every Wednesday in the Departmental Meeting and up-dating on the progress of all old patients. The RMO should present Immunology patients in the Immunology Unit round on Friday afternoon, and attend the unit book round on Tuesdays at 1pm. Please ensure that all current results of relevant investigations are available for the rounds. Complete handover template detailing patient presenting complaint, investigation and management plans in readiness for weekend afterhours handover (to be inserted into patient notes).</p> <p>Grand Rounds: JMOs are expected to attend grand rounds. The JMO may be asked to present at grand rounds during the term. These must be presented according to the guidelines issued by the Academic Unit of Internal Medicine. The case will usually be presented by the JMO or registrar followed by a discussion by the</p>

	<p>registrar and/or consultant. Presentations must be rehearsed.</p> <p>Handover: At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</p> <p>Consultations: The JMO is not directly responsible for patients on whom the Dermatology unit is consulted by other units. However the JMO should attend all rounds on consultations as this provides an ideal vehicle for continuing education. The JMO may be called upon to review consultations if the registrar is absent.</p> <p>Outpatients: The JMO is not required to attend all outpatient clinics, however attendance is encouraged. The outpatient clinic is intended to be a teaching vehicle for both the JMO and medical students. It is anticipated that procedural training in joint injection, cryotherapy and skin biopsy techniques will be performed at the outpatients clinic.</p> <p>Pathology and medical imaging tests: All tests must have an indication. It is important to have an interpretation plan in place prior to ordering the test so that the results may be useful in the patient's management. Please ensure that all pathology and medical imaging forms are accurately and completely filled out, including appropriate clinical data. Once tests are ordered please ensure tests are followed through and that the consultant is informed if there is likely to be a difficulty or delay in performing the tests.</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: Dr Dorai Raj, Dr Perera and Dr Tsai rotate weekly for on-call which includes emergency department admissions and consultations. Dr Randall, Prof Cook, Dr Hawkins rotate monthly for on-call including emergency admissions and a consultation service. Dr Miller, Dr Drummond and Dr Rubel on call for dermatology (roster arranged through Dermatology Registrar).</p>
	<p>AFTER HOURS: After hours 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:</p> <p>Clinical: Complete history and examination of patients suffering from low back pain, arthritis, connective tissue disease, and musculoskeletal complaints. Able to outline broad principles of further assessment and management in these patients. Develop specific skills in joint examination. An understanding of the clinical features of allergic and immune deficient patients. Interpret full blood count, general biochemistry, and basic immunological tests in relation to above conditions. Understand the broad outlines of relevant clinical pharmacology of anti-rheumatic and immunosuppressive drugs. Facilitate good interdisciplinary communication. Diagnose and manage the following common and/or important dermatological conditions:</p> <ul style="list-style-type: none"> • Eczema • Psoriasis • Drug eruption • Actinic keratosis • Basal cell carcinoma • Squamous cell carcinoma

	<ul style="list-style-type: none"> • Benign skin tumours (verruca, vulgaris, seborrheic keratosis) <p>Procedural: Aspirate and inject knee and/or shoulder joint. Venepuncture. IV Cannulation. Skin (allergy) testing, challenges. Perform cryotherapy. Perform skin biopsy.</p> <p>Educational: Understand the process of problem orientated research and conduct basic Medline search. Ability to do clear and concise case presentations. Should help supervise students attached to the unit.</p> <p>Interpretive: By the end of your term you should be competent at preparing initial assessment and some grasp of management complexities. You should also have improved skills for joint examination and be able to undertake competent oral presentations of complex medical cases; and understand the processing and interpretation of a skin biopsy.</p>
	<p>COMMUNICATION: Quality communication skills are expected as standard. This includes: Patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management.</p>
	<p>PROFESSIONALISM: Professionalism is a standard expectation. This relates to: effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>

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)

WEEKLY TIMETABLE				
Mon	Tues	Wed	Thur	Fri
8-8.30am morning handovers		8am combined Dept meeting	8-8.30am morning handovers	
consultant Rheum WR	Immunology WR	consultant Rheum WR	Rheum WR with registrar	Rheum WR with registrar
0900 Immunology Radiology meeting (Monthly)	Rheum WR with registrar		Immunology WR with registrar	
	0900 Paediatric Immunology clinic Dr Hawkins – weeks 1 & 3 Prof Cook – weeks 2 & 4 Dr Randall/ Dr Da Silva – every week	10.30am Rheum X-ray meeting		10.00 Paediatric Dermatology OPD (alternate weeks)
		12.30 Grand Rounds		12.30 consultant rheum WR
13.00 Rheumatology OPD clinics (Tymms/DoraiRaj)	1300 Immunology book round	13.00 Rheumatology OPD clinics (Perera/DoraiRaj)	13.00 Rheumatology OPD clinics (Perera/Tsai alternating)	13.30 Immunology teaching round
	15.00-16.30 JMO teaching			On completion of Immunology duties: Dermatology Adult OPD (alternate weeks)

PATIENT LOAD:

