

## 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.

<b>FACILITY:</b> The Canberra Hospital	
<b>UPDATED:</b> August 2019	
<b>TERM NAME:</b> Paediatric Sub-Speciality Surgery	
<b>TERM SUPERVISOR:</b> Dr. Blessy Charles (Consultant Paediatrician)	
<b>CLINICAL TEAM</b> <i>Include contact details of all relevant team members</i>	<p><b>ENT - Doctors are contactable via the hospital switchboard</b>            Dr Tuan Pham            Dr Tim Makeham            Dr Fardin Eghtedari            Dr Tak-SiewLee            Dr Safi Al-Bekaa            Dr Lachlan Lipsett</p> <p><b>Maxfac - Doctors are contactable via the hospital switchboard</b>            Dr Dylan Hyam            Dr Narada Hapangama            Dr Robert Witherspoon            Dr Ken Sun            Dr Sam Kim</p> <p><b>Plastics – Doctors are contactable via the hospital switchboard</b>            Dr Greg McCarten            Dr Ross Farhadieh            Dr Michael Findlay</p>

	<p>Dr Yosanta Rajapaske Dr Siva Sathasivam Dr Mahyar Amjadi</p> <p><b>Neurosurgery</b> - <i>Doctors are contactable via the hospital switchboard</i> A/Prof David McDowell, Staff Specialist Dr Peter Mews, Staff Specialist Dr Hari Bandi Dr Rebecca Webb-Myers</p> <p><b>Ophthalmology</b> - <i>Doctors are contactable via the hospital switchboard</i> Dr. Essex, Dr. Reid, Dr. Mendis, Dr. Dickson, Dr. Duncan, Dr. Okera, Dr. Tridgell, Dr Dayajeewa,</p> <p><b>Registrars, ATs and Fellows of each team unit.</b></p>												
<b>ACCREDITED TERM FOR</b>	<table><tr><td></td><td><b>Number</b></td><td><b>Core/Elective</b></td><td><b>Duration</b></td></tr><tr><td><b>PGY1</b></td><td>0</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></table> <p>Total positions available: 1 maximum</p>		<b>Number</b>	<b>Core/Elective</b>	<b>Duration</b>	<b>PGY1</b>	0	Core Surgery	12-14 weeks	<b>PGY2+</b>	1	Core Surgery	12-14 weeks
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<b>PGY2+</b>	1	Core Surgery	12-14 weeks										
<b>OVERVIEW OF UNIT OR SERVICE</b>  <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p><b>Role of the Service</b></p> <ul style="list-style-type: none"><li>• Is to care for and manage Paediatric patients who are under the care of the surgical subspecialties.</li><li>• This EXCLUDES Paediatric General Surgery patients, who are under the care and management of the Paediatric Surgical team, including the Paediatric Surgeons, Fellows, ATs/Registrars and Paediatric Surgery SRMO.</li><li>• To provide ongoing follow-up and management of these paediatric patients who are considered to be at risk of either ongoing problems or at risk from care.</li><li>• To help in teaching medical students, interns, nursing and allied health professionals in relevant and applicable modalities in surgical sub-specialty paediatrics.</li><li>• To introduce RMO's to the principles of sub-specialty surgical management of children.</li></ul> <p>The various surgical sub-specialties all have their particular Unit overviews, and further details can also be found in the relevant surgical term descriptions.</p> <p>The role of the Surgical Sub-Specialty RMO is to provide clinical care, support and management for these surgical sub-specialty paediatric patients, under the direct clinical supervision of the relevant surgical disciplines. The paediatric surgical sub-specialty patient will be admitted under the surgical Home Team,(plastics, ENTMF, urology, neurosurgery, ophthalmology, cardiothoracic, vascular), with final management and oversight being determined by the Admitting Home Team.</p> <p><b><u>NB: Paediatric patients may be transferred to larger tertiary referring hospitals depending on clinical presentation or ensuing complications/deterioration.</u></b></p>												

**With Special Relevance to Paediatric Admissions:**

**The ENT unit provides:**

- Care for paediatric patients
- Regular ENT activities include rhinology, otology and laryngology;
- Adenotonsillectomy, grommets, diagnostic bronchoscopy, removal of foreign bodies etc;
- Outpatient clinics, inpatient care, surgical services, and consultation services for the hospital;

**The OMFS unit provides:**

- Emergency and routine care for diseases of the face, jaws, mouth, and teeth; and
- Inpatient and outpatient clinics and sees a wide spectrum of oral disease.

