

TERM DESCRIPTION

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

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

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

Submissions of Term Descriptions are required to be current and as precise as possible. When submitting a Term Description for endorsement, please provide a cover sheet outlining the changes from the previous Term Description. To ensure the Term description is endorsed please provide a current date on the Term Description document so the version control can be monitored for auditing purposes, additionally please ensure the document is reviewed for content and accuracy and signed by the current supervisor.

When filling out the ACF please only tick boxes that are encountered commonly in this term where the Junior Doctor will clearly have gained knowledge and skills.

DOCUMENT VERSION: Jan 2017	
FACILITY: The Canberra Hospital	
TERM NAME: Medical Oncology	
TERM SUPERVISOR: Dr Divyanshu Dua	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Prof Desmond Yip Ext 48490

A/Paul Craft Ext 48502
 Dr Sayed Ali Ext 42220
 Dr Alison Davis Ext 48559
 Dr Nicole Gorddard Ext 48559
 Prof. Robin Stuart-Harris Ext 48559
 Dr Yu Jo Chua Ext 48490
 Dr Ganesalingam Pranavan Ext 48490
 Dr David Leong Ext 42220
 Dr Laeeq Malik Ext 48490
 Dr Divyanshu Dua Ext 48559

ACCREDITED TERM FOR :

	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>
PGY1	1	Medicine Core	12-14 weeks
PGY2+	1	Medicine Core	12-14 weeks

Total positions available : 2 maximum

OVERVIEW OF UNIT OR SERVICE

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

- To care for inpatients and outpatients cared for by the Department of Medical Oncology.
- To consult on inpatients and outpatients with suspected or proven malignant disease.
- To provide advice on the management of cancer and symptom management.
- To treat patients with malignant disease with systemic therapy.
- To train medical students, medical graduates, nursing and allied health staff in the management of malignant disease and symptoms control.
- To provide advice on aspects of malignant disease for the community, if requested.
- To liaise with other units, both inside and outside the hospital and to provide advice on the management of malignant disease and symptom control
- To provide advice on the role of systemic therapy in multidisciplinary combined meetings and clinics
- To conduct research in order to benefit patients with malignant disease

This term forms part of Medical Pod 2.

Medical Pod 2 includes:

- Rehabilitation Medicine
- Geriatrics
- Haematology

- Medical Oncology
- Radiation Oncology
- Medical Support term positions

Each pod works as a functional unit allowing all JMOs 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 handover period. Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm – 8.30am. Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any shortfalls in staffing. 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.

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

REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>	<p>Basic Clinical Training</p>
ORIENTATION: <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>The JMO prior to commencing the term should make contact with the present medical oncology JMO of the team to obtain a handover. On the first day they should make contact with the ward basic physician registrar and also the JMO supervisor Dr Divyanshu Dua.</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i>	<p>Medical Oncology Patients:</p> <p>There are two consultant teams in Medical Oncology with a basic trainee and JMO. Under the supervision of the Medical Oncology Registrar, the JMO is responsible for the day to day management of the inpatients admitted under the Department of Medical Oncology. All medical oncology inpatients should be seen daily until discharged. The JMO should encourage medical student participation in the unit, as appropriate. Any entries in the records made by the student needs to be checked and countersigned by the JMO. The JMO may be called to assess patients who present unwell to the Day Chemotherapy Clinic (Lvl 4, bld 19) or the Rapid Assessment Unit (Lvl 1, Bld 3). Often these patients require admission. From time to time the JMO will be asked to see patients attending the clinic who require a procedure, such as abdominal paracentesis. They may also be asked to assess patients in the chemotherapy suite (Lvl 4, Bld 19 Canberra Region Cancer Centre) to assess simple problems, but should not be requested to assess chemotherapy toxicity or order chemotherapy. The hospital has set up a program entitled Hospital in the home (HITH). This program facilitates early discharge to HITH, the JMO must liaise with HITH staff.</p> <p>Consultations:</p> <p>The JMO is not directly responsible for patients on whom the Department of Medical Oncology is consulted by other units, unless that patient is taken over by Medical Oncology. Should a consultation be directed to a JMO, he or she should ask the person to contact the Medical Oncology Registrar, or one of the Medical Oncology Consultants.</p> <p>Ward Rounds:</p>

The JMO is responsible for presenting all new patients under the Medical Oncology team to the relevant Consultant and updating the Consultant on the progress of all patients. The JMO will present patients on the Monday Ward Round with concise histories of the patient's presenting complaints, current condition and plans for management.

