

TERM DESCRIPTION

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

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

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

FACILITY: The Canberra Hospital															
UPDATED: August 2019															
TERM NAME: Acute Care of the Elderly Unit (ACEU)															
TERM SUPERVISORS: Dr Sasikala Selvadurai															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Sabari Saha Dr Sasikala Selvadurai Dr Kyaw Thu Dr Nyoka Ruberu A/Prof Alex Fisher Dr Anil Paramadhathil Dr Manoj Saraswat Dr Muhammad Choudhary Dr Tom Stackpool Dr Hasibul Haque														
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>2</td><td>Core Medical</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>0</td><td>Core Medical</td><td>12-14 weeks</td></tr> </tbody> </table>				Number	Core/Elective	Duration	PGY1	2	Core Medical	12-14 weeks	PGY2+	0	Core Medical	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services</i>	The Geriatric Medicine Unit, within Rehabilitation Aged and Community Care, provides a wide range of services spanning the Geriatric Admissions and Planning Unit (GAPU), acute (ACEU), subacute (SAGU), orthogeriatric and community (RADAR) settings.														

provided, case mix etc.

Acute Care of the Elderly Unit (ACEU):

It is a 20-bed unit in the Canberra Hospital catering to provide care for acutely unwell elderly patients. Most patients are admitted to the Acute Care of the Elderly Unit (ACEU) via GAPU and patients with BPSD or hyperactive delirium are transferred directly from the Emergency Department. Some patients are taken over from other departments within the health system (including surrounding regional areas). Some patients are also directly admitted to the ward via the Community RADAR team.

The ACEU aims to:

- Provide assessment and management of acutely unwell older patients
- Use a comprehensive patient centred multidisciplinary diagnostic approach to improve the patient's medical, psychological and functional capacity focussing on maintaining independence
- Develop a coordinated management plan
- Ensure a safe discharge with appropriate supports

Two Interns and one registrar are allocated to the ACEU.

This term forms part of Medical Pod 2.

Medical Pod 2 includes:

- Rehabilitation Medicine,
- Geriatrics,
- Haematology,
- Medical Oncology,
- Radiation Oncology; and
- Medical Support term positions.

Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme.

Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. Within your pod you will have one week of evening shifts from 1-9.30pm to facilitate handover period. Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm – 8.30am. Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any shortfalls in staffing. Alternatively arrangements can be made to allow for leave provided adequate warning is given.

By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod who you will be familiar with. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day to day basis. You will participate in more focused handover and utilise relevant electronic discharge/casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.

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.
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>	<p>Basic medical education and a respect for older patients. Work within a multidisciplinary environment where each person's clinical opinion is valued.</p>
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>	<p>Orientation will be provided by your term supervisor within the first 2 days of starting the term. JMOs will be expected to get a complete hand-over of the patients they will be looking after and of the running of the wards. A term description will be provided as part of the orientation package along with reading materials and references for the term. JMOs to present to 4B at 0800hrs on the first day of term (usually a Monday).</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i>	<p>Ward Work: A Geriatric Medicine admission is a comprehensive assessment that differs from a general medical admission in that it includes:</p> <ul style="list-style-type: none"> • Medical history and physical examination • A full medication history and completion of the electronic medical reconciliation form • Detailed social history (education and work history, role of relevant family members, formal and informal care providers, presence of ACAT, Wills, powers of attorney or guardians) • Involves collateral history from family, carers and general practitioners. • Functional assessment • Cognitive and psychological function • Specific attention to continence, falls, osteoporosis • Perform a medication review • Screening blood tests including TFT, B12/folate, LFTs, PTH, Vit D, Ca/Mg/PO4 if not done recently • Resuscitation status • Goals of admission for patient and family/carers • Formulation of a problem-oriented management plan • All patients transferred to Ward 4B from an outlying ward must have a complete admission done on day of transfer with the following: <ul style="list-style-type: none"> ○ Medical issues list – including falls assessment, cognitive and mood assessments (CAM, MMSE and GDS), continence assessment, nutrition assessment, pressure area assessment medication review ○ Social circumstances ○ Resuscitation Orders – Ensure the order is placed in the patient's folder ○ Full clinical examination ○ Screening bloods and ECG if not already done ○ Referral to appropriate allied health staff <p>The aim of the admission is to:</p> <ul style="list-style-type: none"> • Identify and treat acute medical (and surgical) conditions • Complete a comprehensive geriatric assessment • Optimise physical function

- Prevent complications and functional decline
- Formulate and action a comprehensive discharge plan

An aged care admission:

- Takes time
- Is crucial to formulating a complete and accurate picture of the patient.