**The Plastics unit provides:**

- **Hand surgery** emergency services – The PRS deals with all forms of hand trauma and soft tissue upper limb trauma. This is an extensive work load commitment and much of it is out of hours. Other emergency services include complex facial lacerations, and acute soft tissue reconstruction.
- **Reconstructive Hand surgery** – The PRS Unit also performs elective reconstructive hand surgery incorporating a wide range of techniques.
- Management of significant extravasation injuries.
- Other trauma related reconstructive surgery services.

**The Neurosurgery unit provides:**

- Treatment of paediatric inpatients with proven or suspected neurosurgical conditions.

**The Ophthalmology unit provides:**

- Eye Out-patients clinics with sub-specialty clinics, and limited general ophthalmology clinics for the ongoing care of paediatric patients
- Delivery of most of the emergency eye care in the ACT

**For After Hours Rostering This term forms part of Surgical Pod 2 which includes the following units:**

- Cardiothoracic Surgery;
- Neurosurgery;
- Plastics;
- Ophthalmology;
- Vascular Surgery; and
- Relief positions.

**General information about Surgical Pod 2**

- 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. The weekday rostered hours are 0700 – 1630 hrs unless otherwise indicated in the term description or roster.

	<ul style="list-style-type: none"> <li>• Within your pod, some of you will have one week of evening shifts from 1330 – 2200 hrs to facilitate handover with the day staff and handover with the night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information.</li> <li>• For some of you, a week of night shifts will also occur during your term from 2100 hrs – 0730 hrs next day. On weekends the night shift is 2030 -0730 hrs. Following 7 night shifts, you will have 3 days off, 1 rostered ADO, another day off and then on call for the sat/Sun. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</li> <li>• By allocating sets of evening, night and relief weeks you will be part of a team that provides twenty-four hour care for patients within your pod, and with whom you will be familiar. 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/Case mix 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.</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 are required to work weekends as dictated by the roster.</p>
<b>REQUIREMENTS FOR COMMENCING THE TERM</b>  <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>	<p>Basic Clinical Training and successful completion of PGY1 year, including:</p> <ul style="list-style-type: none"> <li>• Ability to take history and carry out general physical examination</li> <li>• Ability to communicate clearly with patients, families and staff</li> <li>• Ability to document clearly in the patients' notes, do ward rounds and to carry out decisions made</li> <li>• Skills with venous cannulation.</li> <li>• Have completed or scheduled to undertake PLS or Resusc-4-Kids Training.</li> </ul> <p><i>Note: Skills with nasogastric tube insertion would be helpful, but not essential.</i></p>
<b>ORIENTATION</b>  <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>In conjunction with receiving and reading the Term Description, at the commencement of the term, the RMO should report to the senior ENT/Maxfac and Plastics registrars for orientation. Time should also be set aside to meet with registrar representatives from the other surgical sub-specialities for orientation.</p> <p>The RMO should also liaise with the relevant unit NUMs, and previous JMOs from each surgical unit.</p> <p>RMOs should be familiar with the hospital policies on hand hygiene, pre-operative assessments and pain management.</p>
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS</b>  <i>List routine duties and responsibilities including clinical handover</i>	<p>This term offers the RMO an opportunity to manage paediatric patients in a post-operative setting, and to further refine their clinical skills acquired through the PGY1 year to :</p> <ul style="list-style-type: none"> <li>• Complete daily ward rounds of all the paediatric patients under their care</li> <li>• Ensure accurate and detailed clerking of patients</li> <li>• Encourage participation of any medical student attached to the unit</li> <li>• Attend relevant outpatient clinics</li> <li>• Liaise with other medical units and multidisciplinary team-members</li> <li>• Ensure all discharge summaries are completed in a timely fashion and convey</li> </ul>

