

TERM DESCRIPTION

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

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

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

FACILITY: The Canberra Hospital Feb 2018

TERM NAME: Gastroenterology and Hepatology

TERM SUPERVISOR: Dr Kavitha Subramaniam

CLINICAL TEAM:

*Include **contact details** of all relevant team members*

**Consultant medical staff with appointments in the GEHU
(Alphabetical order, as at January 2018)**

Dr Vipul Aggarwal (Unit Director)
Prof Mark Bassett
Dr Jonathan Bromley
A/Prof Shiv Chitturi
Dr Michael Corbett
Prof Geoffrey Farrell
Dr Arun Gupta
Dr Lybus Hillman
Prof Paul Pavli
Dr Kavitha Subramaniam
Dr Doug Taupin
Prof Narci Teoh
Dr Andrew Thomson
Dr Sarah Walker

ACCREDITED TERM FOR :

	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>
PGY1	2	Medicine	12 - 14 weeks
PGY2+	2	Medicine	12 - 14 weeks

Total positions available: 4 maximum

OVERVIEW OF UNIT OR SERVICE

Include outline of the role of the unit, range of clinical services provided, case mix etc.

Welcome to the Gastroenterology and Hepatology Unit (GEHU). We expect you to read this document.

The Term Supervisor will meet with all incoming RMOs, and interns to discuss this document. The Unit Director is also available to discuss matters that concern you that are outside the role of your supervisors.

The GEHU is organised into three teams, each of one advanced trainee and one RMO or intern. A Basic Physician Trainee (BPT) is also allocated to one team.

Team 1 includes gastroenterologists with particular expertise in interventional endoscopy, luminal neoplasia and genetics of gastrointestinal neoplasia.

Team 2 includes gastroenterologists with expertise in hepatobiliary diseases and provides specialised liver services (both ambulant and inpatient).

Team 3 includes gastroenterologists with particular expertise in inflammatory bowel disease.

All teams conduct research (both clinical and laboratory-based) and have teaching ward rounds. It should be noted that there is overlap and cooperation between the 3 teams, particularly to ensure optimal patient care, registrar training and equitable distribution of workload. Some consultants do not have regular on call or inpatient responsibilities.

Clinical services

The GEHU admits patients to Ward 9A if a bed is available, otherwise to other wards. Outpatient clinics are located in the GEHU on Level 2. Most endoscopy procedures are performed in the GEHU. More complex endoscopy procedures are performed in Main Theatre or in Medical Imaging (ERCPs for instance). Most after-hours endoscopies are performed in Main Theatre.

- To provide care for inpatients and outpatients suffering from diseases of the liver and gastrointestinal tract;
- To provide diagnostic and therapeutic endoscopic services for inpatients and outpatients with suspected or proven gastrointestinal disease;
- To provide undergraduate and postgraduate training in the management of gastrointestinal diseases;
- To provide training to other medical, nursing and allied health staff in diseases of the liver and gastrointestinal tract; and
- To conduct clinical and basic research in gastrointestinal diseases.

Unit Meetings

All JMO's are encouraged to attend and contribute to the following meetings:

1. Tuesday 5-6pm Imaging/Pathology Meeting (review of patients)
2. Thursday 8-9am Gastroenterology Meeting (case presentation and topic)
3. QA Meeting – Thur 8-9am approximately 6 weekly.
4. Journal Club 6-7.30pm, first Tuesday of each month (RMO and interns welcome but not required to attend).

The above meetings are held in the Anatomical Pathology Conference Room on Level 3, Bldg Pathology Building (Bldg 10).

This term form part of Medical Pod 3

Medical Pod 3 includes:

- Gastroenterology and Hepatology
- Home in the Hospital (HITH),
- Respiratory Medicine,
- Cardiology,
- Rheumatology Immunology & Dermatology,
- Endocrinology

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.

Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. Within your pod you will have one week of evening shifts from 1-9.30pm to facilitate a handover period with the day staff and a handover with the night staff. 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 (8.30pm-8.30am on weekends). Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively arrangements can be made to allow for leave provided adequate warning is given.

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

As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible.

Key staff members

It would be appreciated if you could introduce yourself to relevant staff members if you are new to the Unit. The unit has a complex structure and it is particularly important that you communicate effectively with the following personnel.

CNC - Ms Sharon Chambers

Sharon has overall responsibility for the day-to-day management of all nursing staff and their duties in the unit, except for inpatient care. This includes both endoscopy and outpatient areas. All urgent endoscopy bookings are to be arranged through Sharon Chambers or her deputy if she is not present in the unit.

Unit Office Manager

The Unit Office Manager has responsibility for all leave management for medical staff. She is the principal point of contact if you are requesting any type of leave, if you are unable to attend work, if you need to change clinics or other commitments. Please give leave forms to Unit Office Manager for the Director to approve and sign.

