



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: June 2019	
FACILITY: Canberra Hospital	
TERM NAME: Emergency Department	
TERM SUPERVISOR: Dr. Daniel Fawaz 45634	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr. Greg Hollis – Director: 02 6244 3309 Dr. Suzanne Smallbane – Deputy Director: 42478 Dr. Sam Scanlan – Deputy Director: 43752 A/Prof Drew Richardson: 42418 Dr. Jamie Christie: 43752 Dr. Betty Domazet: 45634 Dr. James Falconer: 42940

	<p>Dr. Michael Hall: 44497 Dr. David Lamond: 43309 Dr. Erin Martin: 45634 Dr. Ross McAlpine: 47068 Dr. Dan McCormack: 43967 Dr. Andree Salter: 45633 Dr. Andrew Singer: 45634 Dr. Jamie Lew 45634 Dr. Nick Taylor: 45632 Dr. Megan Thomas: 45634 Dr. Gerrard Marmor: 44128 Dr Amanda Appleton Dr Adrienne Boonstra Dr. Aline Archambeau Dr. Joanne Lamont Dr. Jide Fawole Dr. Andrew Habig Dr. Selina Watchorn Dr. Carol Leerdam</p>												
ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>15</td><td>Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>14</td><td>Core</td><td>12-14 weeks</td></tr></table> <p>Total positions available: 29 maximum.</p>		Number	Core/Elective	Duration	PGY1	15	Core	12-14 weeks	PGY2+	14	Core	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE Include outline of the role of the unit, range of clinical services provided, case mix etc.	<p>The Emergency Department (ED) at The Canberra Hospital is the major trauma centre in the Canberra region, serving a population of approximately 0.5 million. Approximately 88,000 patients attended the department in the last 12 months. 23% were paediatric. Overall admission rate is 36%.</p> <p>The departments core roles are:</p> <ul style="list-style-type: none">• To facilitate the timely assessment, treatment, and referral of patients with acute undifferentiated medical, surgical, paediatric and psychiatric presentations;• Provide training in Emergency Medicine for undergraduates and postgraduates; and• Undertake research and quality improvement activities to facilitate best practice. <p>In addition, the department provides a gate-way for inter-hospital transfers of patients from surrounding hospitals requiring urgent access to the tertiary services based in The Canberra Hospital (TCH). TCH provides all services except solid organ transplant and paediatric surgeries requiring post-operative intensive care.</p>												
REQUIREMENTS FOR COMMENCING THE TERM: Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency	Basic clinical training.												
ORIENTATION: 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	<p>Orientation is run on the first day JMO staff are seconded to the ED by MOSU commencing at 0800.</p> <p>For PGY-1 staff who have not previously worked in any ED this is a half-day session.</p> <p>For PGY-2 staff who have previously worked in this ED this is a 30 minute session.</p> <p>For PGY-2 staff who have not previously worked in this ED this is a half-day session.</p>												

<p><i>clinical policies and guidelines required as reference material for the JMO.</i></p>	<p>The ED Orientation takes place in the large meeting/tutorial room in the ED admin area (access adjacent to the switchboard). If required a venue outside the ED may be used depending on availability (usually Meeting room 2 Building 24).</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Consultant Specific Requests:</p> <ul style="list-style-type: none"> • Punctuality in starting the shift, continued attendance throughout the shift, and consultation with shift supervisor before taking breaks; • Consult senior emergency staff on all patients; • PGY-1 staff are not to discharge a patient without discussion with a supervising medical officer from the ED (inpatient registrars are not a substitute); • Courtesy to patients and colleagues; • Assess patients in order of triage priority for category 1 & 2 patients, time of arrival for cat 3,4 & 5 patients, within the recommended time; • Record patient data onto EDIS; • Ensure adequate handover of patient at change of shift or ward transfer; • Communicate with GP and/or community services upon discharge and appropriate completion of medical record and discharge summary; and • Ensure adequate handover of patient if out on a break and at shift conclusion. <p>Patients:</p> <ul style="list-style-type: none"> • Assess each emergency patient in a timely and professional manner and discuss the management with an emergency registrar or consultant; and • Be able to manage more than a single patient at a time. <p>Ward Rounds:</p> <p>Attend the ward round that is relevant to your shift and present a summary of your patient's management in the ED.</p> <p>Presentations:</p> <ul style="list-style-type: none"> • Concise case presentations are expected at the handover rounds; • An Emergency Department QA and mortality review is held every second Wednesday at 1130am in the tutorial room in ED <p>Satisfactory term completion</p> <p>There is a minimum requirement for 32 clinical shifts worked in the department for PGY-1 staff to be signed off as meeting AHPRA requirements.</p> <p>The ED consultant group expects appropriate professional standards and behaviour. Specifically, if it emerges that JMO staff have been lying to the consultant staff about matters relating to attendance and performance, the JMO staff-member will fail the term.</p>
<p>SUPERVISION:</p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS:</p> <p>Consultant staff specialists are rostered to provide on the floor supervision in the ED from 0800 to 2400 every day.</p> <p>AFTER HOURS:</p> <p>The night-staffing specialist 2400-0800 includes a senior or mid-grade and a junior registrar. There is a consultant available by phone able to attend within 15 minutes.</p>
<p>STANDARD TERM OBJECTIVES:</p> <p><i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should</i></p>	<p>CLINICAL MANAGEMENT:</p> <p>By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p>Clinical:</p> <p>Confidence in the assessment and initial management of common medical, surgical and paediatric presentations, by being able to:</p> <ul style="list-style-type: none"> • Understand the abnormal physiology and manifestations of critical illness; • Recognise and assess acutely ill or deteriorating patients;

