

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: August 2019

TERM NAME: Orthopaedic Surgery

TERM SUPERVISOR: Dr Igor Policinski

CLINICAL TEAM:

*Include **contact details** of all relevant team members*

VMO Position:

Prof Paul Smith – Pelvis and lower limb
Dr Bryan Ashman – Fracture clinics
Dr Sindy Vrancic – Upper limb
Dr Chris Roberts – Upper limb
Dr Damian Smith – Lower limb
Dr Alexander Burns – Lower limb
Dr Joe Lau – Lower limb
Dr Joseph Smith – Shoulder and Lower limb
Dr Gawel Kulisiewicz – Lower limb
Dr Phil Aubin – Lower limb
Dr Nicholas Tsai – Spine and general
Dr Michael Gross – Lower limb
Dr Igor Policinski – Upper limb

ACCREDITED TERM FOR :

	Number	Core/Elective	Duration
PGY1	6	Core	12 – 14 weeks
PGY2+	0		

<p>OVERVIEW OF UNIT OR SERVICE</p> <p><i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<ul style="list-style-type: none"> • To provide inpatient and outpatient care for traumatic and elective orthopaedic conditions • To conduct clinical research on orthopaedic conditions • To teach and train post-graduate surgical trainees, resident medical staff, medical students, nurses and allied health professionals in orthopaedic conditions • The unit is one of the busiest in the hospital with 50-60 inpatients and daily outpatient clinics and operating lists
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	<p>Basic Clinical Training</p>
<p>ORIENTATION:</p> <p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i></p>	<p>Term orientation by the term supervisor during the first week. JMO to arrange for meeting with Dr. Policinski's PA.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Unit Patients</p> <p>Under the supervision of the orthopaedic registrars, the JMO is responsible for the day-to-day management of the patients under their team. All patients under their care should be seen daily, usually with the team registrars. Medical students on rotation to the Unit should be encouraged to participate in the daily routine.</p> <p>Currently the consultants are divided into four teams in the orthopaedic unit with each team having a SET accredited registrar, a pre-SET unaccredited registrar and a JMO. The JMO will spend most of the term with one 'home' team but will rotate to other teams according to the roster.</p> <p>Between the teams the ward work and outpatient/operating sessions should be rotated between the RMOs to ensure everyone has an opportunity to get to clinics and surgical procedures.</p> <p>A medical case notes ward round is conducted each day by the orthogeriatric team.</p> <p>Ward Rounds</p> <p>Consultant ward rounds are variable and usually occur either before or after theatre. Both VMOs and registrars will be encouraged to ensure that the JMO is involved in any individual ward rounds.</p>

	<p>Hours of Work Rostered hours of work are normally 7 am to 5pm or 12pm -10pm. JMOs work 9x10hr shifts in a fortnight period. On weekends there are two overlapping 7 hour shifts both days but these can be worked as one 14 hour shift by mutual agreement.</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: Supervision is provided by the accredited and non-accredited orthopaedic registrars assigned to the individual teams. Medical problems are supervised by the orthogeriatric team or specialty medical registrars, but the first point of contact should be one of the team's orthopaedic registrars.</p>
	<p>AFTER HOURS: After hours orthopaedic and medical registrar</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>The JMO should strive to have undertaken the following by the end of this Term:</p> <p>Clinical</p> <ul style="list-style-type: none"> History and examination of orthopaedic patients, gaining an understanding of the clinical features of the orthopaedic conditions admitted under their care and a confidence in demonstrating the relevant physical signs Assessment and management of: <ul style="list-style-type: none"> fractures and dislocations soft tissue injuries other urgent orthopaedic conditions including infection elective orthopaedic conditions, in particular patients requiring joint replacement Utilisation and interpretation of appropriate investigations, especially musculo-skeletal imaging Operating theatre experience, with an understanding of the principles of surgical exposure and wound closure Management of the surgical patient: <ul style="list-style-type: none"> pre-operative: <ul style="list-style-type: none"> pre-existing medical conditions relevant investigations informed consent post-operative: <ul style="list-style-type: none"> anticipation and prevention of complications, especially venous thrombosis and wound infection wound care pain control Medical problems in the surgical patient including an ability to decide on appropriate referral Rehabilitation including physiotherapy and allied professions <p>Procedural</p> <ul style="list-style-type: none"> Venepuncture, IV cannulation, ABG, IDC insertion, joint aspiration Surgical assisting, knot tying, suture techniques Application of external casts <p>Educational</p> <ul style="list-style-type: none"> Attend fracture clinics for instruction and supervision of cast application and management of ambulatory traumatic conditions Attend outpatient clinics for management of elective conditions Attend and participate in the weekly clinico-radiological review meeting Attend individual VMO tutorials on orthopaedic conditions Participate in the General Clinical Training Program
	<p>COMMUNICATION: All JMO's are expected to communicate effectively across: Patient interaction, patient</p>