Progress notes should be documented clearly as they are vital for:

- Communication to other team members
- Giving clear instructions to out of hours staff
- Treating team reflection on diagnosis, investigations and progress
- Used for medico-legal purposes

Progress notes should detail:

- Consultant and registrar ward rounds – new information gathered, issues list, examination findings, decisions made, plan for ongoing care
- Investigation results
- Changes in a patient's condition
- Changes in a patient's management especially to a palliative approach
- Discussions with patients, family members and GP
- Issues list should be updated daily
- Resuscitation Orders

Daily Ward Rounds:

- All JMOs must be present for all consultant ward rounds as these are opportunities to know patient issues thoroughly, and also an opportunity to participate in bed-side teaching. It is not acceptable to not attend ward rounds.

Consults Requested From Other Teams:

- These MUST be requested by 1300hrs latest to enable the registrars time to see the patient on the same

Discharge summaries:

- Must be completed for all patients, including deceased patients. For patients being transferred to other hospitals, discharge summaries MUST be faxed to the receiving hospital PRIOR to patient leaving the Canberra Hospital. Discharge summaries MUST be completed the day prior to discharge date for all patients. A list of incomplete discharge summaries is sent to consultants on a regular basis to ensure 100% compliance in a timely fashion. Discharge summaries must be commenced and completed for all patients being transferred to the Subacute Geriatrics Unit PRIOR to transfer.

Purpose of discharge summaries:

- Summary of inpatient events for the hospital file and coding
- A referral to the general practitioner listing issues for ongoing care
- Plans for future care including follow-up appointments

Tips for a good discharge summaries

- Address issues dealt with and what was done about each rather than a chronological summary
- Limit investigation results to the most important ones and relevant to ongoing care and recent basic blood tests at time of discharge
- Include cognitive assessment (MMSE)
- Include allied health input and their recommendation

- Include functional(ADLs) and mobility changes at the time of the Discharge
- Comment on any medication changes made and why
- For drugs requiring authority (e.g. Olanzapine, Alendronate, Donepezil) ensure provisions for ongoing prescribing are included
- Clearly document plans for medication (e.g. Oxycontin – wean as pain improves)
- Make note of any medication NOT started (e.g. Warfarin in a patient with AF and risk of bleeding) or not to be restarted.
- Include Resuscitation orders, advanced directives and details of Enduring Power of Attorney
- Include discharge destination(home, rehabilitation, other hospital or nursing home)

Death Certificate Documentation

- The details of the diagnosis of patients who are receiving end of life care should be documented in the progress notes and handed over to afterhours JMOs
- The hand over should include the diagnosis of the death and issues leading to the death
- The copy of the death certificate should be handed over by the JMOs to the treating team for the review.
- Discharge summary for each death should be completed

A phone call to the patient's GP is essential on discharge from hospital especially

- In the event of a patient's death, as relatives will usually consult the GP and will expect them to be fully aware of the circumstances.
- If you would like the GP to see the patient within a week
- If there are complex or significant issues to be followed up on
- If there have been significant changes to medications

Written Hand-over Lists:

It is the JMOs responsibility to ensure the Hand Over List is updated at the end of each day and saved in Q-drive. Hand over list should also be emailed to the on-call consultant of the day as well. Week-end staff can be advised of pending jobs on this list as well.

When patients are transferred to ward 11B, it is the registrar and JMOs responsibility to ensure the patients are handed over to the accepting registrar in 11B. It is the JMOs responsibility to ensure the medication charts are updated and the discharge summary is updated. It is the registrars' responsibility to ensure the resuscitation orders are completed adequately.