Endoscopy Bookings

For elective bookings talk to Myfanwy Smith and complete a Request for Admission (RFA) form.

	<p>Ward 9A CNC Ms Anne Corney</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>JMO's should report to Dr Subramaniam and/or the registrars, on the first day of term for orientation. Please contact on EXT: 42195</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>JMO Responsibilities and Daily Tasks</p> <p>RMOS AND INTERNS</p> <p>The RMO and interns form an important component of the medical team. The GEHU is a busy clinical unit and often has complex and seriously ill or unstable patients under its care. Thus, working in the GEHU is demanding and at times JMOs may feel under pressure. However it is a very educational medical term.</p> <p>The main duties of the RMO and interns are:</p> <ol style="list-style-type: none"> 1. Admit patients (history, examination, initial investigations etc) where requested. 2. Arrange and review daily the results of investigations. 3. Prescribe relevant medications and other therapies as required. 4. Review all patients every day on duty (vital signs, symptoms, clinical signs) 5. Respond to requests from nursing staff in relation to any aspect of patient care 6. Work with nursing and allied health staff to provide a team approach to care 7. Explain to patients the assessment, investigations and treatment. 8. Report significant changes in patient status. 9. Hand over care of all patients to continuing medical staff. 10. Assist with clinical and educational meetings. <p>Consultant Specific Requests:</p> <p>Drs Thomson and Aggarwal: Patients undergoing ERCPs should be admitted in the Gastroenterology Unit before the procedure and have a cannula inserted into the right arm. Patients having outpatient ERCPs require electronic radiology requests submitted on the morning of the procedure.</p> <p>The Department of Anatomical Pathology has requested that all patients who have a liver biopsy have the 'Liver Biopsy Information Sheet' completed in addition to the Pathology Request form. These are available on Ward 9A or in the GEHU.</p>

Patients:

Under the supervision of the Gastroenterology Registrar, the JMO is responsible for formal admission documentation and for the day-to-day management of the patients under the care of the GEHU. All patients should be seen daily until discharged. The JMO should encourage the medical students' participation in the Unit's activities.

Additionally you will be covering evening shifts for Med Pod 1 for one week. This will commence at 3pm to allow a one hour overlap with day staff for hand over. You will receive handover from all JMO's within your pod and care for the patients until 11pm with handover to the night JMO at 10pm. As an evening JMO you may be called to commence work earlier in the day should the patient load call for it.

One week of your term will be dedicated to night shift for your pod with the following 4 days off. You will then have 8 days as a reliever to cover shortfalls in your pod if required alternatively this time may be utilised for leave.

Hours of Work:

Standard hours of work are expected. Unrostered overtime is generally not approved.

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

Handover:

Attend morning handover in the Main Auditorium.

At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients and provide a written summary/handover in the medical record.

Ward Rounds:

The JMO is responsible for presenting all new patients under the GEHU to the consultant and providing updates on the progress of inpatients. Please ensure that the results of all relevant investigations are available on rounds.

Grand Rounds:

All JMO staff should attend Grand Rounds and the Advances in Clinical Practice Lectures.

Gastroenterology Unit Clinical Meetings

All JMO staff should attend:

- the Radiology-Pathology Clinical Correlation Meeting in the Meeting Room, Level 3, Pathology Building (Building 10) on Tuesday afternoons from 5-6pm; and
- The Clinical Teaching Session in the Meeting Room, Level 3, Building 10, on Thursday mornings from 8-9am.

Post-mortem request

It is a general unit policy that autopsies are requested for patients who die under the care of a GEHU Specialist. This should be discussed with the relevant consultant

Presentations :

JMOs will be expected to give case presentations for the Thursday morning Teaching Sessions during the term.

GENERAL COMMENTS RELEVANT TO ALL REGISTRARS, RMOS AND INTERNS

Policies and Standard Operating Procedures (SOPs)

It is your responsibility to be aware of and comply with all relevant policies of ACT Health, and to report any apparent breaches to the Unit Director.

Admission and documentation of inpatients

The inpatient medical team must take a full history, perform a relevant clinical examination, and review vital signs of all patients admitted to the wards. The advanced trainee must check the main details in the history and also examine each patient. This is also important in relation to education and training of interns, RMOs, and BPTs.

Good record-keeping is essential. Each patient must have a legible admission and management plan with regular follow-up notes. There must be a written provisional diagnosis and a differential diagnosis early in the inpatient admission. You should also document a discharge plan. Each ward round record must include the names of the people on the ward round, and the date and time.

