

TERM DESCRIPTION

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

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

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

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

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: February 2019	
FACILITY: The Canberra Hospital	
TERM NAME: Cardiothoracic Surgery	
TERM SUPERVISOR: Dr Peter Bissaker	
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Consultants Dr Peter Bissaker – 6244 3096 Dr Glenn McKay – 6244 3096 Dr John Tharion – 6244 3096 Registrars Dr Kamil Peris – Senior Reg Dr Reza Habibi – Reg Dr Adhiray Chakrabarty – Reg Dr. Sena Park – Reg

ACCREDITED TERM FOR	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>1</td><td>Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Core</td><td>12-14 weeks</td></tr></table> <p>Total positions available: 2 maximum</p>		Number	Core/Elective	Duration	PGY1	1	Core	12-14 weeks	PGY2+	1	Core	12-14 weeks
	Number	Core/Elective	Duration										
PGY1	1	Core	12-14 weeks										
PGY2+	1	Core	12-14 weeks										
OVERVIEW OF UNIT OR SERVICE	<ul style="list-style-type: none">• Adult Cardiac & Thoracic Surgery• Other Cardiothoracic Surgical Services <p>This term forms part of Surgical Pod 1 which includes the following units:</p> <ul style="list-style-type: none">• General Surgery;• Trauma Management;• Wound management;• Acute Surgical Unit;• Cardiothoracic Surgery;• Urology; and• Relief positions. <p>General information about Surgical Pod 1</p> <ul style="list-style-type: none">• 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 are encouraged to attend any teaching sessions provided by the Medical Education Unit. In particular, the interns have a mandatory teaching session on Tuesday afternoons.• 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 day roster is from 0700 – 1630 hrs unless otherwise indicated in the term description.• 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.• For some of you, a week of night shifts will also occur during your term. On weekdays the night shift is from 2100 hrs – 0730 hrs next day. On weekends, the night shift is from 2030 – 0730 hrs. Following 7 night shifts, you will have 3 days off, 1 rostered ADO, another day off then on call for the Sat/Sun. Alternatively arrangements can be made to allow for leave provided adequate warning is given.• Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover all SP2 units and SP 2.2 (now called SP A&D) will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case).• By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod 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												

	<p>discharge/Casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists 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>
<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>General hospital experience at Intern level and an interest in managing surgical patients.</p> <p>Basic Clinical Training such as:</p> <ul style="list-style-type: none"> • Ability to take history and carry out general physical examination; • Ability to document clearly in the patients' notes, to do ward rounds and to carry out decisions made; and • Skills with venous cannulation.
<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>The JMO should report to Dr. Bissaker on the first day of term. Please contact on: 6244 3096.</p> <p>The JMO should be familiar with the hospital policies on hand hygiene, pre-operative assessments, DVT prophylaxis regimens, pain management.</p>
<p>JMO CLINICAL RESPONSIBILITIES AND TASKS</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Consultant Specific Requests Every consultation to the Unit requires a specialist opinion.</p> <p>Ward Rounds and Ward Work</p> <ul style="list-style-type: none"> • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day – ward rounds start at 0700 hrs • Any patient in whom there is clinical involvement and not under the Unit bed card or computer generated patient list should be included in this daily review; • Enter a written note on every inpatient every day. The note MUST be timed and dated. • Prior to rounding the Nurse in Charge of the relevant ward should be given the opportunity to round with the Unit. Should the Nurse in Charge elect not to round then at the completion of the round on that ward the Nurse in Charge should be briefed on patient care plans. <p>Surgery Rounds</p> <ul style="list-style-type: none"> • Each Morning a round will commence in ICU or ward 6B. • Please also note the Unit Timetable at the end of this document. <p>Outpatient Sessions</p> <ul style="list-style-type: none"> • The JMO's responsibilities are mainly in the pre-admission clinic (PAC). <p>Operating Theatre</p> <ul style="list-style-type: none"> • Participation in operating sessions is optional for the JMO but during the course of this term the JMO should attend a representative sample of procedures and gain a firsthand understanding of these procedures • JMOs who have a particular interest in surgical training or who are already Basic Surgical Trainees will be encouraged to participate in the surgical procedures particularly with the harvesting of leg veins for Coronary Artery Bypass.