MEDICAL HANDOVER – Daily - 0800hrs – Main Auditorium TCH

All JMOs MUST attend medical handover at 0800hrs.

GERIATRIC MEDICINE HANDOVER MEETING – Mon, Wed, Thurs, Fri – 0845hrs – Ward 4B

All JMOs MUST attend geriatric medicine handover at 0845hrs.

MDT MEETING - Tuesday – 0900hrs – Ward 4B

Registrars and residents to present patients and their active issues. Medical students to present those patients they are helping out with.

RADIOLOGY MEETING - Friday – 09.30hrs – Radiology Seminar Room

JMOs MUST put list in by Thursday 0900hrs. E-mail the list to Melissa Devries in Medical Imaging so she can send the list to the radiology registrar running the meeting.

	<p><u>UNIT EDUCATION MEETING – Tuesday – 1230hrs – Main Auditorium, Level 2</u> Food provided!!!! Each JMO to present at least two cases per term. Once a month, a Morbidity and Mortality Meeting is held in place of the Unit Education Meeting. JMOs are expected to attend.</p> <p><u>MEDICATION CHART WRITE-UP – Thursday – 1500hrs – Ward 4B</u> All medication charts for all patients under the care of geriatricians (on 4B) are to be written up every Thursday. If Thursday is a public holiday, the charts have to be written up on the previous working day. All JMOs, BPTs and ATs must be present on time.</p>
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS: JMOs will be supervised by registrars as well as consultants.</p>
	<p>AFTER HOURS: JMOs are expected to participate in the hospital after hour's roster at which time they will be supervised by the ward medical and surgical registrars who can be contacted via the switch board.</p> <p>Consultants also have an afterhour's roster and can be contacted via the switch board as required.</p> <p>After Hours Evening Duty: JMOs are expected to participate in the hospital after hour's roster at which time they will be supervised by the ward medical and surgical registrars who can be contacted via the switch board.</p> <p>Consultants also have an after-hour's roster and can be contacted via the switch board as required.</p> <p><u>After Hours Evening Duty:</u> MedPod 2.1: Rehab 12B, Med Onc & Haem 14B, GAPS 11A, Acute G 11B, Geriatric Outliers MedPod 2.2: Med Onc 4A, Rad Onc 4A, Haem 4A, Cancer Outliers</p>
<p>STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT: At completion of the term, the JMO is expected to:</p> <ul style="list-style-type: none"> • Have developed understanding and competency in the assessment management of older patients • Manage multiple complex medical, surgical and psychosocial issues <p>Clinical:</p> <ul style="list-style-type: none"> • Delirium • Dementia • Continence • Falls and osteoporosis • Polypharmacy • Functional assessment • Wound management with an emphasis on pressure ulcer prevention • Preventative management in the elderly including osteoporosis treatment • Legal issues : eg competency assessment and duty of care <p>Procedural Skills:</p> <ul style="list-style-type: none"> • Venepuncture • Cannulation • Urethral catheterization for both males and females

	<ul style="list-style-type: none"> • Lumbar puncture • Ascitic taps • Pleural aspiration • Nasogastric tube insertion <p>Formal psycho geriatric assessments including the use of cognitive and depression assessments e.g. MMSE, GDS, RUDAS, Addenbrooke's.</p>
	<p>COMMUNICATION:</p> <p>During your time with us in Geriatric Medicine, you will be assessed on your skills in 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, communication during MDTs and Radiology Meetings.</p>
	<p>PROFESSIONALISM:</p> <p>You will also be assessed on how you 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, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>

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
0800	Hand Over	Hand Over	Hand Over	Hand Over	Hand Over
0845	4B Handover Meeting	Post-take Ward Round	4B Handover Meeting	4B Handover Meeting	4B Handover Meeting
0900	Consultant ward round	MDT Meeting 4B (0900-1000) Consultant ward round	Registrar ward round	Consultant ward round	Radiology Meeting (0930) Consultant ward round
1000	Ward work		Ward work	Ward work	Ward work
1200			Grand Rounds	JMO Teaching with Dr Selvadurai/Dr Thu 1200 to 1300 pm 1400-1500 RMO teaching	
1300		Unit Education Meeting (1230)			
1400		Ward work	Ward work	Medication Chart Write Up in 4B (1500)	
1430-1600		Intern teaching 1430-1600			

PATIENT LOAD:	20 patients for whole unit
Average number of patients looked after by the JMO per day	10 patients per JMO
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.

