

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: Jan 2018
FACILITY: The Canberra Hospital
TERM NAME: Cardiology
TERM SUPERVISOR: Dr's Simon O'Connor, Ren Tan and Ahmad Farshid

<p>CLINICAL TEAM: <i>Include contact details of all relevant team members</i></p>	<p>Dr. R Tan – 6244 3765</p> <p>Dr David Coles – 6244 3765 (Retired ; Honorary Cardiologist at TCH)</p> <p>Dr. Simon O’Connor – 6244 3765</p> <p>Dr. Ahmad Farshid – 6244 3765</p> <p>Dr. Darryl McGill – 6244 3765</p> <p>Dr. K Nowakowski – 6244 3765</p> <p>Dr. M Rahman – 6244 3765</p> <p>Dr. C Allada – 6244 3765</p> <p>Prof. W Abhayaratna- 6244 2619</p> <p>Dr Muayad Alasady 6244 3765</p> <p>Dr Kashif Kalam 6244 3765</p> <p>Dr Rajeev Pathak 6244 3765</p> <p>Dr Charles Itty (Locum)</p>												
<p>ACCREDITED TERM FOR :</p>	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>2</td><td>Medicine Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Medicine Core</td><td>12-14 weeks</td></tr></table> <p>Total positions available : 3 maximum</p>		Number	Core/Elective	Duration	PGY1	2	Medicine Core	12-14 weeks	PGY2+	1	Medicine Core	12-14 weeks
	Number	Core/Elective	Duration										
PGY1	2	Medicine Core	12-14 weeks										
PGY2+	1	Medicine Core	12-14 weeks										
<p>OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<ul style="list-style-type: none">• To care for the inpatients and outpatients with suspected or proven cardiovascular diseases;• To facilitate consultation for inpatients and outpatients with suspected or proven cardiovascular diseases; and• To provide advice on the management of cardiovascular diseases. <p>The provision of diagnostic services including:</p> <ul style="list-style-type: none">• Electrocardiography;• Diagnostic exercise ECG;• Ambulatory ECG monitoring;• Echocardiography (Transthoracic and Transoesophageal);• Diagnostic Cardiac Catheterisation; and• Pacemaker Clinic Follow-up.• Coronary and Cardiac CT <p>Other Services:</p> <ul style="list-style-type: none">• Permanent and temporary pacemaker implantation;• ICD and CRT-ICD Implant• Direct current cardioversion;• Cardiac Rehabilitation Services;• Interventional cardiology• Cardiac electrophysiology• To conduct clinical research on cardiovascular diseases;• To train medical students and medical graduates in the management of cardiovascular disease;• To teach a wide range of medical, nursing, and allied health staff on Cardiovascular diseases;• To provide lay and professional advice on public health aspects of cardiovascular												

	<p>diseases;</p> <ul style="list-style-type: none"> • To provide education through the Cardiac Rehabilitation facilities to patients, family and the community; and • To provide clinical and cardiovascular support to the Department of Cardiac Surgery. <p>This term forms part of Medical Pod 3</p> <p>Medical Pod 3 includes:</p> <ul style="list-style-type: none"> • Gastroenterology and Hepatology • Home in the Hospital (HITH), • Respiratory Medicine, • Cardiology, • Rheumatology Immunology & Dermatology, • Endocrinology <p>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. All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</p> <p>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.</p> <p>Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate handover period.</p> <p>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, 1 ADO and 2 days on call. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</p> <p>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.</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 will be required to work weekends as dictated by the roster.</p> <p>All JMOs will be required to work weekend 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>Basic Clinical Training</p>