Average number of patients looked after by the JMO per day

average 10 in-patients per day

OVERTIME

Average hours per week ROSTERED: 8 UNROSTERED: 0

<p>EDUCATION:</p> <p><i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i></p>	<p>All PGY1 are expected to participate in the Tuesday afternoon teaching program. This is an accreditation requirement. The period from 3.00pm – 4.30pm on Tuesdays is considered to be protected time for JMOs.</p> <p>Combined Rheumatology/Immunology/Dermatology Unit Meeting: This meeting is conducted on rotation by the Consultants in the combined unit. The JMO may be involved in a case presentation and may be encouraged to perform some basic research with regard to the presentation at the meeting.</p> <p>Prepare and present material for quarterly M&M meetings</p> <p>Educational Resources: rheumlearningportal.wordpress.com</p> <p>AMO Teaching: A/Prof Tymms, Dr Perera, Dr Dorai-Raj, Dr Tsai, Dr Miller, Dr Drummond, Prof Cook, Dr Randall, Dr Hawkins, Dr Chew.</p> <p>Registrar Teaching: Rotating Registrars /Advanced Trainees</p>
<p>RESEARCH:</p> <p><i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>Research opportunities will be identified as they arise.</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><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 (from each department) 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>rheumlearningportal.wordpress.com quizzes and e-portfolio</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Communication/Discharge Documentation: Any special requirements should be communicated directly with the medical or allied health practitioners who will continue care after discharge. Follow-up must be discussed with the consultant and registrar prior to patient discharge. The JMO is responsible for the completion of all medical admissions and discharges. The Discharge Referral or Discharge Summary must be completed for all Inpatients discharges prior to patients discharge. The only exceptions to this are day dialysis and day Oncology/Haematology admissions. All deceased patients must have a Discharge Referral completed. The Discharging Specialty is responsible for the completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient please make a note of this on the Discharge Referral. Discharge Referrals not completed by the end of each final quarter will be brought to the attention to the Directors of the SMT leaders. In accordance with the guidelines for Discharge Referrals the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries you are responsible for. For further information on discharge documentation, see the Medical Record Department's guidelines for Discharge Referrals.</p> <p>Documentation: To main the integrity of the record and ensure the best optimum 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.

All patients admitted through the Emergency department should have their history and admission reviewed by the JMO following admission to the ward.

A 'clean slate' policy is to be followed by the JMO at the end of each day and before weekends to ensure adequate completion of their work.

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

At 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.

Medications:

The JMO should be familiar with all medications prescribed for inpatients, especially under the dermatology unit. All medications have an indication. It is important to be aware of possible adverse reactions to all medications and to understand how to screen patients appropriately when using medications. Medication charts must be kept up to date. Medications are to be entered using generic names and written clearly. Do not change medications for consultations unless it is clear that the consulting unit wishes this to be done.

Inpatient Notes:

All dermatology inpatients should have a brief note written following each review. All dermatology inpatients should have a brief note written following each review.

Dr Ted Tsai

Term Supervisor Signature:




Date:

.13./12/17.....

Dr Andrew Miller
Date: 13/12/2017



1. Dr C. Perera

2 DR TSA 

Term Supervisor Signatures:

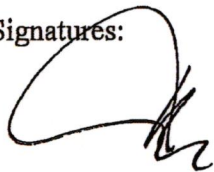


Date:

13/12/17

Professor M. Cook

Term Supervisor Signatures:



M. Cook

Date:

13/12/2017

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 & focused 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
- ☒ 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 or 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
- ☒ Footache
- ☒ 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 complication
- ☒ Thyroid disorders
- ☒ Electrolyte disturbances
- ☒ Malnutrition
- ☒ Obesity
- ☒ Red painful eye
- ☒ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☒ Common skin rashes & infections
- ☒ Burns
- ☒ Fractures
- ☒ Minor Trauma
- ☒ Multiple Trauma
- ☒ Osteoarthritis
- ☒ Rheumatoid arthritis
- ☒ Gout
- ☒ Septic arthritis
- ☒ Hypertension
- ☒ Heart failure
- ☒ Ischaemic heart disease
- ☒ Cardiac arrhythmias
- ☒ Thromboembolic disease
- ☒ Limb ischaemia

Refman

- ☒ 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

Revised
15/11/14

Changes to Term Description	
To	Canberra Region Medical Education Council
From	Prevocational Education and Training Committee
Date	Dec 2017

Please find attached an updated term description for Rheumatology/Immunology/Dermatology

The changes made to the term description are listed below for your consideration.

Topic	Changes
Term Supervisors	Dr. Ted Tsai / Dr. Chandi Perera / Prof Matthew Cook / Dr Andrew Miller
Clinical Team	Updated clinical team members list
Accredited Term for	No change
Overview of unit or services	<ul style="list-style-type: none"> To provide excellence in the care of rheumatology, dermatology, and immunology patients within Canberra Hospital. To foster teaching and research of rheumatology, dermatology, and immunology within the hospital. To care for inpatients and outpatients with rheumatology, dermatology, and immunology diseases. To consult on inpatients with dermatological diseases under the care of other units. To provide advice on the management of patients with dermatological diseases. To teach nursing and allied health on dermatological diseases. <p>The Rheumatology/Immunology/Dermatology term is demanding due to its high complexity patients despite moderate patient numbers; as well as its mix of 3 specialties. Good time management and organisational skills are required to ensure equal participation with all 3 subspecialty teams</p>
Requirements for commencing the term	No change
Orientation	JMOs should contact Dr. Tsai or Dr Perera; and Professor Cook or a nominated Immunologist; and Dr Miller or Dr Drummond to organise an initial orientation to the term. Contact details are listed above.
JMOs clinical responsibilities and tasks	Updated to reflect all 3 specialties.
Supervision	<p>IN HOURS:</p> <p>Dr Dorai Raj, Dr Perera and Dr Tsai rotate weekly for on-call which includes emergency department admissions and consultations.</p> <p>Dr Randall, Prof Cook, Dr Hawkins rotate monthly for on-call including emergency admissions and a consultation service.</p> <p>Dr Miller, Dr Drummond and Dr Rubel on call for dermatology (roster arranged through Dermatology Registrar).</p>
Standard Term Objectives	Updated to reflect all 3 specialties.

Timetable	Updated to reflect all 3 specialities.
Patient Load	No change
Overtime	No change
Education	Updated to reflect all 3 specialities.
Assessment & Feedback	Updated to reflect all 3 specialities.
Additional Information	Updated to reflect all 3 specialities.