Please ensure that all current results of relevant investigations are available on rounds, particularly results of x-rays, scans and blood tests. JMOs are encouraged to use a mobile device which can be loaned from MOSCETU to access results during rounds.

Patients' imaging taken while they are under the Unit may be reviewed in the Combined Oncology Multidisciplinary Meeting at 2.30pm on Tuesday afternoons. Histopathology will also be reviewed in this meeting.

Academic Meeting/Journal Club (1pm Tuesday):

The JMO will be expected to attend the weekly academic/journal club meeting (Radiation Oncology Training Room, Lvl 1, Bld3). This will usually take the form of a presentation of 1 – 2 Journal articles or other discussion topics of interest that will be discussed by the Registrar and/or the Consultant. They are also welcome to attend the Oncology Registrars' Training sessions.

Combined X-ray and Pathology Meeting:

The JMO should submit names of patients if directed for the Combined Oncology Multidisciplinary Meeting on Tuesday afternoons. This can be done by completing a template from the MDT coordinator contacted through mdtreferrals@act.gov.au or 61748531.

Grand Rounds:

The JMO may be asked to partake in Grand Rounds during the term. Presentations should be made according to the guidelines issued by the Division of Medicine. The case will usually be presented by the JMO or Registrar, followed by a discussion by the Registrar and/or Consultant. Presentations must be rehearsed; and a minimum font size of 20 is recommended on over-heads. PowerPoint slides may be used and displayed using the laptop computer and multimedia projector. A detailed instruction booklet can be obtained from: CHHSGrandRoundsact.gov.au or 6244 3791.

Medical Oncology Treatments:

The JMO is not required to administer chemotherapy but is encouraged to follow at least one patient through treatment during their term so that he/she is able to see the process of treatment, assessment of therapy, and any side-effects encountered.

Weekends:

	<p>These are largely the domain of the Medical Oncology or Haematology Registrars. Please ensure that all relevant tests are ordered before the weekend and that a JMO and/or Registrar review is arranged for problem patients on weekends. Handover sheets for each patient should be completed for each of the patients before the weekend in the front of the records. It is important to document the goals of care, suitability for MET calls and advanced directives.</p> <p>Handover: Attend morning 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 and the end of this document.</p> <p>Start of Term: Within the first week of each term, the JMO is expected to make a formal meeting time with the term supervisor Dr Divyanshu Dua. This will be part of the term orientation.</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: Consultant On Call Roster</p> <p>A Consultant is always on call for Medical Oncology, and can be paged at night through the switchboard or via the unit during working hours. The Medical Oncology Consultants look after their own patients in the ward, although they will manage another Consultants' patients if that doctor is away.</p>
	<p>AFTER HOURS: This term does not include participation in an after hour's roster.</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 ACFID. 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: History and examination of cancer patients, including terminally ill patients. Appropriate use of investigations and their interpretation in malignant disease. Develop and improve communication skills with:</p> <ul style="list-style-type: none"> • Patients • Relatives • Colleagues • Nursing staff • Allied health staff <p>Improve skills in the area of:</p>

- Death and dying (palliative care)
- Medical care and emotional support
- Symptom control, especially pain relief
- Management of toxicities of anticancer treatments

Become familiar with investigation and management of “emergencies” as seen in Oncology, which include:

- Febrile neutropenia
- Spinal cord compression
- SVC obstruction
- Hypercalcaemia
- Cardiac tamponade

Attend several of the outpatient clinics in Medical Oncology

Educational:

Increase knowledge of oncology, particularly for the more common tumours:

- Breast cancer
- Lung cancer (non-small cell and small cell lung cancer)
- Large bowel cancer
- Prostate/bladder cancer
- Gynaecological cancers

Recognise the place of systemic therapies (including chemotherapy, endocrine therapy, targeted biological agents and immune therapy) in Oncology practice:

- As adjuvant treatment
- As curative treatment
- As palliative treatment, to improve symptoms and prolong life.

Attend unit meetings:

- Ward rounds
- Multidisciplinary and unit meetings
- Combined oncology/haematology meetings, combined radiology and pathology meetings
- Clinical case presentations
- Tutorials
- Grand rounds
- RMO teaching sessions.

