

## 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.

Submissions of Term Descriptions are required to be current and as precise as possible. When submitting a Term Description for endorsement, please provide a cover sheet outlining the changes from the previous Term Description. To ensure the Term description is endorsed please provide a current date on the Term Description document so the version control can be monitored for auditing purposes, additionally please ensure the document is reviewed for content and accuracy and signed by the current supervisor.

<b>FACILITY:</b> The Canberra Hospital	
<b>UPDATED:</b> October 2019	
<b>TERM NAME:</b> General Surgery Team 1 (Trauma/General Surgery)	
<b>TERM SUPERVISOR:</b> Dr Ailene Fitzgerald	
<b>CLINICAL TEAM:</b>	<p><b>General Surgery</b>            Dr. Ailene Fitzgerald – via switch or PA 5124 2727            Dr. Frank Piscioneri – via switch or PA 5124 5660            Dr. Xiaoming Liang – via switch or PA 5124 5086            Dr Mike He – via switch            Prof Klaus Martin Schulte – via switch</p> <p><b>Trauma</b>            Dr. Ailene Fitzgerald – via switch or PA 5124 2727            Dr. Frank Piscioneri – via switch or PA 5124 5660            Dr. Edwin Beenen – 5124 3592            Dr. Thembi Ncube – 5124 5086            Dr. Simon Robertson – 5124 5088</p>

	Dr. Sean Chan – 5124 5088 Dr. David Lamond – 5124 3156 Dr. James Falconer – 5124 2940														
<b>ACCREDITED TERM FOR:</b>	<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><b>PGY1</b></td><td>1</td><td>Core Surgery</td><td>12 – 14 weeks</td></tr> <tr> <td><b>PGY2+</b></td><td>1</td><td>Core Surgery</td><td>12 – 14 weeks</td></tr> </tbody> </table> <p>Total positions available: 2 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	<b>PGY1</b>	1	Core Surgery	12 – 14 weeks	<b>PGY2+</b>	1	Core Surgery	12 – 14 weeks
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<b>OVERVIEW OF UNIT OR SERVICE</b>	<ul style="list-style-type: none"> <li>• General Surgery</li> <li>• Trauma Management</li> <li>• Wound Management</li> </ul> <p><b>Role of the Unit</b></p> <ul style="list-style-type: none"> <li>• Provide high quality general surgical services to ACT and surrounding geographic regions of NSW;</li> <li>• Ensure that services provided meet with the highest standards of care and are given with compassion, kindness and courtesy;</li> <li>• All health care providers in the department should be aware of the cost-effectiveness of all investigations and treatment;</li> <li>• To gain an understanding and appreciation of the multidisciplinary nature of trauma management;</li> <li>• Advocate for adequate resources for optimal patient care;</li> <li>• To provide training to junior medical officers rotating through the department regarding all aspects of patient care;</li> <li>• To provide continuing Medical Education through ward teaching and organised teaching sessions to all health personnel involved in care of surgical patients;</li> <li>• To liaise with various non-medical groups such as the Breast Support Group, Colostomy Association, and other support groups; and</li> <li>• To participate in surgical/trauma research to enhance health care and outcomes.</li> </ul> <p>This term forms part of Surgical Pod 1 which encompasses:</p> <ul style="list-style-type: none"> <li>• 2 General Surgery 1;</li> <li>• 2 General Surgery 2;</li> <li>• 4 General Surgery 3;</li> <li>• 6 ASU;</li> <li>• 1 Cardiothoracic Surgery;</li> <li>• 2 Urology; and</li> <li>• 3 Relief positions.</li> </ul> <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 specialties' teaching programme. All JMOs, particularly PGY 1 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 1330 - 2200 hrs to facilitate a handover period with the day staff and a handover with the night staff.</p> <p>Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 2100 hrs – 0730 hrs (2030 hrs – 0700 hrs on weekends). 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</p>														