	<p>accurate follow up information for the patient's GP.</p> <ul style="list-style-type: none"> <li>• <b>Attend surgical sessions if possible. These operating sessions are daily, though at varying times. Ability to attend will be determined by ward duties and demands.</b></li> </ul> <p>The RMO assigned to this term has the important responsibility of providing care to the post-operative and peri-operative surgical sub-specialty paediatric patients, as well as reporting back to the Admitting Surgical Team with regards to any changes in condition, increased analgesia requirements, signs of sepsis or other complications. The RMO will also liaise with nursing staff, allied health and family members as necessary.</p> <p>The RMO will be responsible for handing over any patients that need particular follow up at any change of shift.</p>
<p><b>SUPERVISION</b></p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS</b></p> <p>Supervision for the RMO remains primarily the responsibility of the Admitting Surgical Home Team. This includes the Clinical Supervisor of the admitting team contactable through Canberra Hospital switchboard.</p> <p>The associated senior registrars, ATs and Fellows may also be contacted for supervision and management plans.</p> <p><b>AFTER HOURS</b></p> <p>General hospital afterhours roster with surgical and medical registrar supervision.</p>
<p><b>STANDARD TERM OBJECTIVES:</b></p> <p><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><b>CLINICAL MANAGEMENT</b></p> <p><b>General Knowledge:</b></p> <p>By the end of the Term you will be:</p> <ul style="list-style-type: none"> <li>• Confident and competent in history-taking and examination</li> <li>• Able to assess a sick child and decide on management priorities</li> <li>• Able to include consideration of growth (centiles), development status, immunisation history and family circumstances in the assessment of the sick child</li> <li>• Able to assess dehydration, and to calculate paediatric maintenance and replacement fluid requirement with appropriate fluids.</li> <li>• Accurate medication prescribing and calculation of medication dosages</li> <li>• Ability to access resources that assist with medication dosing and prescribing</li> </ul> <p><b>Procedures:</b></p> <p>By the end of the Term you should may have observed, and may have done yourself:</p> <ul style="list-style-type: none"> <li>• Venepuncture</li> <li>• Intravenous cannulation</li> <li>• Suprapubic bladder aspiration (bladder tap)</li> <li>• Collection of catheter urine specimen</li> <li>• Lumbar Puncture</li> </ul> <p>With regards to the surgical sub-specialty paediatric patients, all patients must be reviewed daily, and any management or condition changes must be discussed with the Home Team.</p> <p><b>The RMOs should strive to have undertaken the following by the end of this Term,</b></p> <p>History and general examination of paediatric patients with particular reference to the surgical problem.</p> <p>Understanding of the rationale for surgery and development of the ability to concisely present a clinical problem including the indications for surgery.</p> <p>Acquire a sound knowledge of fluid requirements for paediatric patients, particularly for the management of shock.</p> <ul style="list-style-type: none"> <li>• IV cannulation in children</li> <li>• Basic ENT disease clinical history and appropriate physical examination</li> <li>• Basic OSMF clinical history and appropriate physical examination</li> <li>• Basic ENT skills such as use of ENT examination equipment and nasal packing for</li> </ul>