JMOs are supported by registrars, consultants and allied health professionals. Tuesday Intern education from 1430-1600hrs and Thursday RMO education from 1400-1500hrs is protected teaching time with the expectation that their pages will be diverted to the registrar.

The geriatrics education meeting gives JMOs a chance to focus on more specific topics related to geriatric medicine.

The radiology meeting on Friday morning is a chance to review patients imaging as well as gain a better understanding of common clinical patterns.

Dr Selvadurai and Dr Thu will also give formal tutorials to all JMOs in Geriatric Medicine on Thursdays from 12.00 to 1.00 pm

Educational Resources:

AMO Teaching:

Bedside teaching provided by all consultants during the ward rounds and initial assessments.

Registrar Teaching:

The advanced trainees in geriatric medicine will be available to provide further teaching.

RESEARCH:

The term supervisor should identify opportunities for students to undertake further research.

There are audits and formal research projects that can be organised each term – please discuss further with your term supervisor.

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.

Dr Thu and Dr Ruberu will provide formal assessment and feedback using the AMC approved formative and summative assessments both at mid-term and end of term for the JMOs allocated to ward 4B.

All members of the team will be consulted when completing these.

In completing the assessment, various aspects will be looked into. Knowledge base, clinical skills, punctuality, presentation skills, communication skills, safety in assessing and managing patients, ability to work in a multidisciplinary team environment, efficiency, accountability, thoroughness etc

ADDITIONAL INFORMATION:

- A particular effort is made to determine the patient's resuscitation status and care type during the daily white board meeting.
- The patient's care type may change multiple times during the admission e.g. acute to rehab to GEM.
- All staff members are happy to be approached if JMOs feel that they need extra support whilst working on this term. Patient's needs are considered as the first priority and no question is 'stupid' – it is much better to confirm doubts rather than compromise a frail older person.
- **Consultant Ward Rounds**
 - JMOs must attend ALL ward rounds
 - Prior to ward rounds, patients blood results and imaging results must be written in notes
 - A list of patient's active issues must be included in all entries during ward rounds
 - Review all sick patients and new admissions first.
- JMOs are expected to assist each other especially if teams are uneven in numbers.
- JMOs should organise ADOs well in advance of the actual date to ensure others are able to cover – leave forms must be completed in a timely fashion.

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| | <ul style="list-style-type: none">• All unrostered overtime must be claimed for and signed off by the consultants. |
|--|--|

Term Supervisor: M. *Arbale*
Date:

6/12/17

Acute care of the elderly

Clinical Management

Patient Assessment

Patient identification

- ☒ Follows the stages of a verification process to ensure the correct identification of a patient
- ☒ Complies with the organisation's procedures for avoiding patient misidentification
- ☒ Confirms with relevant others the correct identification of a patient

History & Examination

- ☒ Recognises how patients present with common acute and chronic problems and conditions
- ☒ Undertakes a comprehensive & focussed history
- ☒ Performs a comprehensive examination of all systems
- ☒ Elicits symptoms & signs relevant to the presenting problem or condition

Problem formulation

- ☒ Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process
- ☒ Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions
- ☒ Regularly re-evaluates the patient problem list

Investigations

- ☒ Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation
- ☒ Follows up & interprets investigation results appropriately to guide patient management
- ☒ Identifies & provides relevant & succinct information when ordering investigations

Referral & consultation

- ☒ Identifies & provides relevant & succinct information
- ☒ Applies the criteria for referral or consultation relevant to a particular problem or condition
- ☒ Collaborates with other health professionals in patient assessment

Safe Patient Care

Systems

- ☒ Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- ☒ Uses mechanisms that minimise error e.g. checklists, clinical pathways
- ☒ Participates in continuous quality improvement e.g. clinical audit

