

Pod descriptions are overseen by the Pre-vocational Medical Education Officer (PMEO), DPET and DDPET to provide important information to pre-vocational Junior Medical Officers (JMO's) regarding their pod placement. They are best referred to as a guide containing helpful information detailing the:

- Specialties encompassed by the pod
- Roles & Responsibilities of the JMO
- Education
- Weekly timetable
- Rostering
- Contact details

The pod description is designed to be supplemented by specific term descriptions and is an important component of orientation for the JMO.

FACILITY: The Canberra Hospital	
POD NAME: Surgical Pod 2 Relief	
Core/Non-Core/Relief: Relief	
Term Supervisors: DPET Dr Christina Wilkinson / Dr Carolyn Petersons	
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>The SurgPod 2 Relief JMO will be attached to the units under Surgical Pod 2 as per rostered duties. The clinical team will consist of the staff specialists and VMOs of the Surgical Pod 2 units and the Surgical PMEO.</p> <p>The Clinical team consists of the supervisors and clinical team members attached to each surgical unit under Surgical Pod 2. Please refer to the individual term descriptions for further details of names and contact numbers.</p> <p>Surgery Pod 2 includes:</p> <ul style="list-style-type: none"> • ENT/Maxfac/Dental • Plastic Surgery • Neurological Surgery • Vascular Surgery • Ophthalmology • Paediatric surgery sub-specialties • Surgical Pod 2 Relief term placements. <p>Surgical PMEO:</p> <p>Dr. Bosco Wu: Pre-vocational Medical Education Officer. Email: Bosco.wu@act.gov.au Extension: 61745142</p>

	<p>Office: MOSCETU, Level 3, TCH (Bldg 2)</p> <p>MOSCETU Supervisor:</p> <p>Dr. Christina Wilkinson: Director of Pre-vocational Medical Education.</p> <p>Email: christina.wilkinson@act.gov.au</p> <p>Extension: 6244 3052</p> <p>Office: MOSCETU, level 3, TCH (Bldg 2)</p>																
ACCREDITED FOR	<table><tr><th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr><tr><td>PGY1</td><td>8</td><td>Surgical Pod 2 Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>5</td><td>Surgical Pod 2 Core</td><td>12-14 weeks</td></tr><tr><td>Relief positions (either PGY1 or PGY2+)</td><td>4</td><td>SurgPod 2 Relief</td><td>12-14 weeks</td></tr></table> <p>Total positions available: 17</p> <p>Core positions: 13</p> <p>Relief (Non-Core) positions: 4</p>		<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	8	Surgical Pod 2 Core	12-14 weeks	PGY2+	5	Surgical Pod 2 Core	12-14 weeks	Relief positions (either PGY1 or PGY2+)	4	SurgPod 2 Relief	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the pod.</i>	<p>Pod Definition:</p> <p>As part of the 4-term hospital system at Canberra Hospital, the different units of the hospital are divided into 4 Pods.</p> <p>A Pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The Pod system is designed to achieve the following:</p> <ul style="list-style-type: none">• Increase the amount and quality of JMO clinical exposure within the units of the Pod• Simplify and improve the accuracy of clinical handover• Improve continuity of care by moving towards a '24 hr hospital'• Provide an increase in evening and night medical staffing and greater continuity of care that involves the same group of JMOs looking after the Pod patients AH.• Enable more efficient completion of clinical duties and administrative paperwork. <p>A Key feature of the Pod system is that each pod is internally self-sufficient within that group of JMOs. Added value is achieved by the fact that JMOs are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the pod. The afterhours pod JMO is responsible for all inpatient care for patients admitted within the pod across a 24hr period, seven days per week. The system replaces the previous after-hours junior doctor ward overtime cover and aims to support patient safety by having a focussed patient group for the JMOs to cover within their Pod.</p> <p>The Pods are staffed to enable JMO education and training, and to comply with clinical and leave obligations. The system has provisions to cover for unplanned leave (sick leave). The medical officer support credentialing education training unit (MOSCETU) provides overall coordination of JMO education, training, support and administration.</p>																