	<p>epistaxis</p> <ul style="list-style-type: none"> <li>• Management of ENT disorders</li> <li>• Management of ENT emergencies</li> <li>• Assessment and triage patients with facial injuries and infections, and care for them on the ward</li> <li>• Use of and initiation of ENT/Maxfac investigations</li> <li>• ENT/Maxfac management plans</li> <li>• General surgical skills include suturing, venous cannulation and bladder catheterisation and surgical assistance</li> <li>• Responsible for day-to-day management of paediatric patients under the plastic surgery team. The needs of the paediatric patient can differ from the adult, and often there are special requirements for pain relief, dressings and liaising with family members</li> <li>• Plastics Consultations are generally seen on Wednesday morning during the unit ward</li> <li>• The Resident Medical Officer must complete the front sheets for patients before they are discharged and be aware of discharge plans and follow up dates. Any anticipated discharges for the weekend should have their discharge summaries completed in anticipation rather than leave the job to weekend JMOs who do not know the patient or the Unit's protocols</li> <li>• Be confident in assessing a neurosurgical paediatric patient and making a reasonable working diagnosis</li> <li>• Be comfortable with the peri-operative management of any neurosurgical paediatric patients</li> <li>• Fluid management and nutritional management</li> <li>• Pre-operative assessment and investigations</li> <li>• Wound management</li> <li>• Principles of informed consent</li> <li>• Patient and patient kin counselling skills development</li> <li>• Basic knowledge of management of common eye conditions including ability to carry out procedures for removal of corneal foreign body</li> <li>• Assessment and treatment of complex wounds</li> <li>• Principles of sterile technique, ie gowning, gloving, patient preparation for surgery.</li> </ul> <p><b>At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</b></p>
	<p><b>COMMUNICATION</b></p> <p>The RMOs should strive to have improved on:</p> <ul style="list-style-type: none"> <li>• Patient interaction</li> <li>• Accurate record keeping and note taking</li> <li>• Liaising with patient family members and confidence with family and child interaction</li> <li>• Working as member of a multidisciplinary team</li> <li>• Communicating with senior consultants</li> <li>• Communicating with other health care professionals regarding longer term patient management.</li> <li>• Accurate and helpful communication with senior consultants and colleagues</li> <li>• Communicating with other health care professionals regarding longer term patient management.</li> </ul>
	<p><b>PROFESSIONALISM – a high standard is expected</b></p> <p>The RMOs should strive to improve to:</p> <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</li> </ul>

- 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 paediatric medicine and clinical quality assurance techniques
- Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.

**Awareness and understanding of child protection and child at risk of harm issues and notification procedures.**

**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)*

Plastics AH extra teaching sessions : Journal Club every 8 – 12 weeks

M&M meeting every 8 – 12 weeks

X-ray meeting every 2 weeks

**The below timetable is reflective of the activities, ward work, clinics and operating times of some of the surgical sub-specialties. Further details can be found in each surgical term description teaching timetable.**

**The RMO is welcome to attend any surgical sub-specialty clinic or operating time provided the ward work is complete and senior registrars aware.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
AM	0700 – 0800 hrs Ward Round (ENT ~ 0730 hrs & Plastics ~ 0800 hrs)	0700 – 0800 hrs Ward Round (ENT ~ 0730 hrs & Plastics ~ 0800 hrs)	0700 – 0800 hrs Ward Round (ENT ~ 0730 hrs & Plastics ~ 0800 hrs)	0700 – 0800 hrs Ward Round (ENT ~ 0730 hrs & Plastics ~ 0800 hrs)	0700 – 0800 hrs Ward Round (ENT ~ 0730 hrs & Plastics ~ 0800 hrs)	As Surg Pod 2 rostered overtime only	
	0800-1700 hrs Attachment to post-acute paediatric team (handover 0800 – 0830 hrs followed by ward rounds)	0730-0800 hrs Vascular X-Ray meeting  0815 – 0900 hrs Paediatric grand rounds/case presentation  0900 – 1700 hrs Ward work + Attachment to Paediatric Surgery team to assist with ward work or clinic	0800-1700 hrs ENT Operating Paediatric Surgery Theatre	0800-1700 hrs ENT Operating Theatre	0800-1800 hrs Paediatric Surgery Theatre  1200-1300 hrs Neuroradiology Meeting (Xray Conference Room)		