<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>JMOs meet the basic trainees working in Coronary Care unit and the Advanced trainee responsible for the Coronary Care Unit and the advanced trainee responsible for ward patients, at the beginning of their term. JMOs should report to the cardiology meeting room (Level 3) at 8 a.m. on the first Monday of their term.</p> <p>Orientation will be conducted by Director of Cardiology, Advanced Trainee in Cardiology, CNC Cardiac Cath Lab and CNC CCU</p> <p>The <i>Notes for CCU basic Trainees document</i> (PowerPoint PDF) will be available to them as well as to the BPTs</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Hours of Work: 7.30am – 4:30 pm and 12:30 pm – 8:00 pm Monday to Friday (2 shifts) 8.00am – 1 pm Saturday</p> <p>Patients:</p> <ul style="list-style-type: none"> • Under the supervision of the Cardiology Registrar the JMO is responsible for the day to day management of the patients admitted under the Cardiologist in their team; • Patients should be seen daily until discharge; • The JMOs should encourage medical student's participation in the Unit; • Inform the Registrar if any patient is causing you concern; and • Inform the Consultant of any serious change in a patient's condition. <p>Consultations: The JMO is not responsible for the patients for whom the Cardiology Department is consulted. However, it is recommended that the JMO should attend all rounds to consultations as this a part of the continuing education process.</p> <p>Ward Rounds: The JMO is responsible for presenting patients who are in 6A and the subacute ward of CCU to the consultant and also updating the consultant on the progress of all patients. It is necessary that all current results of relevant investigations are available for rounds.</p> <p>Cardiology Clinical Meeting: The JMO may contribute to the weekly clinical meeting if asked by the Registrar or if they are interested in actively participating. This usually takes the form of a presentation of a case and subsequent review by the Registrar and Consultants.</p> <p>Cardiac Catheter Meeting: The JMO may also attend the Cardiac Catheter Meeting if they have a particular interest. The meeting involves presentation of the results of cardiac catheterisation on patients needing discussion about further intervention such as coronary bypass grafting or coronary angioplasty.</p> <p>Grand Rounds: Presentations by the JMO or Registrar followed by a discussion by the Registrar and all Consultants. The presentation must be rehearsed.</p> <p>Handover: Attend TCH Division of Medicine morning handover at 0800 hrs for ward intern/resident.</p>

	<p>At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients. Please note the Unit Timetable.</p> <p>Friday afternoon 13:00- 13: 30 Cardiology Handover meeting with Director of Cardiology, Advanced Trainees in Cardiology and Basic Physician Trainees (combined with teaching and feedback session from junior staff to Director of Cardiology)</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: Supervision will be provided by the consultants, Dr. O'Connor and Dr. Farshid whom can be contacted through the switchboard at anytime. The Registrars are also available to provide supervision. This is to ensure the JMO will be supervised appropriately at all times.</p>
	<p>AFTER HOURS: Yes – after hours registrars on call</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: By the completion of this term the JMO may expect to have diagnosed and managed the following problems:</p> <ul style="list-style-type: none"> • Chest pain; • Stable Angina; • Acute coronary syndromes (unstable angina, acute AMI); • Cardiac arrest; • Cardiogenic shock; • Acute and chronic heart failure; • Atrial fibrillation and flutter; • Supraventricular tachycardia; • Ventricular tachycardia; • Syncope; • Bradyarrhythmia and heart block; • Pulmonary embolism; • Pericarditis; • Pericardial effusion; • Hypertension; • Secondary Prevention of Coronary Heart Disease; • Rehabilitation after acute AMI; • Aortic stenosis and regurgitation; • Mitral regurgitation; and • Rehabilitation after acute coronary syndromes. <p>By the completion of this term the JMO may expect to witness and have an understanding of the following procedures and management techniques:</p> <ul style="list-style-type: none"> • ECG interpretation; • DC cardioversion (elective and emergent) • Temporary cardiac pacing; • Permanent cardiac pacing; • Coronary angiography; • Right heart catheterisation; • Exercise testing in coronary heart disease; • Echocardiography; TOE and stress echo • Percutaneous transluminal coronary angioplasty/stenting; and • Intra-aortic balloon pump insertion.

	<ul style="list-style-type: none"> CRT-ICD and ICD implant Basic cardiac electrophysiology and therapeutic EP ablation procedures Role of coronary and cardiac CT
	COMMUNICATION: Quality communication is required in the following: 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: 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	8.00 Cardiology Clinical Meeting	8.00 Ward Round CCU	8.00 Ward Round CCU 8.00 Dr Coles ECG Clinical Handover – ward JMO encouraged to attend)	8.00 Ward Round CCU	8.00 Ward Round CCU		
	8.45 Ward Round						
PM	5.00 Cardiac catheter meeting	2.30-4pm JMO Teaching Session	12.00 Grand Rounds	1 pm: ECG session Dr Farshid 2-3pm RMO teaching	1.00 Handover Meeting & Teaching - Dr R Tan		

PATIENT LOAD:

Average number of patients looked after by the JMO per day

6

OVERTIME

Average hours per week **ROSTERED: 8 (MEDPOD)** **UNROSTERED: 0**

EDUCATION:

Detail education opportunities

See timetable above regarding meetings.

