



FACILITY: Canberra Hospital May 2018																
TERM NAME: Anaesthetic and Pain Management																
TERM SUPERVISOR: Dr. Dilip Nithyanandam																
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>		Professor Thomas Brussel- available through Switchboard Dr. Dilip Nithyanandam – available through Switchboard														
ACCREDITED TERM FOR :		<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>0</td><td>Elective</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Elective</td><td>12-14 weeks</td></tr></table> <p>Total positions available per term: 1 maximum</p>				Number	Core/Elective	Duration	PGY1	0	Elective	12-14 weeks	PGY2+	1	Elective	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 provided, case mix etc.</i>		<ul style="list-style-type: none">• Provision of anaesthesia and pain management services including sedation and anaesthesia out of the operating theatre• Routine pre-anaesthetic assessment of patients for emergency and elective surgery and identification of morbidities that may affect anaesthesia, surgery or patient's outcome postoperatively and appropriate referral of such patients• Role as part of the resuscitating team in hospital wide emergencies when required to do so• Teaching of anaesthesia and aid in airway maintenance practice to nursing staff, medical students, residents and registrars and paramedics• The provision of pre-anaesthetic assessment in dedicated clinic to prepare elective patients for surgery.														

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>	<ul style="list-style-type: none"> • BLS skills and knowledge • Ward and/or emergency department clinical experience • Clinical knowledge consistent with their level of experience.
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>	JMOs should contact Dr. Dilip Nithyanandam on their first day of term to organise an initial orientation to the department.
JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i>	<ul style="list-style-type: none"> • 07:30 start • Preoperative assessment of patients for daily surgical list in operating theatre • Attendance at allocated theatre list • Attend the Acute Pain Service ward rounds • Attend the Pre-Anaesthetic Assessment Clinic
SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	IN HOURS: Dr. Dilip Nithyanandam via switchboard or Department of Anaesthesia.
	AFTER HOURS: No – not appropriate
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>	CLINICAL MANAGEMENT: <ul style="list-style-type: none"> • Know the role and abilities of an anaesthetist, not only that of airway management • Perform routine pre-anaesthetic assessment of patients and identify relevant morbidities that may impact o anaesthetic and care of patients during surgery • Understand and plan a simple anaesthetic from preoperative assessment through induction, maintenance, emergence and the acute recovery phase • Be able to administer appropriate analgesia for a patient in pain or requiring elective surgery • Gain familiarity of the drugs used in anaesthesia and their appropriate dosing, and knowledge of their effects and side effects • Acquire basic airway management skills from bag-mask ventilation, LMA insertion and intubation • Improve venous cannulation skills • Rostered for the Acute Pain Service rounds with the Pain Team managing the patients in the wards <p>Other procedural skills may be available if appropriate to level of training such as lumbar puncture for spinal anaesthesia and central venous cannulation.</p>

	COMMUNICATION: JMOs are required to communicate effectively in all aspects of patient interaction. This includes; 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: All JMOs are expected to 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.

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							
PM			PM- Anaesthetic Part 1 teaching in the Anaesthetic Dept. PGY's strongly encouraged to attend teaching				

Please note: All JMOs are required to work weekends as dictated by the roster.

Please Note Department M&M Meetings TBC : Dept of Anaesthesia Morbidity and Mortality Meeting calendar-invites will be emailed to the team.

PATIENT LOAD: Average number of patients looked after by the JMO per day	1-2 operating theatre lists each day
OVERTIME Average hours per week ROSTERED: 8 UNROSTERED: 0	
EDUCATION: Detail education opportunities and resources available to the JMO during the term. Formal education	PGY2+s are expected to attend the Department of Anaesthesia registrar teaching sessions and to be involved in presentations.

<p><i>opportunities should also be included in the unit timetable.</i></p>	<p>Educational Resources:</p> <ul style="list-style-type: none"> • TCH Library/intranet; • Department of anaesthesia library (keys available from secretary); and <p>AMO Teaching: All anaesthetists working in the operating theatre</p> <p>Registrar Teaching: All registrars working in the operating theatre</p>
<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>The term supervisor will identify opportunities for research or audits throughout the term should they become available.</p>
<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 shortcomings prior to the end-of-term assessment.</i></p>	<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>
<p>ADDITIONAL INFORMATION:</p>	<p>This is a highly specialised term and therefore some procedural skills may not be acquired.</p> <p>PGY2+'s are reminded that they share their allocated lists with nursing, paramedic, anaesthetic registrars and medical students and that at times lists may be crowded and their involvement will have to be determined in order of priority.</p>



Term Supervisor Signature:

Date:

22/5/18

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
- ☒ 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