Procedural:

	<p>By the completion of this term the JMO may expect to gain competency in the following skills:</p> <ul style="list-style-type: none"> • Venepuncture • ABG's • Cannulation • Pleural tap • Abdominal paracentesis • Lumbar puncture.
	<p>COMMUNICATION: Quality communication is expected as standard. This relates to:</p> <ul style="list-style-type: none"> • 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 regarding longer term patient management • Preparing for discharge of patient from time of admission.
	<p>PROFESSIONALISM: Professionalism is expected as standard. This relates to:</p> <ul style="list-style-type: none"> • Effective communication and participation in a multidisciplinary clinical team • Developing 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.
<p>INSERT TIMETABLE <i>(the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO</i></p>	

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	9.00 – 13.00 Clinics – Drs: Yip, Chua, Gorddard, Stuart-Harris & Ali	9.00 – 13.00 Clinics – Dr Craft, Dua & Dr Davis.	9.00 – 13.00 Clinics – Dr Leong & Dr Chua	9.00 – 13.00 Clinics – Dr Ali, Pranavan, Malik, Dua, Stuart-Harris & Dr Craft	9.00 – 13.00 Clinics – Prof Stuart-Harris & A/Prof Craft		
PM	14.30 Combined Ward Round all Medical Oncology Care Staff;	13.00 Combined Medical/Radiation Oncology Meeting	12.00 – 13.00 Grand Rounds				
	15.30 Ward Round – All consultants	14.30 – 15.30 Combined Oncology MDM 15.00-16.30 JMO teaching session		13.30 – Dr Gorddard (every 2 nd week)	1600-1700 JMO teaching session		

PATIENT LOAD:

Average number of patients looked after by the JMO per day

12-18

OVERTIME

Average hours per week

ROSTERED: 8

UNROSTERED: Variable

EDUCATION:

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.

Education Sessions:

All interns are expected to participate in the Tuesday afternoon JMO teaching program. The period from 3.00pm – 4.30pm on Tuesdays is considered to be protected teaching time.

	<p>Teaching Sessions: The JMO is expected to attend any teaching sessions provided by any of the Consultants. This will usually be a discussion of the more common aspects of cancer presentation and the role of systemic therapy. There is a monthly Registrar Teaching Session teaching session covering different tumour types.</p> <p>Educational Resources: Clinical Oncology for Medical Students-Cancer Council Australia http://www.cancer.org.au/health-professionals/oncology-education/clinical-oncology-for-medical-students.html Cancer Council Australia Cancer Guidelines <http://wiki.cancer.org.au/australia/Guidelines></p> <p>Registrar Teaching: Rotational Registrars</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i></p>	<p>Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Research:</p> <p>The department of medical oncology is active in clinical trials research program. There will be an opportunity to manage patients who are participants in clinical trials who are on investigational new agents. If trial patients are admitted to hospital, this must be communicated to the Clinical Trial nurses (6244 3856) as part of the mandatory serious adverse event reporting. There may be opportunities during the term to assist the advanced trainees in research projects.</p> <p>Medical Record Documentation:</p> <p>All Medical Oncology patients should have a brief note written following each review. Summaries of investigations must be included and where possible, plans for the future. The Medical Oncology Consultant will write a note on all new consultations. A new patient registration form should be completed for all new consultations. Remember that the Medical Record is a legal document that may be used as evidence in a court. Therefore, ensure that all entries contain valuable information and are legible. Avoid casual or inappropriate comments.</p> <p>To maintain the integrity of the record and ensure the best optical disc</p>

image possible, the following must be adhered to:

- All entries must be legible, clear, relevant and objective;
- Every entry must include date, time, signature, designation and printed name;
- All entries must be written within the boundaries of the form. Do not write in the margins;
- Only approved, bar coded forms should be used;
- Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper;
- Only approved hospital abbreviations should be used;
- Student entries must be countersigned by their supervisor; and
- Entries written in error must have only one line ruled through the incorrect entry; have "Written in Error" entered above or beside the incorrect entry and the entry must be dated, timed, signed and designated. Medical Oncology keeps an electronic record on CHARM, separate from the scanned hospital electronic records on CRIS to document outpatient visits and chemotherapy treatments. Entries on CHARM are automatically ported to CRIS overnight and should be visible on this system.

Autopsies:

These may be performed on patients who were cared for by Medical Oncology. The JMO is expected to attend any autopsies that are ordered.

Term Supervisor Signature:

.....*Dina*.....

Date:

.....*24.1.17*.....

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
- ☐ Identifies the signs of a colleague in difficulty and responds with empathy
- ☐ Refers appropriately
- ☐ Shows an ability to work well with & lead others
- ☐ Exhibits leadership qualities and takes leadership role when required

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