be used as a basis of the mid and end of Term assessments.

- Understand that resuscitation and symptom control measures may be instituted before complete assessment;
- Understand the triage process;
- Formulate an appropriate differential diagnosis and initial investigations list;
- Communicate effectively with patients and their families as well as medical and nursing staff;
- Develop their capacity to move from 'presenting a history' to adjusting their verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication;
- Effectively manage time with regard to a patients clinical priority; and
- Be able to manage common medical and surgical emergencies under supervision.

Procedural:

Confident and proficient in performing ABG, IV cannulation, plaster cast, urinary catheterisation and basic life support.

Please refer to the ACF attached for a description of patient presentations and specific skills that the JMO can potentially be exposed to during the Emergency term.

Educational:

- Learn about management of common medical, surgical and paediatric presentations and emergencies; and
- Take opportunities to learn about emergency procedures such as intubation, chest drain, and arterial catheter.

Interpretative:

Be able to interpret and act upon common abnormalities in FBC, ABG, serum electrolytes, ECG, chest and skeletal x-ray.

COMMUNICATION:

Quality communication skills are expected as standard. This relates to: 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:

Professionalism is expected throughout your employment. This relates to: Effective communication and participation 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	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs	Daily Rounds held at 0800, 1530 and 2300hrs

PM			QA & mortality review alternate weeks 1130				

The departmental requirement for the JMO's to present every clinical encounter to either a registrar or consultant immediately provides a much closer working relationship and far greater opportunities for bedside teaching than exists in other units. The department's provision of formal JMO education is via all-day session run on monthly cycles. The sessions are streamed, with different educational programs for the PGY-1 and PGY-2 cohorts. The days are a mixture of theoretical, practical and scenario sessions. Time-tabling in this way ensures that all PGY-1s are guaranteed exposure to the core curricula.

All JMOs are required to work weekends dictated by the roster.

PATIENT LOAD:

Average number of patients looked after by the JMO per day

Depends on stream:

Acute: currently running at 3-4 + handovers
Subacute: 6-7 + handovers.

OVERTIME

The Emergency Department rosters JMOs to 80 hours a fortnight, as 8X 10 hour shift pattern. Rarely an intern may do an extra 10 hours in a single fortnight across the entire term, which usually relates to the mandatory teaching component. The 10 hours are all paid. Staff are expected to take meal breaks thus the ED pays meal breaks. Infrequently the dictates of an appropriately professional handover require a JMO staff-member to stay 15-20 minutes beyond the end of the shift. If the JMO is staying beyond 30 minutes, the onus is on the JMO to raise prolonged shift attendance with a supervising medical officer. In the unlikely event that the clinical load cannot be picked up by a staff-member on the continuing shift, their unrostered overtime is paid without question.

Average hours per week **ROSTERED: 40 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.

PGY-1 and PGY-2 Education days run monthly and total 2 full 10 hour days and a half day (total 25 hours) each term with both didactic and practical sessions.

Topics include:

- Emergency Eye presentations & use of the slit lamp
- Wound care
- Fracture care & plastering techniques
- Recognition of the sick child
- Analgesia in adults and children
- ECG interpretation
- Diabetic ketoacidosis
- DVT & PE
- Chest pain & AMI
- Headache & SAH
- Toxicology – approach to the poisoned patient
- ENT emergencies
- First trimester bleeding

On the 3rd half day session the participants are required to do a case presentation of a patient they have seen in the ED which includes a literature review and discussion points for the group.