	<p>twenty-four hour care for patients within your pod who you will be familiar with.</p> <p>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> <ul style="list-style-type: none"> <li>Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 A&amp;D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case).</li> </ul> <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. All JMOs will be required to work weekend as dictated by the roster.</p>
<b>REQUIREMENTS FOR COMMENCING THE TERM</b>	<p>Basic clinical training;</p> <p>Gowning and Gloving techniques;</p> <p>Familiarity with medication and fluid charts; and</p> <p>Basic Life Support Skills</p>
<b>ORIENTATION</b>	<p>Registrar and JMOs will be provided with an orientation document at the term commencement. They will be required to familiarise themselves with existing ASU and Trauma SOPs which will be provided during the first week of term. Further information will be provided at handover meeting on the first day of term. Handover attendance is compulsory for all surgical JMOs (unless Consultant ward round taking place or attending a sick patient) and takes place in Bldg 24, Seminar Room 1.</p>
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS</b>	<p><b>Consultant Specific Requests</b></p> <ul style="list-style-type: none"> <li>Every consultation to the unit demands a specialist opinion. The consultant must be contacted and see the consult within 24 hours. Please refer to individual consultant preferences.</li> <li>Every trauma admission is to have a Tertiary Survey and appropriate documentation completed within 24 hours. This includes: <ul style="list-style-type: none"> <li>➤ complete physical examination</li> <li>➤ a summary of injuries</li> <li>➤ documentation of other speciality involvement</li> <li>➤ referrals requested</li> <li>➤ review of all x-rays including reports</li> <li>➤ necessary investigations arranged as appropriate.</li> </ul> </li> </ul> <p><b>Ward Rounds and Ward Work</b></p> <ul style="list-style-type: none"> <li>It is expected that the Inpatient Team (Intern and Registrar) round on every patient every day;</li> <li>Any patient in whom there is clinical involvement but not under the unit bed should be included in this daily review;</li> <li>Documentation is required on every inpatient every day, unless a chronic patient. The note <b>MUST</b> be timed, dated and signed;</li> <li>Prior to rounding the Nurse in Charge of the relevant ward should be given the opportunity to round with the unit. Should the Nurse in Charge elect not to round</li> </ul>

then at the completion of the round on that ward the Nurse in Charge should be briefed on patient care plans;

- Medical Students attached to the unit are considered integral members of the team and should participate as a Pre-Intern, including patient examination and medical chart entries. Every medical student entry or test request must be countersigned by a medically qualified team member;
- It is expected that on ward rounds with consultants that the resident will present a concise summary of the patient's progress up to that point in time, including an Assessment or Problem List and management plan. The Registrar will contribute any additional management plans or dilemmas;
- Consultation to other inpatient units can only be made after discussion with Registrar who will inform the consultant of the problems for which additional opinions are being sought; and
- After rounding on Intensive Care Unit patients, it is mandatory that the Intensive Care Medical Staff be consulted and a conjoint appraisal of the patient's progress as appropriate.

#### **Outpatient Sessions**

- Both registrar and resident are expected to attend the outpatient sessions. In the clinic all new patients must be seen by a consultant.
- No patient can be added to the unit waiting list without a co-signing of the request for admission form by a consultant.
- Medical students are encouraged to see new patients as long cases prior to the consultant.
- The resident's responsibilities in the outpatient clinic are principally to follow up reviews. Returning patients to their regular family practitioner is encouraged.
- Each change in management or progress or prognosis demands a dictated note to the patient's family physician.

#### **Operating Room**

- Participation in all operating room sessions is mandatory for the unit Registrar and the RMO and/or intern is strongly encouraged to attend where ward work permits.
- The unit Registrar should be in the Operating Room at least 10 minutes prior to the operating list commencing to review any concerns and check the patient prior to anaesthetic commencing.
- Relevant imaging should be with the patient and hung on the X-ray viewing box or be available electronically.
- Team time out is essential.
- At the completion of each and every operation the following things must be checked and completed:
  - A handwritten operation report (a dictated report is the responsibility of the principal surgeon) that is SIGNED;
  - Detailed post operative orders;
  - Pathology request forms completed with an appropriate history and for those patient being discharged that day prepare a unit contact card; and
  - Follow up appointment and medical certificates.

