

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, Adult Mental Health Unit, Building 25															
UPDATED: May 2019															
TERM NAME: Psychiatric Medicine															
TERM SUPERVISOR: Dr Ananth Pulella – Acting Clinical Director															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	AMHU 02 6174 5455 Tessa Sealy Administrative Assistant 6174 5404 <u>Contact via Director of Clinical Services Mental Health ACT – 6205 0687</u>														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th><th>Number</th><th>Core/Elective</th><th>Duration</th></tr> </thead> <tbody> <tr> <td>PGY1</td><td>2</td><td>Elective</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>1</td><td>Elective</td><td>12-14 weeks</td></tr> </tbody> </table> <p>Total positions available: 3 maximum.</p>				Number	Core/Elective	Duration	PGY1	2	Elective	12-14 weeks	PGY2+	1	Elective	12-14 weeks
	Number	Core/Elective	Duration												
PGY1	2	Elective	12-14 weeks												
PGY2+	1	Elective	12-14 weeks												
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	Role of Unit: <ul style="list-style-type: none"> • To provide assessment and treatment for patients with psychiatric illness and mental dysfunction in the least restrictive environment. • To provide mental health services as part of a system of care integrated with the community clinics and outreach services. • To work collaboratively with patients and their families and carers. • To train medical students and graduates in the assessment and management of mental illness and dysfunction. • To teach nursing and allied health staff in the area of mental health. • To provide timely assessments requested by the ACAT Mental Health Tribunal and Magistrates' Court. 														

<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>Psychiatric history taking</p> <p>Mental state examinations</p> <p>Physical examinations</p> <p>Ordering and review of laboratory tests</p> <p>Competency will be determined through assessment by supervisor undertaking review of case notes and clinical discussions and observation of work of PGY 1 and 2.</p>
<p>ORIENTATION:</p> <p><i>Orientation details: 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 contact and make themselves known to the AMHU reception staff who will contact Acting Assistant Director of Nursing (ADON) Leanne Done or the Clinical Nurse Consultants on the commencement of their term for an initial orientation.</p> <p>Please arrive in AMHU at 08:00 am on your first day, for a brief orientation to the unit, prior to the daily clinical meeting with the MDT at 8:30 am in the Hand-over Room opposite HDU.</p> <p>Please also make yourself familiar with AMHU operational procedure documentation on emergency procedures, patients going AWOL.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>JMO Responsibilities:</p> <ul style="list-style-type: none"> • Assisting with medical needs of teams under supervision of Psychiatry Registrars. • Availability to assess patients when a registrar is absent for a scheduled reason, for example Wednesday afternoon training seminars or Registrars working part-time, always under the supervision of the consultant. • Responsibility for individual patients, under supervision of the Registrar and Consultant when that team's Registrar is caring for an excessive caseload eg. > 10 or if it is deemed appropriate by consultant that the JMO be responsible for that individual patient • Treatment and discharge planning - the JMO is part of the treatment planning team and expected to help ensure adequate discharge plans are in place but ultimate responsibility is with the allocated Registrar • Discharge summary may be written by JMO and checked by Registrar or Consultant • Emergency response – MET calls - part of team response • Line of responsibility via team Registrar to the team Consultant to the Clinical Director. • Note that the JMO will assist in ensuring that all patients are medically examined at time of admission, that appropriate investigations are ordered and any urgent medical matters of a minor nature are dealt with if requested by nursing or other staff. This may include assisting in rewriting/copying drug charts but should not include starting or changing psychotropic medications without discussion with the treating registrar or consultant. • JMOs should not approve patient leave or discharge without discussion with the treating Registrar or Consultant. • JMOs should not write outside scripts. <p>Medical Record Documentation and Note keeping:</p> <ul style="list-style-type: none"> • Initial training on MAJICeR for documentation. • Timely legible regular file entries in MAJICeR after each review (laptops available that can be used in the wards during interviews). • Recording of Multidisciplinary Team review meeting discussions about each patient under care of RMO's team at weekly MDT meeting. • All entries must be clear, relevant and objective. • Every handwritten entry must include date, time, signature, and designation. • Only approved hospital abbreviations should be used. • Student entries must be countersigned by their supervisor or uploaded in MAJICeR with the name of student and supervisor.