	<p>Surgery Pod 2 includes:</p> <ul style="list-style-type: none"> • ENT/Maxfac/Dental • Plastic Surgery • Neurological Surgery • Vascular Surgery • Ophthalmology • Paediatric surgery sub-specialties <p>Accredited for 8 PGY1 and 5 PGY2+ positions as Core Surgical positions 12-14 weeks.</p> <p><u>SurgPod 2 Relief term placements:</u></p> <p>Accredited for 4 PGY1/PGY2 positions as Non-Core Relief positions 12-14 weeks.</p> <p><u>SurgPod 2 Relief JMOs</u> rotate through the disciplines within Surgical Pod 2. These positions are deemed a Non-Core rotation. The relief positions are a vital role within the pods to promote continuity of care of patients and broadening education for the JMO.</p> <p>The nature of these relief positions is to provide a varying experience of the different medical units within this Pod, and to allow the SurgPod 2 Relief JMO the flexibility to move within the different teams depending on need, rostering and unit requirements. Each Relief position has a default speciality they are assigned to, however, the Relief JMO may be rostered to different units to cover leave, or other requirements of the Surgical Pod 2 teams.</p> <p>The skills acquired by the Relief JMO are to increase comfort and confidence in changing work environments, changing teams and registrars, and being aware of unique and specific work practices within the varying medical units under Surgical Pod 2.</p> <p>This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs.</p> <p>NB: occasionally opportunities may arise to work in a discipline outside your specialty or Surgical Pod 2. We encourage JMO's to eagerly undertake this occurrence as it enhances your medical knowledge and experience.</p>
ROLE OF PMEO	<p>The Pre-vocational Medical Education Officer (PMEO) is employed by the Medical Officer Support, Credentialing Education Training Unit (MOSCETU).</p> <p>PMEOs can help with:</p> <ul style="list-style-type: none"> • Professional leadership and mentorship; • Coordination of term assessment/ performance management of JMOs within pods; • Support of JMOs with professional and personal difficulties; • Supervision of the pod roster and troubleshooting as required; • Liaison with consultant staff within pods; • Liaison with term supervisors; and • JMO advocacy. <p>PMEOs may at times assist with:</p> <ul style="list-style-type: none"> • Personalised teaching and training of clinical skills; and • Supervision of clinical hand-over meetings. <p>Please do not hesitate to contact these individuals, particular the Surgical PMEO, Dr Bosco Wu (contact details above)</p>
ORIENTATION	<p>Your PMEO is responsible for facilitating orientation for the SurgPod 2 Relief JMO. Please contact your PMEO at the commencement of your term.</p> <p>There will be a Start of Term Orientation on the first Tuesday of each term during the Intern teaching session to provide an information and handover session to the incoming MedPod and SurgPod Relief JMOs.</p>

	<p>You may also contact the clinical team members, including the registrars, of your assigned units for orientation.</p>
REQUIREMENTS FOR COMMENCING SPECIFIC TERMS	<p>Completion of Basic Medical School Training for PGY1 positions.</p> <p>General Registration for PGY2 positions.</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS	<p>It is advisable to read the relevant term descriptions of the Surgical Pod 2 units for further details of JMO clinical responsibilities and tasks.</p> <p><u>Surgical Pod 2:</u></p> <ul style="list-style-type: none"> • ENT/Maxfac/Dental • Plastic Surgery • Neurological Surgery • Vascular Surgery • Ophthalmology • Paediatric surgery sub-specialties • SurgPod 2 Relief term placements <p>These are busy surgical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties.</p> <p>SurgPod 2 duties:</p> <p>Ward Rounds and Ward Work</p> <ul style="list-style-type: none"> • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day – ward rounds start between 0630- 0700 hrs depending on the Unit. • Any patient in whom there is clinical involvement and not under the Unit bed card or computer generated patient list should be included in this daily review; • Enter a written note on every inpatient every day. The note MUST be timed and dated • Prior to rounding the Nurse in Charge of the relevant ward should be given the opportunity to round with the Unit. Should the Nurse in Charge elect not to round then at the completion of the round on that ward the Nurse in Charge should be briefed on patient care plans. • Book and organise pre- and post-operative tests, consultations and follow-up • Ensure pre-operative patients have had the appropriate tests and that the results are available, particularly that the patient has with them all their X-rays, CTs and MRIs (although PACS has largely superseded the hard copies) <p>Educational</p> <ul style="list-style-type: none"> • Participate in Wound Management Skills Workshop • Familiarity with and participation in Audit process • Early Management of Severe Trauma course (EMST). <p>Clinical</p> <p>Inpatient management of a range of SurgPod 2 patients, including but not limited to:</p> <ul style="list-style-type: none"> • Peri-operative assessment, investigations and management of ENT/MaxFac, Plastic, Neurosurgical, Vascular and Ophthalmology surgery patients. Most surgical units have very specific pre and post-op requirements for their patients –please refer back to the relevant term descriptions and check with the consultant and registrar • Understanding of the rationale for surgery and development of the ability to concisely present a clinical problem including the indications for surgery for these patients • Assessment and treatment of complex wounds • Management of post-operative ENT/MaxFac, Plastic, Neurosurgical, Vascular and Ophthalmology surgical patients and their specific needs