#### **Teaching**

- Apart from the hospital teaching sessions for JMOs, regular teaching sessions are held each Wednesday afternoon for all surgical Registrars and JMOs.
- Attendance and participation is encouraged, clinical work permitting. Please see attached teaching timetable for further details.
- A separate trauma teaching schedule will be distributed at the start of each term.
- Junior staff are also encouraged to consider participation in clinical research projects while attached to the unit.

#### **Hours of Work**

	<p>Generally, it is expected that most work will be completed in the hours rostered. Any uncompleted tasks should be handed over to the covering resident.</p> <p>Should all duties be completed then pursuit of other activities, such as library reading and research activities, is encouraged.</p> <p>If at any time the JMO is not in a position to respond expeditiously to a page then covering arrangements need to be in place.</p> <p>Should the Resident or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place.</p> <p><b>Handover</b> Attendance at the 0700 morning handover in Bldg 24, Seminar Room 1 is mandatory (unless required elsewhere by clinical urgency or Consultant request)</p> <p>Prior to leaving the unit it is incumbent on the JMO to contact the incoming JMO and orientate him/her to both 10A and any current inpatients who will be the responsibility of the new JMO.</p>
<b>SUPERVISION</b>	<p><b>IN HOURS</b> Full-time Staff Specialists attached to Team 1 are Dr. Ailene Fitzgerald and Dr. Frank Piscioneri and both are contactable via switch or mobile at any time if the matter is urgent. Numbers will be provided at term commencement.</p>
	<p><b>AFTER HOURS</b> See individual rosters</p>
<b>STANDARD TERM OBJECTIVES UNIT SPECIFIC</b>	<p><b>CLINICAL MANAGEMENT</b> The JMO should strive to have undertaken the following by the end of this term:</p> <p><b>Clinical:</b> Inpatient management of a range of General Surgical and Trauma patients including but not limited to: <u>Trauma specific:</u></p> <ul style="list-style-type: none"> <li>• Primary, Secondary and Tertiary Injury surveys</li> <li>• Holistic multi trauma management</li> <li>• Intercostal catheter and underwater sealed drain management</li> <li>• Wound management</li> </ul> <p><u>General Surgery:</u> As above and including but not limited to:</p> <ul style="list-style-type: none"> <li>• Peri-operative management of gastrointestinal, soft tissue, thoracic and chest trauma surgery patients</li> <li>• Fluid management and nutritional management, including TPN</li> <li>• Intercostal catheter and underwater sealed drain management</li> <li>• Pre-operative assessment and investigations</li> <li>• Tracheostomy care</li> <li>• Principles of informed consent</li> <li>• Patient and patient kin counselling skill development</li> <li>• Clinical handover – all JMOs are expected to prepare written and verbal handover every day including weekends.</li> </ul> <p><b>Procedural:</b></p> <ul style="list-style-type: none"> <li>• Participation and assistance at a range of operations</li> <li>• Insertion of Foley Catheter, intravenous cannula</li> <li>• Wound debridement and closure techniques</li> <li>• Excision of skin lesions</li> <li>• Additionally, depending on opportunities, tube thoracostomy, central venous catheterisation, abdominal paracentesis.</li> </ul> <p><b>Education:</b> In addition to the teaching timetable, participation in the following is encouraged:</p>

	<ul style="list-style-type: none"> <li>• Wound Management Skills Workshop</li> <li>• Familiarisation with and participation in Audit process</li> <li>• Burns Education Day</li> <li>• <b>Early Management of Severe Trauma course (EMST).</b></li> </ul>
	<b>COMMUNICATION</b> The JMO should strive to have improved on: <ul style="list-style-type: none"> <li>• Patient interaction</li> <li>• Patient information note taking</li> <li>• Liaising with patient family members</li> <li>• Working as member of a team</li> <li>• Communicating with senior consultants</li> <li>• Communicating with other health care professionals regarding longer term patient management.</li> </ul>
	<b>PROFESSIONALISM – is expected as standard</b> The JMO should strive to improve to: <ul style="list-style-type: none"> <li>• Communicate and participate effectively in a multidisciplinary clinical team</li> <li>• Develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice</li> <li>• Update skills in information technology relevant to clinical practice</li> <li>• Gain more knowledge in the collection and interpretation of clinical data</li> <li>• Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques</li> <li>• Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.</li> </ul>

#### INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0700 handover	0700 handover	0700 handover	0700 handover	0700 handover	As per Surg Pod 1 roster	As per Surg Pod 1 roster
	0730 consultant/ registrar ward round	0730 consultant/ registrar ward round	0730 consultant/ registrar ward round	0730 consultant/ registrar ward round	0730 consultant/ registrar ward round		
PM		JMO education programme 1430-1600 hrs	Journal club 1400-1500 hrs (Monthly)	Unit teaching 1400-1500 hrs			
			Registrar teaching session 1600- 1730 hrs	MEU education programme 1400-1500 hrs			
			1730-1830 hrs Surgical Audit 1830- 1930 hrs				

A separate trauma service education timetable will be distributed at term commencement

<b>PATIENT LOAD</b> Average number of patients looked after by the JMO per day	10 -20
<b>OVERTIME</b> Average hours per week ROSTERED: 2.5 UNROSTERED: 5	
<b>EDUCATION</b>	<p>All JMOs are expected to participate in the Tuesday afternoon teaching program. The period from 1430-1600 hrs is considered to be protected time.</p> <p>RMO teaching is on Thursday afternoons 1400-1500 hrs.</p> <p><b>Educational Resources</b>  A comprehensive range of reference material is held in the hospital library and is available on the intranet.</p> <p><b>AMO Teaching</b>  All Unit Consultants</p> <p><b>Registrar Teaching</b>  Rotation Registrars</p>
<b>RESEARCH</b>	<p>Junior staff are encouraged to consider participation in clinical research projects while attached to the unit. Supervisors will identify opportunities as they become available.</p>
<b>ASSESSMENT AND FEEDBACK</b>	<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>
<b>ADDITIONAL INFORMATION</b>	<p><b>Rostering</b>  JMOs will be rostered for evenings and weekend duty covering ward 10A. This could be for 2 – 4 weeks of the term. This is a crucial part of JMO training and is heavily reliant on effective handover between all teams between 1400-15.00 hrs. Effective handover will ensure uninterrupted management of inpatients.</p> <p><b>Medical Record Documentation</b>  All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p><b><i>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</i></b></p> <ul style="list-style-type: none"> <li>• All entries must be legible, clear, relevant and objective;</li> <li>• Every entry must include date, time, signature, designation and printed name;</li> <li>• All entries must be written within the boundaries of the form. Do not write in the margins;</li> <li>• Only approved, bar-coded forms should be used;</li> <li>• Use black ballpoint pen only. Do not use blue pen, Pentel, rollerball, felt pens, highlighter pens or liquid paper;</li> <li>• Only approved hospital abbreviations should be used;</li> <li>• Student entries must be countersigned by their supervisor; and</li> <li>• Entries written in error must have only one line ruled through the incorrect entry and must have "Written in Error" entered above or beside the incorrect entry must be dated, timed, signed and designated.</li> </ul>

**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.

For each Care Type change the JMO must:

- Assess the patient;
- Document patient history, status and expected goals on the Notification of Care Type Change form; and
- Document the new care type, the reason for care type change, and 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.

**Discharge Summary - Communication with General Practitioners**

- A Discharge Summary must be completed for all Inpatient discharges (usually by the JMO) within 48 hours of discharge/separation;
- All deceased patients must have a Discharge Summary completed;
- In either case, if you have never seen the patient please make a note of this on the Discharge Summary;
- Discharge Summaries not completed by the end of each financial quarter will be brought to the attention of the Unit Directors and, potentially, to Executive Directors; and
- In accordance with relevant policies, the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Summaries for which you are responsible.

Dr Ailene Fitzgerald

Term Supervisor Signature:



October 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
- ☐ 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 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

- ☐ 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 administrative

#### 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 where 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