	<p>Mental Health Act: The Registrar is generally responsible for placing detention orders or applying for treatment orders but the JMO may assist the Registrar in order to gain experience in the workings of the Mental Health Act. May contribute to and occasionally present at Tribunal Hearings once sufficiently familiar with the procedures.</p> <p>Ward Rounds: As determined by consultant. Daily clinical meeting at 8:30 am in hand-over room at daily handover meeting.</p> <p>Grand Rounds: Wednesday 12.30 pm in tribunal room.</p> <p>Hours of Work: 8:30am - 5:00pm</p> <p>Presentations: Case conference - may be asked to present</p> <p>Handover: 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>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: Clinical Supervision is provided daily. All major decisions regarding patients including treatment, discharge etc are to be discussed with the Registrar or Consultant. The Consultant provides bedside teaching in assessment, diagnostic and management skills and JMOs are encouraged to read and to avail themselves of these frequent learning opportunities. Team Consultants are responsible for admissions allocated to their team at the morning hand-over meeting, as far as possible correlating with geographic catchment areas while considering the numbers admitted under each team. Consultants can be contacted via the switch.</p>
	<p>AFTER HOURS: JMOs will be rostered for after hours cover of AMHU, short stay unit and the detox (D&A) ward. Evening on call is from 16.30-22.30 approximately one evening a week and weekend on call is from 08.00 – 22.30 approximately one day a fortnight. MedPod 3 JMO takes over after these times. After hours supervision will be provided by the after hours psychiatric Registrar on call or if necessary the on call Consultant. There is no pager; please ensure switch has an up to date mobile number on file.</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: The JMO should strive to have undertaken the following by the end of the Term:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • History and mental state examination techniques. • Diagnosis and management of common conditions presenting to hospital eg; schizophrenia, bipolar disorder, depression, personality disorder and anxiety. • Assess and manage patients who pose a threat to themselves and others. • Understand co-morbidity (influence of alcohol and drugs or upon mental health). <p>Procedural:</p> <ul style="list-style-type: none"> • If possible, attendance at ECT with Registrar and observe ECT. Note ECT is not routinely performed at TCH.

	Educational: <ul style="list-style-type: none"> • Become fluent in the presentation of psychiatric cases. • Become familiar with the main categories of social and psychological interventions. • Become familiar with commonly prescribed psychotropics and their side effects. • Become familiar with the ACT Mental Health service through communication with community teams and case managers and where possible visits to other facilities, such as Dhulwa Mental Health Unit. • Participate in case conferences. • Develop a working knowledge of the Mental Health Act 2015.
	COMMUNICATION: Quality communication skills are expected as standard. This relates to; Patient interaction, patient information, note taking, liaising with patient family members, working as a member of a team, communicating with senior consultants, communicating with other health care professionals including GPs regarding longer term patient management, communicating with community services such as NGOs.
	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.

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	Ward Work/ Community Visits 0800-1700 other than specified	Ward Work/ Community Visits 0800-1700 other than specified	Ward Work/ Community Visits 0800-1700 other than specified	Ward Work/ Community Visits 0800-1700 other than specified	Ward Work/ Community Visits 0800-1700 other than specified		
	0830 Clinical Handover	0830 Clinical Handover	0830 Clinical Handover	0830 Clinical Handover	0830 Clinical Handover		
PM		1430-1600 Intern Teaching Session	1230-1330 Grand Rounds	1400-1500 RMO teaching			
	Assist Intake 1 per week		Registrar teaching				

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

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	8
OVERTIME <i>Average hours per week</i> ROSTERED: 8 UNROSTERED: 0	

<p>EDUCATION:</p> <p><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>	<p>The JMO is also welcome to attend Wednesday afternoon Registrar Training and Journal Club if the wards are quiet.</p> <p>The JMO must also attend other teaching sessions within the hospital. Attendance at weekly Grand Rounds is encouraged.</p> <p>Attendance at intern teaching on Tuesdays is compulsory for PGY1s, and attendance at RMO teaching on Wednesdays is strongly encouraged for PGY2s.</p> <p>Educational Resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Reading and Resource List: The Australian Psychotropic Pharmacopoeia The New Oxford Textbook of Psychiatry Management of Mental Disorders, Vol. (1,11) Protocols and Clinical Pathways Psychiatric Unit Policy and Procedures manual Psychotropic Drug Guidelines 2003</p>
<p>RESEARCH:</p> <p><i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>Supervisors will identify opportunities for research as they become available.</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>Communication with General Practitioners: This is a priority of the service. All GPs of patients under JMOs care should be notified of patients admission and discharge</p> <p>Discharge Documentation: A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges for which you are primarily responsible and checked with the Consultant. 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. 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 Policy 0113:001 <u>Record Completion and Casemix Summaries</u>.</p> <p>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</p>

	<p>Rehab. In some situations a patient may have several Care Type changes during the course of their admission.</p> <p>For each Care Type change the medical officer must:</p> <p>Assess the patient</p> <p>Document patient history, status and expected goals on the Notification of Care Type Change form</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.</p> <p>For more details see Policy number 0117:001 <u>Care Type Policy</u>.</p>
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Term Supervisor Signature:

Date:



...08/05/2019

Dr Ananth S Pullela
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 Interim Clinical Director, Adult Acute MHS, TCH
 ACT Health, Canberra

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 or 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

☒ Epivenomation

☒ 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 according to needs & 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