Risk & prevention

- ☒ Identifies the main sources of error & risk in the workplace
- ☒ Which may contribute to patient & staff risk
- ☒ Explains and reports potential risks to patients and staff

Adverse events & near misses

- ☒ Describes examples of the harm caused by errors & system failures
- ☒ Documents & reports adverse events in accordance with local incident reporting systems
- ☒ Recognises & uses existing systems to manage adverse events & near misses

Public health

- ☒ Knows pathways for reporting notifiable diseases & which conditions are notifiable
- ☒ Acts in accordance with the management plan for a disease outbreak
- ☒ Identifies the key health issues and opportunities for disease and injury prevention in the community

Infection control

- ☒ Practices correct hand-washing & aseptic techniques
- ☒ Uses methods to minimise transmission of infection between patients
- ☒ Rationally prescribes antimicrobial / antiviral therapy for common conditions

Radiation safety

- ☒ Minimise the risk associated with exposure to radiological investigations or procedures to patient or self

- ☒ Rationally requests radiological investigations & procedures

- ☒ Regularly evaluates his / her ordering of radiological investigations & procedures

Medication safety

- ☒ Identifies the medications most commonly involved in prescribing and administration errors
- ☒ Prescribes, calculates and administers all medications safely mindful of their risk profile
- ☒ Routinely reports medication errors and near misses in accordance with local requirements

Acute & Emergency Care

Assessment

- ☒ Recognises the abnormal physiology and clinical manifestations of critical illness
- ☒ Recognises & effectively assesses acutely ill, deteriorating or dying patients
- ☒ Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

- ☒ Applies the principles of triage & medical prioritisation
- ☒ Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

Basic Life Support

- ☒ Implements basic airway management, ventilatory and circulatory support
- ☒ Effectively uses semi-automatic and automatic defibrillators

Advanced Life Support

- ☒ Identifies the indications for advanced airway management
- ☒ Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation
- ☒ Participates in decision-making about and debriefing after cessation of resuscitation

Acute patient transfer

- ☒ Identifies when patient transfer is required
- ☒ Identifies and manages risks prior to and during patient transfer

Patient Management

Management Options

- ☒ Identifies and is able to justify the patient management options for common problems and conditions
- ☒ Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

Inpatient Management

- ☒ Reviews the patient and their response to treatment on a regular basis

Therapeutics

- ☒ Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- ☒ Involves nurses, pharmacists and allied health professionals appropriately in medication management
- ☒ Evaluates the outcomes of medication therapy

Pain management

- ☒ Specifies and can justify the hierarchy of therapies and options for pain control
- ☒ Prescribes pain therapies to match the patient's analgesia requirements

Fluid, electrolyte & blood product management

- ☒ Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- ☒ Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient

- ☒ Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use

- ☒ Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

Subacute care

- ☒ Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs
- ☒ Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

Ambulatory & community care

- ☒ Identifies and arranges ambulatory and community care services appropriate for each patient

Discharge planning

- ☒ Recognises when patients are ready for discharge
- ☒ Facilitates timely and effective discharge planning

End of Life Care

- ☒ Arranges appropriate support for dying patients
- ☒ Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning

Skills & Procedures

Decision-making

- ☒ Explains the indications, contraindications & risks for common procedures
- ☒ Selects appropriate procedures with involvement of senior clinicians and the patient
- ☒ Considers personal limitations and ensures appropriate supervision

Informed consent

- ☒ Applies the principles of informed consent in day to day clinical practice
- ☒ Identifies the circumstances that require informed consent to be obtained by a more senior clinician
- ☒ Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

Performance of procedures

- ☒ Ensures appropriate supervision is available
- ☒ Identifies the patient appropriately
- ☒ Prepares and positions the patient appropriately
- ☒ Recognises the indications for local, regional or general anaesthesia
- ☒ Arranges appropriate equipment
- ☐ Arranges appropriate support staff and defines their roles

- ☒ Provides appropriate analgesia and/or premedication

- ☒ Performs procedure in a safe and competent manner using aseptic technique

- ☒ Identifies and manages common complications

- ☐ Interprets results & evaluates outcomes of treatment

- ☒ Provides appropriate aftercare & arranges follow-up

Skills & Procedures

- ☒ Venepuncture
- ☒ IV cannulation
- ☒ Preparation and administration of IV medication, injections & fluids
- ☒ Arterial puncture in an adult

