

TERM DESCRIPTION

Surgical Team 1

TERM DESCRIPTION TEMPLATE

Term descriptions are designed to provide important information to prevocational junior medical officers (JMOs) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the JMO.

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

When filling out the ACF please only tick boxes that are encountered commonly in this term where the Junior Doctor will clearly have gained knowledge and skills.

DOCUMENT VERSION: 19 September 2017															
FACILITY: Calvary Public Hospital Bruce (CPBH)															
TERM NAME: Surgical Team 1															
TERM SUPERVISOR: Dr Siva Ganandha (Surgeon)															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>		Dr Siva Ganandha (Surgeon) Dr Charles Mosse(Surgeon) Dr James Lim (Surgeon) Dr Edwin Beenan (Surgeon) Dr Mike He (Surgeon) Ward 4W Clinical Staff All consultants can be contacted through the Calvary switchboard on 6201 6111.													
ACCREDITED TERM FOR :		<table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>1</td> <td>Surgery</td> <td>13 Weeks</td> </tr> <tr> <td>PGY2+</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Number	Core/Elective	Duration	PGY1	1	Surgery	13 Weeks	PGY2+			
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PGY1	1	Surgery	13 Weeks												
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		Surgical Team 1 provides elective and acute care for a range of general surgical conditions. A wide range of procedures are performed covering a full range of general surgical problems particularly upper GP surgical bariatric, colorectal, breast, surgical oncology urological and hernia surgery. Endocrine (as well as others). Acute conditions are admitted through the Emergency Department, particularly appendicitis, bowel obstruction, gall bladder disease, urinary retention, perianal abscesses etc. Trauma and cardiothoracic surgery are performed at Canberra Hospital Health Services. The surgical service operates very much as a team. Junior staff are encouraged to assist each other if there is a difference in clinical load between the teams.													
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>		There are no prerequisites for commencing this term; however, JMOs will need to attend a Basic Life Support (BLS) session in the first week of term.													
ORIENTATION: <i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i>		The Surgical Team 1 Unit provides a comprehensive orientation program which includes: <ul style="list-style-type: none"> • Supervision • Rounding schedule • Starting times • Responsibilities • Tour of the unit • Weekly schedule • Clinical policies 													

<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ul style="list-style-type: none"> • To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift. • To admit patients not arriving through Emergency Department. • To provide continuing care of all patients on your team under the supervision of your registrar. • To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible. • Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within three days of discharge. The referral must include a complete list of medications on discharge. • To attend ward rounds. This includes Surgical patients, consults, ICU and CCU patients. 7) To attend patient conferences & to assist in careful discharge planning. • To ensure that all fluid charts and medication sheets are up to date. • To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. • To attend and participate in Grand Rounds with case presentations etc as requested. • Theatre time is a useful learning situation. The JMO's should scrub in at least two sessions per week. • To participate in the after-hours ward roster • The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.
<p>SUPERVISION:</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>IN HOURS:</p> <p>JMOs are supervised by their registrar and consultants during the day and the Surgical Registrar after-hours.</p> <p>A surgical registrar on call is available 24 hours a day and can be paged via switchboard. Consultants on-call are happy to be called if there is a problem and can be contacted via switchboard. After hours other senior medical staff are always available in Emergency Department, Intensive Care and Anaesthesia for acute problems.</p> <p>The hospital also operates a Medical Emergency Team. After hours Ward JMO shifts are as per the roster distributed by the Medical Administration Department.</p>
	<p>AFTER HOURS:</p> <p>This term includes participation in the ward after hours roster. The medical JMO is usually rostered on as the after hours medical JMO, but may sometimes be rostered on as the surgical JMO. Both medical and surgical registrars are available 24/7/365 for supervision. They are the immediate supervisor. The Director Clinical Services-Medical or delegate is available 24/7/365 as needed via switchboard on 6201 6111.</p>
<p>STANDARD TERM OBJECTIVES:</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>CLINICAL MANAGEMENT:</p> <ul style="list-style-type: none"> • To be able to perform a thorough history and examination of preoperative patients with general surgical conditions. • To gain an understanding of common general surgical conditions including their diagnosis and management in an acute and also in a community setting. • To be aware of potential anaesthetic risks and to arrange appropriate tests to define these. • To be an effective assistant in theatre and to observe common operations in order to be able to inform patients correctly. • To be learning to manage postoperative patients – fluids, drains, catheters etc. To be able to recognise postoperative complications, and institute appropriate

	investigation and management.
	COMMUNICATION: <ul style="list-style-type: none"> • To be able to explain to patients and their relatives what is happening, what to expect and to listen and be able to address their concerns. • To be able to communicate with external medical and paramedical personnel, including GPs, especially with regard to postoperative care. • To communicate effectively with hospital staff involved in the patients' care including the registrar and consultant. • To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan • Be able to communicate with nursing staff regarding the clinical plans for each patient
	PROFESSIONALISM: <ul style="list-style-type: none"> • To show enthusiasm and initiative for learning and research. • Demonstrate a desire for self directed learning • To be willing to teach and assist other staff. • To be punctual, reliable and honest and to behave in an ethical manner to patients and other staff, • e) To be prompt and efficient in the management of work and with good prioritization of tasks.

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)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting
			0800 Theatre	0800 Dr Lim General theatre list			
PM		1330-1530 Education Program at Calvary	1200 Grand Rounds				
	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting

PATIENT LOAD:

Average number of patients looked after by the JMO per day

15-25 patients

OVERTIME

Average hours per week

ROSTERED: 5.65

UNROSTERED: Average of 4 hours per fortnight which can change due to seasonal changes or activity.

EDUCATION:

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

JMOs are encouraged to attend as many educational events as possible.

- Tuesday morning Physician meetings: the JMO will be encouraged to present at these.
- Tuesday afternoon teaching at Calvary. This is protected time.
- Wednesday lunchtime Grand Rounds.
- BLS training will take place in Week 1 or 2 of the term.

ASSESSMENT AND FEEDBACK:

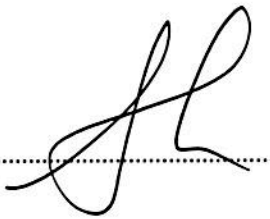
Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.

The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).

It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.

ADDITIONAL INFORMATION:	Scope of Practice: http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentiallin%20policy.docm&action=default&DefaultItemOpen=1
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Term Supervisor Signature:

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Date:

5, 10, 17

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40 Mary Potter Circuit
BRUCE ACT 2617

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