- Basic ENT skills such as use of ENT examination equipment and nasal packing for epistaxis
- Assessment and Management of ENT, ophthalmic, vascular, neurosurgical and plastics disorders and emergencies
- Assessment and triage patients with facial or ophthalmic injuries and infections, and care for them on the ward
- Assessment and treatment of common arterial problems such as lower limb ischaemia causing claudication and rest pain, common aortic surgery and carotid surgery. Perform ankle brachial index testing.
- Assessment and treatment of acute vascular emergencies such as acute limb ischaemia and venous thrombosis.
- Assessment and treatment of venous diseases including venous hypertension and thrombosis – techniques and indications of anticoagulation and DVT prophylaxis.
- Fluid management and nutritional management
- Principles of informed consent
- Patient and patient kin counselling skills development
- Management of cardiac arrhythmias and hypertension and other common medical illnesses within the context of the surgical patient
- JMOs, together with the registrar is responsible for the day to day running of the unit, particularly with reference to patient care
- Every day a notation is to be made in each patient's notes regarding the ward round with the registrar each morning
- Any investigation ordered by a JMO must be chased up on the day of ordering the tests or the day on which the test is actually performed
- X Ray or blood test results which are not available at the end of the day must be handed over to the evening JMO
- Registrars must be kept up to date with all relevant results and patient progress/ clinical stages
- JMOs should attempt to attend as many operating sessions and outpatient clinics as possible.

Procedural

Familiarisation with a range of ENT/MaxFac, Plastic, Neurosurgical, Vascular and Ophthalmological surgery procedures depending on opportunities:

Additionally, depending on opportunities:

- Participation and assistance at a range of operations
- Principles of sterile techniques, ie; gowning, gloving, patient preparation for surgery;
- Wound debridement and closure techniques
- Intercostal catheter and underwater sealed drain management
- Insertion of Foley Catheter, intravenous cannula
- Excision of skin lesions
- Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, abdominal paracentesis, nasal gastric tube insertion.
- Central venous catheterisation
- Insertion of urethral catheters (IDC)
- Management of blocked irrigation catheters
- 3 way irrigation.
- Observe a diagnostic angiogram and balloon angioplasty.
- Become comfortable with assessing and reporting aorto bi femoral angiography.

Interpretative:

You should be familiar with interpretation of the following:


- Fluid and electrolyte disturbance
- Renal function and liver function tests
- Medical Imaging:

	<ul style="list-style-type: none"> • Chest X-ray / Plain abdominal film • CT Scan <p>It is recommended to get a clinical and ward work handover from the preceding JMO, and PGY1s to attend start of term orientation with the PMEO and unit representatives. This will be held during the intern teaching session Tuesday 3pm Week 1.</p> <p>As the SurgPod 2 Relief JMO 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.</p>
SUPERVISION	<p>Day to day supervision is the responsibility of the Term Supervisor and clinical team within each department, outlined in the unit term description.</p> <p>Currently supervisors in Surgical Pod 2 are:</p> <ul style="list-style-type: none"> • Dr. Pham & Dr Hyam, ENT/Maxfac • Dr. McCarten, Plastics • Dr. Mews, Neurosurgery • Dr Rohan Essex, Ophthalmology • Adjunct Prof Hardman, Vascular • Dr. Christina Wilkinson, Paediatric surgery sub-specialties <p>The Term Supervisor DPET will facilitate the co-ordination of the mid-and-end-term One45 assessments.</p>
STANDARD EXPECTATIONS OF JMOs	<p>PROFESSIONALISM:</p> <p>It is a requirement that you act professionally in all circumstances while employed by the Canberra Hospital. As a representative of the public medical system, behaviour deemed unprofessional may endanger your employment.</p> <p>Continued professionalism relates to your:</p> <ul style="list-style-type: none"> • Communication and effective participation in a multidisciplinary clinical team • Your commitment to develop skills in personal learning goals and their achievement through self-directed medical education and supervised practice • Skills in information technology relevant to clinical practice, collection and interpretation of clinical data • Endorsing the principles of evidence-based practice of medicine and clinical quality assurance techniques <p>Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>
	<p>COMMUNICATION:</p> <p>Quality communication skills are expected as standard.</p> <p>This relates to:</p> <ul style="list-style-type: none"> • 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.

Average Patient load/ Day	10-20 patients
Average Weekly Overtime	Rostered : 8 hours ; Unrostered : 0
ROSTERING:	<p>Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate a handover period with the day staff and a handover with the night staff.</p> <p>Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information.</p> <p>A week of night shifts will also occur during your term from 9pm – 8.30am (8.30pm – 8.30am on weekends).</p> <p>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.</p> <ul style="list-style-type: none"> Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case). <p>This system is designed so that you are part of a team providing 24-hr support for patients within your pod. Thus providing:</p> <ul style="list-style-type: none"> A consistent and informed education for yourself Streamlined care for the patients Increased time with your supervisors, registrars, support staff More detailed and informed handovers Relevant electronic discharge/case-mix information more efficiently Follow up of relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.
EDUCATION:	<p>Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able, as well as your own specialties teaching programme. All JMO's, particularly PGY 1, are required to attend general intern teaching sessions held every Tuesday afternoon. PGY2s are encouraged to attend RMO teaching every Thursday 2-3pm.</p>
ASSESSMENT:	<p>The SurgPod 2 Relief JMO assessment will be conducted by the DPET, and will be based on a summary of 3 registrar reports from multiple areas covered during their term. All 3 reports will be required by the Director of Prevocational Education & Training Dr Christina Wilkinson for the End of Term Assessment.</p> <p>The DPET will see all SurgPod 2 Relief JMOs for the Mid Term Assessment to review progress and any concerns.</p> <p>These interviews are to be booked by the JMO through the MOSCETU office.</p> <p>These Formal assessments and feedback will be completed aligned with 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</p>

	contact with you.
ADDITIONAL INFORMATION:	<p>The Medical Officer Support Credentialing Education and Training Unit (MOSCETU) is the division within ACT Health that manages a range of functions associated with the ACT medical workforce. This includes;</p> <ul style="list-style-type: none"> • Postgraduate medical education and training, • Junior medical workforce support; and • Advisory services to ACT Health on medical workforce issues. <p>MOSCETU has an open door policy and is located on Level 3, TCH (BLDG 2) ph: 6244 2507</p>