- ☒ Blood culture (peripheral)
- ☒ IV infusion including the prescription of fluids
- ☒ IV infusion of blood & blood products
- ☒ Injection of local anaesthetic to skin
- ☒ Subcutaneous injection
- ☒ Intramuscular injection
- ☒ Perform & interpret and ECG
- ☐ Perform & interpret peak flow
- ☒ Urethral catheterisation in adult females & males
- ☒ Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- ☒ NG & feeding tube insertion
- ☒ Gynaecological speculum and pelvic examination
- ☒ Surgical knots & simple suture insertion
- ☐ Corneal & other superficial foreign body removal
- ☐ Plaster cast/splint limb immobilisation

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

- ☒ Fever
- ☒ Dehydration
- ☒ Loss of Consciousness
- ☒ Syncope
- ☒ Headache
- ☒ Toothache
- ☒ Upper airway obstruction
- ☒ Chest pain
- ☒ Breathlessness
- ☒ Cough
- ☒ Back pain
- ☒ Nausea & Vomiting
- ☒ Jaundice
- ☒ Abdominal pain
- ☒ Gastrointestinal bleeding
- ☒ Constipation
- ☒ Diarrhoea
- ☒ Dysuria / or frequent micturition
- ☒ Oliguria & anuria
- ☐ Pain & bleeding in early pregnancy
- ☒ Agitation
- ☒ Depression

Common Clinical Problems and Conditions

- ☒ Non-specific febrile illness
- ☒ Sepsis
- ☒ Shock
- ☒ Anaphylaxis
- ☐ Envenomation
- ☒ Diabetes mellitus and direct complications
- ☒ Thyroid disorders
- ☒ Electrolyte disturbances
- ☒ Malnutrition
- ☒ Obesity
- ☒ Red painful eye
- ☒ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☒ Common skin rashes & infections
- ☐ Burns
- ☒ Fractures
- ☒ Minor Trauma
- ☒ Multiple Trauma
- ☒ Osteoarthritis
- ☒ Rheumatoid arthritis
- ☒ Gout
- ☒ Septic arthritis
- ☒ Hypertension
- ☒ Heart failure
- ☒ Ischaemic heart disease
- ☒ Cardiac arrhythmias
- ☒ Thromboembolic disease
- ☒ Limb ischaemia

- ☒ Leg ulcers
- ☒ Oral infections
- ☒ Periodontal disease
- ☒ Asthma
- ☒ Respiratory infection
- ☒ Chronic Obstructive Pulmonary Disease
- ☒ Obstructive sleep apnoea
- ☒ Liver disease
- ☒ Acute abdomen
- ☒ Renal failure
- ☒ Pyelonephritis & UTIs
- ☐ Urinary incontinence & retention
- ☐ Menstrual disorders
- ☐ Sexually Transmitted Infections
- ☒ Anaemia
- ☒ Bruising & Bleeding
- ☒ Management of anticoagulation
- ☒ Cognitive or physical disability
- ☒ Substance abuse & dependence
- ☒ Psychosis
- ☒ Depression
- ☒ Anxiety
- ☒ Deliberate self-harm & suicidal behaviours
- ☐ Paracetamol overdose
- ☒ Benzodiazepine & opioid overdose
- ☒ Common malignancies
- ☐ Chemotherapy & radiotherapy side effects
- ☐ The sick child
- ☐ Child abuse
- ☐ Domestic violence
- ☒ Dementia
- ☒ Functional decline or impairment
- ☒ Fall, especially in the elderly
- ☒ Elder abuse
- ☒ Poisoning/overdose

Professionalism

Doctor & Society

Access to healthcare

- ☒ Identifies how physical or cognitive disability can limit patients' access to healthcare services
- ☒ Provides access to culturally appropriate healthcare
- ☒ Demonstrates and advocates a non-discriminatory patient-centred approach to care

Culture, society healthcare

- ☒ Behaves in ways which acknowledge the social, economic political factors in patient illness
- ☒ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- ☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
- ☒ 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 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