Emergency QA every second Wednesday 11.30

Depending on the term, ED Consultants will be available from Monday to Friday during the first two to three weeks of the term on a dedicated 8am to 330pm intern supervision shift. Interns will report exclusively to a consultant whose sole responsibility is direct supervision

	<p>including bedside teaching, case discussion, and procedural supervision. The goal of this shift is to assist interns with gaining early competency and confidence during the ED term.</p> <p>Bedside teaching during clinical shifts</p> <p>Procedural instruction from senior medical staff at time of the procedure</p> <p>A comprehensive range of reference material is held in the hospital library and is available on the intranet.</p> <p>AMO Teaching: Rostered consultant.</p> <p>Registrar Teaching: Rostered consultant.</p>
<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>The department runs a suite of QA audits, but participation in this process is not a routine part of the JMO role. If the JMO has a research interest they wish to pursue they are welcome to raise this with the Term Supervisor, ED director or with A/Prof Richardson to explore the feasibility of this.</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>Individual term supervisors are allocated approximately week 4, by which time variations to the consultant and intern rosters have usually been ironed out.</p> <p>Term Supervisors will provide formal assessment and feedback, documented using the standard 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, allied health and ancillary staff.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Communication with General Practitioners: Communication with the patients' GP should be maintained with a timely discharge letter and possibly phone call. The phone call is especially useful if the GP has specifically referred the patient to the ED for admission or specialist consultation.</p> <p>Medical Record Documentation:</p> <ul style="list-style-type: none"> • 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, barcoded forms should be used; • Use black ballpoint pen only. Do not use blue pen, penel, rollerball, felt pens, highlighter pens or liquid paper; • Only approved hospital abbreviations should be used; and • Student entries must be countersigned by their supervisor. <p>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.</p>

Term Supervisor Signature:

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

Date:

28. 6. 2019

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

- ☒ Minimises the risk associated with exposure to radiological investigations or procedures to patient or self
- ☒ Rationally requests radiological investigations & procedures
- ☒ Regularly evaluates his / her ordering of radiological investigations & procedures

Medication safety

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

Acute & Emergency Care

Assessment

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

Prioritisation

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

Basic Life Support

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

Advanced Life Support

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

Acute patient transfer

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

Patient Management

Management Options

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

Inpatient Management

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

Therapeutics

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

Pain management

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

Fluid, electrolyte & blood product management

- ☒ Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- ☒ Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient
- ☒ Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use
- ☒ Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

Subacute care

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

Ambulatory & community care

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

Discharge planning

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

End of Life Care

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

Skills & Procedures

Decision-making

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

Informed consent

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

Performance of procedures

- ☒ Ensures appropriate supervision is available
- ☒ Identifies the patient appropriately
- ☒ Prepares and positions the patient appropriately
- ☒ Recognises the indications for local, regional or general anaesthesia
- ☒ Arranges appropriate equipment
- ☒ Arranges appropriate support staff and defines their roles
- ☒ Provides appropriate analgesia and/or premedication
- ☒ Performs procedure in a safe and competent manner using aseptic technique
- ☒ Identifies and manages common complications
- ☒ Interprets results & evaluates outcomes of treatment
- ☒ Provides appropriate aftercare & arranges follow-up

Skills & Procedures

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

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

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

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

Common Clinical Problems and Conditions

- ☒ Non-specific febrile illness
- ☒ Sepsis
- ☒ Shock
- ☒ Anaphylaxis
- ☒ Envenomation
- ☒ Diabetes mellitus and direct complication
- ☒ Thyroid disorders
- ☒ Electrolyte disturbances
- ☒ Malnutrition
- ☒ Obesity
- ☒ Red painful eye
- ☒ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☒ Common skin rashes & infections
- ☒ Burns
- ☒ Fractures
- ☒ Minor Trauma
- ☒ Multiple Trauma
- ☒ Osteoarthritis
- ☒ Rheumatoid arthritis
- ☒ Sout
- ☒ 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

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

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

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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

- ☐ Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds

- ☐ Maintains privacy & confidentiality
- ☐ Provides clear & honest information to patients & respects their treatment choices

- ☐ 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

- ☐ Ensures relevant family/carers are included appropriately in meetings and decision-making
- ☐ Respects the role of families in patient health care

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

- ☐ Explains & participates in implementation of the principles of open disclosure
- ☐ Ensures patients & carers are supported & cared for after an adverse event

- ☐ 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

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- ☐ Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters

- ☒ Accurately documents drug prescription, calculations and administration

- ☒ 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

- ☐ Complies with legal/institutional requirements for health records

- ☐ Uses the health record to ensure continuity of care

- ☐ Provides accurate documentation for patient care

- ☐ Applies the principles of evidence-based practice and hierarchy of evidence
- ☐ Uses best available evidence in clinical decision-making
- ☐ Critically appraises evidence and information

- ☐ 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

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