

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: September 2019															
TERM NAME: General Surgery 3 (Upper GI)															
TERM SUPERVISOR: Dr. James Fergusson															
CLINICAL TEAM	Dr. James Fergusson – 5124 3592 Dr. Charles Mosse – Page through hospital switchboard Dr. Phil Jeans – Page through hospital switchboard Dr. Sivakumar Gananadha – 5124 5086 Dr Edwin Beenen – 5124 3592														
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>Surgery-Core</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>2</td><td>Surgery-Core</td><td>12-14 weeks</td></tr> </tbody> </table> <p>Total positions available: 4 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	2	Surgery-Core	12-14 weeks	PGY2+	2	Surgery-Core	12-14 weeks
	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>												
PGY1	2	Surgery-Core	12-14 weeks												
PGY2+	2	Surgery-Core	12-14 weeks												
OVERVIEW OF UNIT OR SERVICE	<ul style="list-style-type: none"> • Upper GIT surgery • Wound management <p>Role of the Unit:</p> <ul style="list-style-type: none"> • Provide high quality general surgical services to ACT and surrounding geographic regions of NSW; 														

- Ensure that services provided meet with the highest standards of care and are given with compassion, kindness and courtesy;
- All health care providers in the department should be aware of the cost-effectiveness of all investigations and treatment;
- Ensure that adequate ward and operating facilities are available at all times for elective and emergency surgery;
- In close co-operation with Nursing Staff maintain optimal care and efficiency of utilisation in the wards so as to maximise usage of resources;
- To provide training for Surgical Registrars along the guidelines laid out by the R.A.C.S.;
- To provide training to Residents and Interns, rotating through the department to enable them to cope with the diagnosis and management of patients with surgical conditions;
- To provide continuing Medical Education through ward teaching, seminars, lectures and discussions to nursing staff and nursing students;
- To participate in other hospital activities through conferences and seminars in order to educate medical doctors and colleagues on surgical patients;
- Where possible, to promote health through the prevention of disease by changes in lifestyle; and
- Research, both clinical and basic in surgical diseases is pursued to better understand mechanisms of disease and improve health care.

This term forms part of Surgical Pod 1 which encompasses:

- 2 General Surgery 1;
- 2 General Surgery 2;
- 4 General Surgery 3;
- 6 ASU;
- 1 Cardiothoracic Surgery;
- 2 Urology; and
- 3 Relief positions.

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.

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 1.30-10pm 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-7.30am (weekdays) or 8.30pm-7.30am (weekends/public hols). 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.

- Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2A&D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover *all* 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).

	<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 and VMOs 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.</p>
REQUIREMENTS FOR COMMENCING THE TERM	<p>General hospital experience at Intern level and an interest in managing surgical patients.</p> <p>Basic Clinical Training such as:</p> <ul style="list-style-type: none"> • Ability to take history and carry out general physical examination; • Ability to document clearly in the patients' notes, to do ward rounds and to carry out decisions made; and • Skills with venous cannulation.
ORIENTATION	<p>Meet with the team Registrar during the first week (usually Monday morning) in the unit on Ward 10A to discuss term requirements and expectations</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS	<p>Consultant Specific Requests</p> <ul style="list-style-type: none"> • 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; and • Every trauma admission is to be followed on the morning after admission with a Tertiary Injury Survey. This includes a complete physical examination, a written injury summary, documentation of other specialty's involved including the name of the consultant, a review of all X-rays including reports and clearance of the cervical spine where possible. Any areas of suspected injury not appropriately imaged should have this organised forthwith. <p>Ward Rounds and Ward Work</p> <ul style="list-style-type: none"> • It is expected that the Inpatient Team (Intern and Registrar) round on every patient every day. Any patient in whom there is clinical involvement and not under the Unit bed card or computer generated patient list should be included in this daily review. • Enter a written note on every inpatient every day, unless a chronic patient. The note MUST be timed and dated. • 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 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 counter-signed 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 patients 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.
- 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 made at the end of each work day.

Rounds / Surgery:

Please refer to timetable.

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; and
- 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 the very essence of this term.
- Resident and Registrar should be in the Operating Room prior to the operating list commencing.
- Relevant imaging should be with the patient and hung on the X-ray viewing box or be available electronically.
- Peri-operative antibiotic administration should be checked.
- At the completion of each and every operation the following things must be checked and completed:
 - a notation in the chart;
 - 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.