	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: Professional behaviour is a requirement for your continued employment, Professionalism is expected across all areas, including: Effective communication and participating 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.

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)

NB: Dr Igor Policinski has a teaching/feedback session with the interns and RMOs on Friday week 4 at 11:00 on 5A, except during the school holidays.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	0700 Handover meeting 0730 Ward round 8.00 Elective/Trauma Theatre 9.00 Outpatients	0700 Handover meeting 0730 Ward round 8.00 Elective/Trauma theatre 9.00 Outpatients	0700 Handover meeting 0730 Ward round 8.00 Elective/Trauma theatre	0700 Handover meeting 0730 Ward round 8.00 Elective/Trauma theatre 9.00 Fracture clinic (paediatric)	7.00 X-ray meeting at John James Hospital 0730 Ward round 9.00 Outpatients
PM	1.00 Fracture clinic	1.00 Outpatients	1.00 Fracture clinic	1.00 Outpatients	1.00 Fracture clinic
		2.30-4pm Intern teaching sessions		2-3pm RMO teaching sessions	

PATIENT LOAD: Average number of patients looked after by the JMO per day	Can be as few as 5 and as many as 50 when team is on-take
OVERTIME Average hours per week	ROSTERED: 8 UNROSTERED: 15-20 depending on patient load
EDUCATION: Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be	Registrar Teaching Registrar teaching occurs informally on ward rounds and during hand-over sessions General Clinical Training All JMOs are expected to participate in the post-graduate teaching program. Interns: Tuesdays 2.30-4pm

<p>included in the unit timetable.</p>	<p>RMOs: Thursdays 2-3pm</p> <p>On-call rosters</p> <p>Registrar Roster Monday to Friday one works to 10.30pm and another stars at 10pm for overnight. On weekends two registrars cover theatre and ED calls during the day.</p> <p>Consultants roster VMOs are on-call for one week at a time, commencing 8:00am Friday, but often split the week with another VMO. Roster swaps between VMOs often mean that one team receives patients more than others.</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 will provide formal assessment and feedback using the online 'one45' at mid-term and at the end of term. In completing the assessment, the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p> <p>Please arrange for both assessments with Dr. Policinski via his PA.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Communication with General Practitioners A hospital discharge referral form should be completed prior to discharge and a copy given to the patient at discharge. Specific instructions for follow-up should be discussed with the registrar and consultant prior to discharge. Notify the patient and document in the notes. A telephone call or facsimile to every patient's family practitioner should be made for every patient who has stayed overnight. A Unit or VMO card, detailing contact phone numbers and with space for both follow up appointments and patient specific discharge instructions should be given to every patient or responsible next of kin.</p> <p>Discharges / Discharge Documentation Patient discharges should be planned at least one day in advance, in consultation with the registrar and clinical nurse consultant. The Discharge Referral must be completed for all Inpatient discharges before discharge and following discussion with the registrar about the follow-up plan. 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.</p> <p>Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders. In accordance with Policy 0113:001 Record Completion and Casemix Summaries 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.</p> <p>Medical Record Documentation All in patients should have a brief note written following each review i.e. at least daily. To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</p> <ul style="list-style-type: none"> • All entries must be legible, clear, relevant and objective. • Every entry must include date, time, signature, designation and printed name. • All entries must be written within the boundaries of the form. Do not write in the margins.

- Only approved, barcoded forms should be used.
- Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper.
- Only approved hospital abbreviations should be used.
- Student entries must be countersigned by their supervisor.
- Entries written in error must have only one line ruled through the incorrect entry; have "Written in Error" entered above or beside the incorrect entry and the entry must be dated, timed, signed and designated.

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 medical officer must:

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

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

For more details see Policy number 0117:001 Care Type Policy.

Term Supervisor:
Dr Igor Policinski
July 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 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 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