		1300 – 1400 hrs Paediatric Unit radiology meeting				
<b>PM</b>	Ward work and theatre opportunities  ENT Operating Theatre	1430-1600 hrs JMO Teaching session	1200 – 1300 hrs Grand Rounds	1400-1500 RMO teaching  1500 – 1700 hrs ENT MF Head & Neck Clinic	13-15-1415 hrs Neuropath – Path Dept or Clinical presentation by Neurology or Neurosurgery Units (Level 9 Tutorial Room)	
		Afterhours Paediatric Surgery Audit Meeting (optional)	1300 1700 hrs ENT Clinic / Paediatric Surgery Theatre			

**PATIENT LOAD:**

*Average number of patients looked  
after by the JMO per day*

*Approx. 10 daily – includes day surgery cases*

**OVERTIME**

Average hours per week - ROSTERED: 8 UNROSTERED : 0

**EDUCATION:**

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

Daily ward rounds with registrars and consultants.

Teaching is through contact with registrars and consultants, on the wards, in outpatient clinics, surgical sessions.

RMO Teaching sessions are held every Thursday 2-3pm, venue TBC.

Paediatric grand rounds and case presentations on Tuesdays 0815 hrs.

Additional exposure to Acute Paediatrics and Paediatric Surgery via attachment to the post-acute paediatric team on Mondays, and theatre opportunities with the Paediatric Surgery team on Wednesdays and Fridays. Paediatric surgical registrars are on-call Tuesday and Thursday nights, so may be unavailable the following day for theatre which enables RMO to gain surgical experience.

**Educational resources**

A comprehensive range of reference material is held in the hospital library.  
Focus on Library books, peer reviewed journals and internet; and  
Protocols and guidelines are available on the Intranet.

**Reading and Resource List**

Textbook of Paediatrics, Nelson  
Handbooks from the –  
Royal Children's Hospital, Melbourne  
Sydney Children's Hospital  
Children's Hospital at Westmead  
Drug Doses, Frank Shann, Royal Melbourne Children's Hospital  
Essentials of Paediatrics, Nelson

Paediatric Surgery, Welch, Randolph, Ravitch. (2 volume)  
Clinical Paediatric Surgery, Peter Jones  
Clinical Paediatric Urology, Kelalis and King

**AMO Teaching**

**ENT:** Drs Tuan Pham, Safi Al-Bekaa, Tak-Siew Lee, Fardin Eghtedari and Tim Makeham



	<p><b>Plastics:</b> Dr. McCarten and Dr. Farhadieh</p> <p><b>Registrar Teaching</b> ENT and OMFS Registrars, Plastics Fellow and registrars, other surgical sub-specialty registrars as applicable to ward patients.</p>
<p><b>ASSESSMENT AND FEEDBACK:</b></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>Assessment will be based on a summary of reports from multiple areas. In this scenario the assessment will be completed by the Director of Prevocational Education &amp; Training (DPET). A minimum of three reports is needed to make a fair overall assessment.</p> <p>Formal assessment and feedback will be completed and aligned with the AMC approved formative and summative assessments at mid-term and at end-of-term respectively on the One45 website. In completing the assessments, the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p> <p><b>Dr. Charles would like to have three meetings per term (beginning, mid-term, and end of term). Please contact her by email <a href="mailto:Blessy.Charles@act.gov.au">Blessy.Charles@act.gov.au</a> or by phone via the TCH Switchboard to arrange for a meeting time.</b></p>
<p><b>ADDITIONAL INFORMATION:</b></p>	<p><b>Medical Records Documentation</b> 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"> <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, barcoded 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 lined ruled through the incorrect entry and have "Written in Error" entered above or beside the incorrect entry and the entry must be dated, timed, signed and designated.</li> </ul> <p><b>Care Type change</b> 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.</p> <p>For each Care Type change the medical officer must:</p> <ul style="list-style-type: none"> <li>• Assess the patient;</li> <li>• Document Patient history, status and expected goals on the notification of care type change form; and</li> <li>• Document the new care type, the reason for care type change, goals of current treatment and patient's current status in the progress notes.</li> </ul> <p>Once all sections of the form have been completed it should then be signed and handed to the Ward Clerk for action on CareSys. For more details see the <a href="#">Medical Record Department guidelines</a>.</p>