	<p>Hours of Work</p> <ul style="list-style-type: none"> • As long as is necessary to complete the tasks assigned • There is no expectation that rounds or ward duties extend beyond rostered hours and any uncompleted tasks be handed over to the covering resident • Should all duties be completed then pursuit of other activities, such as library reading, domestic chores, is encouraged • If at any time the JMO is not in a position to respond expeditiously to a page then covering arrangements need to be in place • Should the Resident or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place <p>Handover</p> <ul style="list-style-type: none"> • At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.
<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> <ul style="list-style-type: none"> • Contact Registrar and Consultants through switch • All after hours work is undertaken within the Cardiothoracic Surgery Unit • The roster is available on the ward and with the hospital switchboard • The consultants may cover for each other for brief periods as and when required, even if not on the roster. The registrar and the hospital switchboard will be notified of any such changes. <p>AFTER HOURS</p> <ul style="list-style-type: none"> • There are no after-hours' commitments for JMOs in Cardiothoracic surgery, however, they will still be part of the Surg Pod 1 after-hours rostering for evenings/nights/weekends.
<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> <p>The JMO should strive to have undertaken the following by the end of this Term:</p> <p>Clinical</p> <p>Inpatient management of a range of cardiac and thoracic surgical patients, including but not limited to:</p> <ul style="list-style-type: none"> • Management of post-operative cardiothoracic surgical patients • Peri-operative management of open heart surgery patients • Fluid management and nutritional management • Intercostal catheter and underwater sealed drain management • Pre-operative assessment and investigations • Wound management • Principles of informed consent • Patient and patient kin counselling skills development • Management of cardiac arrhythmias and hypertension and other common medical illnesses. <p>Procedural</p> <p>Familiarisation with a range of cardio and thoracic surgical operations. Insertion of Foley Catheter, Intravenous cannula. Additionally, depending on opportunities:</p> <ul style="list-style-type: none"> • Tube thoracostomy • Central venous catheterisation • Nasal gastric tube insertion

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

(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 hrs ICU/6B Ward Round	0700 hrs ICU/6B Ward Round	0700 hrs ICU/6B Ward Round	0700 hrs ICU/6B Ward Round	0700 hrs ICU/6B Ward Round	As Surg Pod 1 JMO only (rostered overtime)	As Surg Pod 1 JMO only (rostered overtime)
	Ward Work	0800 hrs Ward Work/ Cardiac theatre list	0800 hrs Ward Work/ Cardiac theatre list	0800 hrs Cardiac theatre list, Thoracic - Weeks 1,2,&4	0800 hrs Ward Work/ Cardiac theatre list		
PM	1200 - 1300 Lung meeting 1300 - 1400 Pathology meeting	Cardiac theatre list Continues 1430-1600 hrs JMO Teaching	Thoracic theatre list Continues	Cardiac theatre list Continues (Thoracic Week 3) 1400-1500 RMO	Cardiac theatre list Continues		

		session		teaching			
	1600 hrs	1600 hrs	1600 hrs	1600 hrs	1600 hrs		
	Post op ward rounds – teaching rounds	Post op ward rounds – teaching rounds	Post op ward rounds – teaching rounds	Post op ward rounds – teaching rounds	Post op ward rounds – teaching rounds		
PATIENT LOAD <i>Average number of patients looked after by the JMO per day</i>		12					
OVERTIME Average hours per week ROSTERED: 2.5 UNROSTERED:0.5							
EDUCATION <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>		<p>All JMOs will be supervised by the consultants and registrars at all times.</p> <p>PGY2+ teaching on Thursday afternoons from 1400-1500 hrs. PGY2 teaching sessions are optional, but encouraged. Contact MEU for information.</p> <p>Intern teaching sessions are held Tuesday afternoon 1430-1600hrs. These sessions are mandatory for PGY1s.</p> <p>Surgical Audit/M & M meeting Wednesday 1730 hrs Cardiology meeting Monday 1700 hrs Thoracic Meeting Monday 1200 – 1300 hrs Pathology Meeting Monday 1300 – 1400 hrs Grand Rounds Wednesday 1200 –1330 hrs</p> <p>Educational Resources A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>AMO Teaching Dr. Peter Blissaker Dr. Glenn McKay Dr. John Tharion</p> <p>Registrar Teaching Rotation registrars</p>					
ASSESSMENT AND FEEDBACK <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>Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>					
ADDITIONAL INFORMATION		<p>Medical Record Documentation</p> <p>All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p>To maintain the integrity of the record and ensure the best optical disc image possible, the</p>					

following must be adhered to:

- All entries must be legible, clear, relevant and objective
- Every entry must include date, time, signature, designation and printed name; all entries must be written within the boundaries of the form. Do not write in the margins
- Only approved, bar-coded forms should be used
- Use black ballpoint pen only. Do not use blue pen, Pentel, rollerball, felt pens, highlighter pens or liquid paper
- Only approved hospital abbreviations should be used
- Student entries must be countersigned by their supervisor
- Entries written in error must have only one line ruled through the incorrect entry and must have "Written in Error" entered above or beside the incorrect entry must be dated, timed, signed and designated.

Care Type Change

Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient's admission, for example from Acute Care to Rehab. In some situations a patient may have several Care Type changes during the course of their admission.


For each Care Type change the JMO must:

- Assess the patient
- Document patient history, status and expected goals on the Notification of Care Type Change form
- Document the new care type, the reason for care type change, and goals of current treatment and patient's current status in the progress notes
- Once all sections of the form have been completed, it should then be signed and handed to the Ward Clerk for action on CareSys.

Discharge Summary - Communication with General Practitioners

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

Term Supervisor Signature:


.....

27 Feb 2019

Dr Peter Bissaker

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 & focused 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

☒ Identifies 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

☒ Minimises 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

☒ Regularly 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

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

☒ 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
- ☒ 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 & 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

- ☒ Compiles 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