Safety and quality of health care

Please be aware of the relevant policies and procedures of ACT Health, the GEHU, and the wards. Patient safety is of the highest priority. If you become aware of anything that appears to compromise patient safety and quality you must notify more senior staff immediately.

Workplace safety

You should be aware of the importance of workplace safety for yourselves and all staff. If you encounter any situation where you consider there may be risk please advise your consultant and the Unit Director or Nurse Manager immediately, as well as the Safety Officer.

Please note that ACT Health has a zero tolerance policy in respect of bullying, harassment and discrimination. If you believe you have been subjected to bullying, harassment or discrimination, or if you observe this occurring in your workplace, you must bring this to the notice of the Unit Director as soon as possible. You will be provided with an opportunity to discuss your concerns confidentially.

Overtime

Unrostered overtime will only be approved for JMOs and registrars in special. It requires approval from the Unit Director (phone via Switchboard) and the reason must be stated. The Unit is well staffed and generally it is possible for another member of the team to take over the care of a patient. However, patient safety is our first priority and you must not leave a patient in an unstable or potentially unstable situation without appropriate arrangements for handover of care.

Leave management

You are expected to take all of your annual leave and RDOs (ADOs) during the year and not to accumulate these unless there are exceptional circumstances. RDOs should be taken each month. You may be asked to provide a leave management plan.

	<p>You should apply for planned leave through the Unit Manager. The Unit Manager will check with you that cover has been arranged for all commitments. One month notice is requested for leave, other than personal (sick) leave. Remember that changes to outpatient clinics require notifying patients and this may involve a large amount of work for reception staff and inconvenience for patients. Any changes within 2 weeks will not normally be approved unless there are exceptional circumstances.</p> <p>Personal leave (e.g. due to illness). Please notify the Unit Manager and one of the consultants on your team. In the case of an intern or RMO please notify your registrar.</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: Dr. Kavitha Subramaniam – 42195</p> <p>Problems If you have any concerns about any aspect of your appointment, duties or responsibilities please advise the Unit Director and your supervisors as soon as possible.</p>
	<p>AFTER HOURS: The on-call roster for consultant gastroenterologists is available from the switchboard or from the secretary of the GEHU.</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 acquire the following knowledge:</p> <p>Clinical: Diagnose and manage the following common clinical problems:</p> <ul style="list-style-type: none"> • Acute upper and lower gastrointestinal bleeding • Decompensated chronic liver disease • Pancreatitis • Abnormal liver function tests • Suspected infectious gastroenteritis • Gallstones and their complications • Inflammatory bowel disease <p>Educational:</p> <ul style="list-style-type: none"> • Case presentations and review of the relevant medical literature; and • Understanding of the principles and implementation of evidence-based medicine in relation to management of common gastrointestinal disorders. <p>By the completion of this term the JMO may expect to gain competency in the following skills:</p> <p>Procedural: Observe various endoscopic procedures:</p> <ul style="list-style-type: none"> • Upper gastrointestinal endoscopy • Colonoscopy (and polypectomy) • Endoscopic retrograde cholangiopancreatography • Endoscopic ultrasound <p>Observe other procedures commonly performed Gastroenterology Unit.</p> <ul style="list-style-type: none"> • Abdominal paracentesis • Ultrasound-guided liver biopsy • Ultrasound-guided fine needle aspiration of abdominal or liver masses • When appropriate, observe surgical procedures performed on patients under the care of the Gastroenterology and Hepatology Unit <p>Interpretative: Understand the interpretation of abnormal liver function tests.</p>

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 as standard. 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.

Respect for staff and patients

The Unit consists of a team of people who all have valuable roles and who come to work expecting to make a contribution to the care of our patients. This includes administrative staff, nursing staff, technical staff that prepare endoscopy equipment, doctors, and research staff. You must look after the interests of our staff and treat them with respect. Rudeness, intimidation, harassment, and bullying will not be tolerated.

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
AM	11:00 Ward Round	8:30 Ward Round Dr Thomson		8:00 Unit teaching session	8:00 Liver teaching round
		9:00 teaching round Prof Pavli		10:15 Ward Round Prof Pavli *	
		10:00 Ward Round Dr Gupta			
		11:30 Ward Round Dr Kaye			
PM	12:15 Ward Round Dr Thomson	12:00 Ward Round Dr Walker	12:30 Grand Rounds	12:00 JMO Grand Rounds	12:00 Ward Round Dr Thomson *
		14:00 Ward Round Dr Aggarwal		12:30 Ward Round Dr Chitturi	13:30 Ward Round Dr Taupin
	13:00 Ward Round Dr Taupin	1430-1600 JMO teaching sessions	1:05 Advances in Clinical Practice	1400-1500 RMO teaching	13:30 Ward Round Dr Aggarwal *
	13:30 Ward Round Dr Subramaniam	17:00 Pathology – X-ray meeting	13:15 Ward Round Dr Taupin	16:30 Ward Round * Dr Subramaniam	14:00 Ward Round Prof Pavli *