All interns and JMO1s are expected to participate in the Tuesday afternoon teaching program. The period from 2.30-4pm on Tuesdays is considered to be protected time for

<p><i>and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i></p>	<p>JMOs. RMO teaching is on Thursdays 2-3pm. Venue and topic TBC.</p> <p>All interns and RMOs are expected to attend Dr. Farshid's tutorials on Fridays to learn about practical management of cardiac conditions as well as ECG interpretation.</p> <p>Educational Resources: JMOs will be encouraged to participate in all clinical activities that will be educational which they can use as a platform for further reading. They will be encouraged to present after weekly cardiology meeting although this is not a requirement. The JMO should be familiar with the Coronary Care Unit Protocols.</p> <p>A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>AMO Teaching: Dr. Farshid – Thursday 1 pm Tutorial Dr. O'Connor – Thursday Catheterisation lab orientation and teaching Dr. R Tan – Friday 3pm Handover Meeting & Teaching</p> <p>Registrar Teaching: 3 Advanced trainees 5 Basic trainees</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i></p>	<p>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>Research: JMOs should discuss research interests with Dr R Tan and Dr R Pathak</p> <p>Communication with General Practitioners/Discharge Referral: It is critical that all Discharge Referrals are promptly filled out with appropriate information relevant to what has occurred in hospital and relevant to the ongoing management. The JMO must complete the Discharge Referral form before discharge and following discussion of the management follow up plan with the Registrar. A telephone call to the GP is necessary with more complicated patients. Typed Cardiac Catheter Report letters are accepted as Discharge Referrals reports ONLY for day cases. A discharge summary is required for deceased patients.</p> <p>Discharge Documentation: A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges (usually by the JMO). The only exceptions to this are day case cardiac catheterisation, dialysis and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging specialty is responsible for completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient please</p>

make a note of this on the Discharge Referral.

Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the directors of the SMT leaders.

In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all discharge Referrals/Discharge Summaries you are responsible for.

For further information on discharge documentation, see Policy 0113:001 Record Completion and Casemix.

Summaries

Autopsies:

An autopsy should be requested on all deceased patients unless the case is referred to the Coroner. Death Certificates should be completed promptly by the JMO.

Consent:

Consents are required for cardiac catheterisation, coronary intervention and cardiac device implants procedures. Currently the JMO, in conjunction with the cardiologist, Advanced Trainee or PGY3/3+ obtains consent from the patient admitted through the Pre-Admission Clinic or in CCU. JMO especially interns are strongly encouraged to discuss any areas of concern or difficulties with consultants or registrars.

Medications:

JMO must be familiar with all medications prescribed for inpatients. As part of the educational process, the JMO must learn the possible adverse reactions, interactions between the different types of medication and the potential complications of drug use which have a high morbidity and potential mortality. The generic names where possible should be used. Medications are to be changed only after discussing it with the Registrar or Consultant. JMO must review the medications for all inpatients at least once a day

Inpatient Notes:

All Cardiology Unit patients should have a brief note written following each review

Medical Record Documentation:

To maintain the integrity of the record and ensure the best optical disc image possible, the 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 and;

Entries written in error must have only one line ruled through the incorrect entry; have "Written in Error" entered above or beside the incorrect entry and the 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.