**Discharge of Patients/Discharge Referral**

At the time of discharge, patient details including diagnosis, outstanding investigations and follow up arrangements are recorded in a log book which is reviewed weekly. DISCHARGE SUMMARIES. All discharge summaries are to be done through the Electronic Discharge Summary programme (EDS). The programme is basically the paper case mix, but in electronic form. Paper summaries are no longer accepted in the Neurology Department .It is the responsibility of the JMOs to produce coherent, informative, and thorough discharge summaries, in a timely manner.

Term Supervisor:

Dr Blessy Charles (Consultant Paediatrician)

22 August 2019

A handwritten signature in black ink, appearing to read 'B Charles', with a horizontal line underneath.

## 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

- ☒ 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
- ☒ 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

#### Personal well-being

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

#### Ethical practice

- ☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- ☒ Consults colleagues about ethical concerns
- ☒ Accepts responsibility for ethical decisions
- ☒ Practitioner in difficulty
- ☒ Identifies the support services available
- ☒ Recognises the signs of a colleague in difficulty and responds with empathy
- ☒ Refers appropriately

#### Doctors as leaders

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

#### Professional Development

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

### Teaching, Learning & Supervision

#### Self-directed learning

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

#### Teaching

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

- ☒ Evaluates & responds to feedback on own teaching

#### Supervision, Assessment & Feedback

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

## Communication

### Patient Interaction

#### Context

- ☒ Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments
- ☒ Uses principles of good communication to ensure effective healthcare relationships
- ☒ Uses effective strategies to deal with the difficult or vulnerable patient

#### Respect

- ☒ Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
- ☒ Maintains privacy & confidentiality
- ☒ Provides clear & honest information to patients & respects their treatment choices

#### Providing Information

- ☒ Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand
- ☒ Uses interpreters for non-English speaking backgrounds when appropriate
- ☒ Involves patients in discussions to ensure their participation in decisions about their care

#### Meetings with families or carers

- ☒ Identifies the impact of family dynamics on effective communication
- ☒ Ensures relevant family/carers are included appropriately in meetings and decision-making
- ☒ Respects the role of families in patient health care

#### Breaking bad news

- ☒ Recognises the manifestations of, & responses to, loss & bereavement
- ☒ Participates in breaking bad news to patients & carers
- ☒ Shows empathy & compassion

#### Open disclosure

- ☒ Explains & participates in implementation of the principles of open disclosure
- ☒ Ensures patients & carers are supported & cared for after an adverse event
- ☒ Complaints
- ☒ Acts to minimise or prevent the factors that would otherwise lead to complaints
- ☒ Uses local protocols to respond to complaints
- ☒ Adopts behaviours such as good communication designed to prevent complaints

### Managing Information

#### Written

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

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

#### Electronic

- ☒ Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
- ☒ Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

#### Health Records

- ☒ Complies with legal/institutional requirements for health records
- ☒ Uses the health record to ensure continuity of care
- ☒ Provides accurate documentation for patient care

#### Evidence-based practice

- ☒ Applies the principles of evidence-based practice and hierarchy of evidence
- ☒ Uses best available evidence in clinical decision-making
- ☒ Critically appraises evidence and information

#### Handover

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

### Working in Teams

#### Team structure

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

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

- ☒ Uses graded assertiveness when appropriate

- ☒ Respects the roles and responsibilities of multidisciplinary team members

#### Team dynamics

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

- ☒ Demonstrates flexibility & ability to adapt to change

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

#### Case Presentation

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