NOTE:

- Prof Pavli will be doing 10:15am ward rounds on Thursdays alternating with 2pm Friday afternoons after his on-call.
- Dr Subramaniam Thursday ward round is fortnightly
- Dr Thomson Friday ward round – 12:00TPN with advanced trainee registrar, 12:15 general ward round
- Dr Aggarwal Friday ward round – 13:30 alternate Fridays after on-call

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	5 - 15
OVERTIME <i>Average hours per week</i> ROSTERED: 8 UNROSTERED: 0	
EDUCATION: <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>	<p>All interns and JMO1s are expected to participate in the Tuesday afternoon teaching program. The period from 2.30pm to 4pm on Tuesdays is considered to be protected time for JMOs.</p> <p>RMO teaching is Thursdays 2-3pm. Venue and topic TBC.</p> <p><i>You are encouraged to attend any teaching sessions conducted by other specialities within your pod, time permitting.</i></p> <p>Educational Resources:</p> <ul style="list-style-type: none"> • A Unit Library is located in the GEHU, Level 2, with a range of Gastroenterology Texts. Unit members hold print and online subscriptions to a range of general and gastroenterology journals (Nature, Science, Cell, Gastroenterology, Gastrointestinal Endoscopy, Gut); • A searchable, comprehensive endoscopy database for all procedures from May 2001 is available in the endoscopy procedure rooms; • The GEHU maintains a website with regular updates and images of interest and JMOs are encouraged to contribute; and • The GEHU is the major gastroenterology content provider to the Better Health Channel, the number 1 Australian health website (http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/hc_digestivesystem?open; http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/hc_liver?open) and endorses articles on which the TCH logo appears; these articles are suitable for patients and their relatives. <p>Further, a comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p>
RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i>	Supervisors will advise if any opportunities for research are available.
ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i>	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.
ADDITIONAL INFORMATION:	<p>Communication with General Practitioners/Discharge Referrals:</p> <p>A member of the caring team should notify general practitioners of their patient's death or of any major diagnoses such as cancer. This should be decided by discussions during the ward round.</p>

Discharge Referral forms should be completed before discharge following discussion of the management and follow-up plans with the registrar.

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 dialysis and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging specialty is responsible for the completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient please 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 and 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 the Medical Record Department guidelines.

ERCP Admissions:

All patients undergoing ERCP will require formal admission and insertion of a cannula in the right arm.

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

For more details see the Medical Record Department guidelines

Dr Kavitha Subramaniam
Term Supervisor Signature:



Date: 7th Feb 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
- ☑ 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

Indigenous patients

- ☒ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- ☒ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- ☒ Behaves in ways which acknowledge the diversity of Indigenous cultures, experiences & communities

Professional standards

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

Medicine & the law

- ☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- ☒ Completes appropriate medico-legal documentation
- ☒ Liaises with legal & statutory authorities, including mandatory reporting where applicable

Health promotion

- ☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health

- ☒ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☒ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

Healthcare resources

- ☒ Identifies the potential impact of resource constraint on patient care
- ☒ Uses finite healthcare resources wisely to achieve the best outcomes
- ☒ Works in ways that acknowledge the complexities & competing demands of the healthcare system

Professional Behaviour

Professional responsibility

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

Time management

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

Personal well-being

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

Ethical practice

- ☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- ☒ Consults colleagues about ethical concerns
- ☒ Accepts responsibility for ethical decisions

Practitioner in difficulty

- ☒ Identifies the support services available
- ☒ Recognises the signs of a colleague in difficulty and responds with empathy
- ☒ Refers appropriately

Doctors as leaders

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

Professional Development

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

Teaching, Learning & Supervision

Self-directed learning

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

Teaching

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

- ☒ Evaluates & responds to feedback on own teaching

Supervision, Assessment & Feedback

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

Communication

Patient Interaction

Context

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

Respect

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

Providing Information

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

Meetings with families or carers

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

Breaking bad news

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

Open disclosure

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

Managing Information

Written

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

- ☒ Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
- ☒ Accurately documents drug prescription, calculations and administration

Electronic

- ☒ Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
- ☒ Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

Health Records

- ☒ Complies with legal/institutional requirements for health records
- ☒ Uses the health record to ensure continuity of care
- ☒ Provides accurate documentation for patient care

Evidence-based practice

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

Handover

- ☒ Demonstrates features of clinical handover that ensure patient safety & continuity of care
- ☒ Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

Working in Teams

Team structure

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

Team dynamics

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

Case Presentation

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