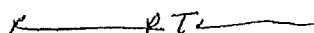
For each Care Type change the medical officer must:

Assess the patient;

	<p>Document patient history, status and expected goals on the Notification of Care Type Change form; and</p> <p>Document the new care type, the reason for care type change, goals of current treatment and patient's current status in the progress notes.</p> <p>Once all sections of the form have been completed it should then be signed and handed to the Ward Clerk for action on CareSys. For more details see Policy number 0117:001 Care Type Policy.</p>
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Cardiology Term Supervisor signature:
Drs R. Tan and A. Farshid

Date:



3 / 1 / 2018

Revised Dr R Tan
Director of Cardiology
3 January 2018

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
- ☒ 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

- ☒ 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
- ☒ Comed & 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
- ☒ Epistaxis
- ☒ Diabetes mellitus and direct complication
- ☒ Thyroid disorders
- ☒ Electrolyte disturbances
- ☒ Malnutrition
- ☒ Obesity
- ☒ Red painful eye
- ☒ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☒ Common skin rashes & infections
- ☒ Burns
- ☒ Fractures
- ☒ Minor Trauma
- ☒ Multiple Trauma
- ☒ Osteoarthritis
- ☒ Rheumatoid arthritis
- ☒ Gout
- ☒ Septic arthritis
- ☒ Hypertension
- ☒ Heart failure
- ☒ Ischaemic heart disease
- ☒ Cardiac arrhythmias
- ☒ Thromboembolic disease
- ☒ Limb ischaemia

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

Professionalism

Doctor & Society

Access to healthcare

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

Culture, society healthcare

- ☒ Behaves in ways which acknowledge the social, economic political factors in patient illness
- ☒ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- ☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
- ☒ Behaves in ways which acknowledge the impact of history & the experience of indigenous Australians
- ☒ Behaves in ways which acknowledge indigenous Australians' spirituality & relationship to the land
- ☒ Behaves in ways which acknowledge the diversity of Indigenous cultures, experiences & communities

Professional standards

- ☒ Complies with the legal requirements of being a doctor e.g. maintaining registration
- ☒ Adheres to professional standards
- ☒ Respects patient privacy & confidentiality

Medicine & the law

- ☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- ☒ Completes appropriate medico-legal documentation
- ☒ Liaises with legal & statutory authorities, including mandatory reporting where applicable
- ☒ **Health promotion**
- ☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health

- ☒ Uses a non-judgemental approach to patients' & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☒ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions
- ☒ **Healthcare resources**
- ☒ Identifies the potential impact of resource constraint on patient care
- ☒ Uses finite healthcare resources wisely to achieve the best outcomes
- ☒ Works in ways that acknowledge the complexities & compelling demands of the healthcare system

Professional Behaviour

Professional responsibility

- ☒ Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- ☒ Maintains an appropriate standard of professional practice and works within personal capabilities
- ☒ Reflects on personal experiences, actions & decision-making
- ☒ Acts as a role model of professional behaviour

Time management

- ☒ Prioritises workload to maximise patient outcomes & health service function
- ☒ Demonstrates punctuality

Personal well-being

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

Ethical practice

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

Doctors as leaders

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

Professional Development

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

Teaching, Learning & Supervision

Self-directed learning

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

Teaching

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

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

Communication

Patient Interaction

Context

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

Respect

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

Providing information

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

Meetings with families or carers

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

Breaking bad news

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

Open disclosure

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

Managing Information

Written

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

- ☒ Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
- ☒ Accurately documents drug prescription, calculations and administration
- ☒ **Electronic**
- ☒ Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
- ☒ Complies with policies, regarding information technology privacy e.g. passwords, e-mail & Internet, social media
- ☒ **Health Records**
- ☒ Complies with legal/institutional requirements for health records
- ☒ Uses the health record to ensure continuity of care
- ☒ Provides accurate documentation for patient care
- ☒ **Evidence-based practice**
- ☒ Applies the principles of evidence-based practice and hierarchy of evidence
- ☒ Uses best available evidence in clinical decision-making
- ☒ Critically appraises evidence and information
- ☒ **Handover**
- ☒ Demonstrates features of clinical handover that ensure patient safety & continuity of care
- ☒ Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

Working in Teams

Team structure

- ☒ Identifies & works effectively as part of the healthcare team, to ensure best patient care
- ☒ Includes the patient & carers in the team decision making process where appropriate
- ☒ Uses graded assertiveness where appropriate
- ☒ Respects the roles and responsibilities of multidisciplinary team members

Team dynamics

- ☒ Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise
- ☒ Demonstrates flexibility & ability to adapt to change
- ☒ Identifies & adopts a variety of roles within different teams

Case Presentation

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