DPET Dr Christina Wilkinson

Date: 5.12.18 

Dr Bosco Wu Surgical PMEO

Date: 5/12/18 

TIMETABLE: Surgical Pod 2				
It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week) Timetable is not indicative of completion times unless stated. W/R Ward Rounds H/O Handover. GR Grand Rounds O/T Operating Theatre.				
	Monday	Tuesday	Wednesday	Thursday
0600			•Urology W/R	
0630				
0700	•ENT 0700-0800 W/R •Neurosurgery 0700-0800 H/O •Urology W/R •Ophthalmology ward duties/ OT list	•ENT 0700-0800 W/R •Neurosurgery 0700-0800 H/O •Urology X-ray meeting •Ophthalmology ward duties/ OT list	•ENT 0700-0800 H/O •Neurosurgery 0700-0800 H/O •Urology W/R •Urology (Week 2 & 4) Uro-oncology meeting •Ophthalmology ward duties/ OT list •Ophthalmology- Department teaching •Plastics Registrar W/R •Cardiothoracic ICU W/R	•ENT 0700-0800 W/R •Ophthalmology ward duties/ OT list
0730	•Plastics Registrar W/R •Cardiothoracic 6B W/R (check time with consultant)	•Plastics Registrar W/R •Vascular A/ Vascular B X-Ray meeting 730-8 •Cardiothoracic W/R	•Plastics Registrar W/R •Cardiothoracic ICU W/R	•Neurosurgery 0730-0830 M&M Meeting/Tutorials/ Journal Club •Plastics Registrar W/R •Cardiothoracic ICU W/R
0800	•Neurosurgery 0800-1700 O/T •Vascular B Dr Bradshaw operating 0800-1700 (every 2 nd week)	•Neurosurgery 0800-1700 O/T •Vascular B Dr Bradshaw operating 0800-1700 (every 2 nd week) •Cardiothoracic Cardiac theatre list	•Neurosurgery 0800-1100 Preadmission Clinic •Vascular A W/R •Cardiothoracic Cardiac O/T, Thoracic - weeks 1,2,&4) •Neurosurgery 830-12 Outpatient Clinic (Week 3 and 4)	•ENT 0800-1700 O/T •Vascular B 0800-1730 Dr Neilson operating (weeks 1, 3 & 4) •Cardiothoracic Cardiac theatre list •Neurosurgery 0830-0930 Allied Health Meeting •Plastics Registrar Review Outpatient clinic
0830				
0900	•ENT 9-5 Clinic •Plastics Registrar Review Outpatient clinic	•Plastics Registrar Review Outpatient clinic	•Plastics Registrar Review Outpatient clinic •Vascular A/ Vascular B Preadmission Clinic •Vascular A Anatomy Teaching	•Neurosurgery 0930-1000 W/R
0930				
1000		•Plastics Dr Farhadieh outpatient clinic		
1030-1130				
1200	•Ophthalmology RUEC	•Ophthalmology RUEC	•ENT 12-1 GR •Ophthalmology RUEC	•Neurosurgery 1200-1300 Neuroradiology Meeting •Ophthalmology RUEC
1230		•Neurosurgery 1230-130 GR (TCH Auditorium)		
1300	•Neurosurgery 1300-1700 Outpatient Clinic •Vascular B Dr Bradshaw or Dr Neilson operating 1300-1700 (every 2 nd week)	•Neurosurgery 1300-1700 Outpatient Clinic •Plastics Registrar Follow up clinic •Cardiothoracic Cardiac theatre list •Neurosurgery 130-2 Ward Meeting	•ENT 1300-1700 Clinic •Cardiothoracic Cardiac theatre list	•Neurosurgery 1300-1315 Lunch •Neurosurgery 1315-1415 Neuropath – Path Dept or Clinical presentation by Neurology or Neurosurgery Units •Cardiothoracic Cardiac theatre list
1330				
1500		•Medical Education Unit JMO Teaching 1500-1630	•ENT 1500-1700 Head & Neck Clinic	
1530	•Plastics Emergency O/T	•Plastics Emergency O/T	•Plastics Emergency O/T	•Plastics Emergency O/T
1600	•Cardiothoracic Post op W/R	•Cardiothoracic Post op W/R	•Cardiothoracic Post op W/R	•Cardiothoracic Post op W/R
1630				
1700	•Cardiothoracic Cardiology Meeting			
1730		•Vascular A/ Vascular B/ Cardiothoracic 1730-1830 Surgical Audit Meeting		
1800	•Urology Monthly Journal club			

[illegible]

Clinical Management - 1

Patient Assessment 1.1

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 & focused 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 1.2

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 1.3

Assessment

- ☒ Recognises the abnormal physiology and clinical manifestations of critical illness
- ☒ Recognises & effectively assesses acutely 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 1.4

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 1.5

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 to 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 - 2

- ☒ 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 - 3

Common Symptoms & Signs 3.1

- ☒ 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 3.2

- ☒ 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 - 4

Doctor & Society - 4.1

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 - 4.2

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 - 4.3

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 - 5

Patient Interaction - 5.1

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 - 5.2

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 - 5.3

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

Case Presentation

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