Presentations

- Opportunities to present interesting cases arise at the Friday surgical JMO teaching session;
- This session is also open to medical students who are attached to the unit.
- Residents attached to the Unit are encouraged to consider participation in clinical research projects while attached to the Unit.

Hours of Work

- 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;
- Should all duties be completed then pursuit of other activities, such as library reading and research activities, is encouraged;
- 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;
- Should the Resident or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place; and

	<ul style="list-style-type: none"> Please note the Unit Timetable. <p>Handover Attend 0700 hrs morning handover in the Conference Room, Building 24.</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>
SUPERVISION	<p>IN HOURS Dr. Fergusson, Dr. Mosse, Dr. Jeans and Dr. Gananadha may be contacted through the switchboard/communication system.</p>
	<p>AFTER HOURS Hospital after hour's roster for ward 10A and Surg Pod 1 . Supervised by rostered after-hours general surgical registrar.</p>
STANDARD TERM OBJECTIVES UNIT SPECIFIC	<p>CLINICAL MANAGEMENT By the completion of this term the JMO may expect to acquire the following knowledge/ skills:</p> <p>Clinical:</p> <ul style="list-style-type: none"> Upper abdominal pain and its causes Pre-operative assessment and investigations Principles of informed consent Patient and relatives' counselling skill development Upper GI surgery procedures and follow-up Postoperative chest conditions: <ul style="list-style-type: none"> ➤ Atelectasis ➤ Pneumonia ➤ Common arrhythmias Fluid and electrolyte disturbance Wound Assessment: <ul style="list-style-type: none"> ➤ Cellulitis ➤ Infection ➤ Dehiscence Management of drains Clinical Handover – all JMOs are expected to prepare written and verbal handover every day including weekends. <p>Advantages and disadvantages of various types of</p> <ul style="list-style-type: none"> Dressings Wound Antiseptics <p>Procedural:</p> <ul style="list-style-type: none"> IV placement Wound suture ICC Insertion <p>Educational:</p> <ul style="list-style-type: none"> Participate in Wound Management Skills Workshop. Familiarity with and participation in Audit process. <p>Interpretative: You should be familiar with interpretation of the following:</p> <ul style="list-style-type: none"> Fluid and electrolyte disturbance

	<ul style="list-style-type: none"> • Renal function and liver function tests • Medical Imaging: • Chest X-ray • Plain abdominal film • CT Scan
	COMMUNICATION The JMO should strive to have improved on: <ul style="list-style-type: none"> • 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.
	PROFESSIONALISM – is expected as standard The JMO should strive to improve to: <ul style="list-style-type: none"> • Communicate and participate effectively 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 • Update skills in information technology relevant to clinical practice • Gain more knowledge in the collection and interpretation of clinical data • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques • Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.

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	Operating theatre sessions occur on a 4 weekly cycle. Check timetable in 10A doctors room.	Operating theatre sessions		Operating theatre sessions	Journal club		
		1430-1600 JMO teaching session	4.30-5.30pm Surgical Registrar Teaching	1400-1500 MEU teaching			

			(TCH Auditorium) 5.30-6.30pm Surgical M&M				
PATIENT LOAD		10 - 15					
OVERTIME Average hours per week ROSTERED: 2.5 UNROSTERED: 2.5							
EDUCATION		<p>All JMOs are expected to participate in the Tuesday afternoon teaching program. This is a requirement of the CRMEC. The period from 1430-1600hrs on Tuesdays is considered to be protected teaching time for JMOs. MEU teaching is on Thursdays 1400-1500hrs.</p> <p>Journal club Fridays.</p> <p>Educational Resources:</p> <p>A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>AMO Teaching:</p> <p>Dr James Fergusson, Dr Charles Mosse, Dr Phil Jeans, Dr Sivakumar Gananadha and Dr Edwin Beenen.</p> <p>Registrar Teaching:</p> <p>Rotation Registrars</p>					
RESEARCH		Opportunities for research may be identified during the term.					
ASSESSMENT AND FEEDBACK		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.					
ADDITIONAL INFORMATION		<p>Rostering:</p> <p>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 – 1500 hrs. Effective handover will ensure uninterrupted management of inpatients.</p> <p>Medical Record Documentation</p> <p>All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p>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, bar-coded 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; and
- 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.

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.

Term Supervisor Signature:



James Fergusson
September 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 complications
- ☐ 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
- ☒ Indigenous patients
- ☒ 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

- ☒ 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

- ☒ 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

- ☒ Understands
- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ Provides accurate documentation for patient 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

- ☒ Critically appraises evidence and information

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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

- ☒ 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