

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.

DOCUMENT VERSION: October 2017		
FACILITY: The Canberra Hospital		
TERM NAME: Women & Babies (Obstetrics and Gynaecology)		
TERM SUPERVISOR: Dr. David Knight (Obstetrics & Gynaecology) and Prof. Michael Peek (Foetal Medicine Unit)		
CLINICAL TEAM <i>Contact departmental administration at</i> <i>Obs-Gyn.Admin@act.gov.au or</i> <i>6174 7591 / 6174 7592</i>	A/Prof. Boon Lim - Clinical Director Dr Felicity Brims – Deputy Clinical Director Dr Steve Adair Dr Omar Adham Dr Tobias Angstmann Dr Omar Gailani Dr Liz Gallagher Dr David Knight	Dr Tween Low Prof Michael Peek Dr Maylene Pineda (Maternal Foetal Medicine Fellow) Dr Allison Porteous D. Meiri Robertson Prof. Stephen Robson Dr Peter Scott (Student Coordinator) Dr. Farah Sethna

ACCREDITED TERM FOR	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>2</td><td>Non-Core Surgical</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>3</td><td>Non-Core Surgical</td><td>12-14 weeks</td></tr></table> Total positions available: 5 maximum		Number	Core/Elective	Duration	PGY1	2	Non-Core Surgical	12-14 weeks	PGY2+	3	Non-Core Surgical	12-14 weeks
	Number	Core/Elective	Duration										
PGY1	2	Non-Core Surgical	12-14 weeks										
PGY2+	3	Non-Core Surgical	12-14 weeks										
OVERVIEW OF UNIT OR SERVICE	<p>The O&G Department provides care for:</p> <ul style="list-style-type: none">• Around 3700 women a year in childbirth• Pregnant women with medical conditions unrelated to their confinement• Women who present with a wide range of issues, both medical and surgical• Women who present to:<ul style="list-style-type: none">➢ Emergency Department➢ Walk-in patients to the Birthing Unit➢ Early pregnancy Assessment Unit (EPAU)➢ Maternity Assessment Unit (MAU)➢ Maternal Foetal Medicine Department (MFM - subspecialty unit)• Comprehensive gynaecological services that includes:<ul style="list-style-type: none">➢ Early pregnancy care➢ Colposcopy➢ Gynae-oncology➢ Uro-gynaecology➢ General gynaecology. <p>Consultant and Registrar staff provide consultation services to all of the units in the hospital, and PGY2+ who are on duty are expected to be involved with management as required.</p> <p>The Unit is involved in medical education with the ANU Medical Program. Year 4 medical students undertake clinical placements within the Obstetrics and Gynaecology department.</p> <p>The unit is actively involved in research, both in clinical areas and in basic science areas.</p>												
REQUIREMENTS FOR COMMENCING THE TERM	<p>It would be appreciated if JMOs could prepare themselves for the O&G term by improving on:</p> <ul style="list-style-type: none">• Antenatal, post-natal and gynaecological history taking• Effective communication• Working in a multidisciplinary team. <p>Note: Female urinary catheterisation will be learnt in theatre.</p>												
ORIENTATION	<ul style="list-style-type: none">• There is a formal orientation program, organised by the Clinical Director of O&G, specifically to introduce the JMO to the O&G world• This takes place on the Monday of Week 1 and takes about half the day. Please ensure you turn up on time for this orientation• A designated SRMO or Registrar will take the JMOs to various parts of the Department to familiarise them to the different areas and introduce you to key staff in each area• During the orientation, your clinical work will be carried out by a SRMO so that you can still finish your day on time• The Birth Outcome Summary system (BOS) used for obstetric patients will be shown at orientation• Standard operating procedures are readily available for reference.												

<p>JMO CLINICAL RESPONSIBILITIES AND TASKS</p>	<p>Hours of Work</p> <ul style="list-style-type: none"> • Usual hours are 0730/0745 hrs (some days) until 1630 hrs (see timetable) • There is no expectation that rounds or ward duties extend beyond rostered hours and <i>any uncompleted tasks should be handed over to the covering resident</i> • If at any time the JMO is not in a position to respond expeditiously to a page then covering arrangements need to be in place • Should the Resident or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place. <p>Daily (also see timetable)</p> <ul style="list-style-type: none"> • AM clinical handover in the meeting room on Level 3 • Unit ward rounds of antenatal and/or postnatal with registrar/specialist • Follow up on outcomes of ward rounds including ordering and follow-up of test results • Complete all discharge summaries • When on-call, attend to women in ED, EPAU and MAU • Attend antenatal, gynae clinics, OT lists • When rostered, participate in the management of women in Birth Suite under close supervision • When rostered, attend theatre where the JMO will be expected to assist • Attend weekly/monthly meetings (audits, morbidity and mortality, high risk, etc) • Attend weekly teaching sessions • Participate in research and/or participate in audit projects. <p>Early Pregnancy Assessment Unit (EPAU) and Maternity Assessment Unit (MAU)</p> <ul style="list-style-type: none"> • Under the supervision of the gynaecology registrar of the day, the JMO is responsible for the assessment of patients presenting to these units • Each patient must be seen and then discussed with the registrar on call • The care process includes appropriate liaison with general practitioners, other health care workers and family or carers according to unit protocols • Medical students rotating through the unit will be involved in clinical clerking and this provides an opportunity for the JMO to be involved in teaching. <p>Ward Rounds</p> <p>Ward rounds are held after the clinical handover daily and are run by registrars. The JMO and registrar are responsible for presenting case histories of all new patients admitted.</p> <p>Inpatient Notes</p> <p>At each ward round, the JMO should summarise discussion on the ward round and document decisions regarding investigations or changes in management. For further details refer to <i>Medical Record Documentation</i> under "Additional Information" at the end of this document.</p> <p>Weekends</p> <ul style="list-style-type: none"> • On average, JMOs (Interns and RMOs) will be rostered to work 2-3 weekends over 12-14 weeks • Interns will work on Saturday mornings only, to do discharges for that day, and a PGY2+ will do clinical work (ward and emergency) • On Sundays, there will be a PGY2+ only rostered to cover clinical work (ward and emergency) and discharges • PGY2+ will be rostered to do approximately 2 weeks of night shifts over the term; • Interns will not be expected to do night shifts • To optimise patient care over the weekend, it is important to ensure that all relevant investigations are planned and documented in the patient notes to help
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	<p>weekend staff maintain continuity of care</p> <ul style="list-style-type: none"> • Patients should be handed over to registrar responsible for weekend ward round on Friday afternoon (roster available on ward). <p>Discharges</p> <ul style="list-style-type: none"> • An electronic Discharge Summary should be provided to the patient or carer at discharge • A copy of the draft summary is to be provided to the consultant caring for the patient • The electronic Discharge Summary is automatically emailed to the GP once it has been finalised <p>Orientation and end-of-term Handover</p> <ul style="list-style-type: none"> • There is a formal orientation for new JMOs on the Monday/Tuesday of Week 1 of each term • At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.
SUPERVISION	<p>IN HOURS</p> <ul style="list-style-type: none"> • The consultants are rostered on-call for new admissions and delivery suite. The consultant on-call will provide cover for other consultants who are away and out of hours • On-call consultants can always be contacted through the Department of O&G secretary or via The Canberra Hospital switchboard. <p>24 hour Onsite Registrar cover</p> <ul style="list-style-type: none"> • A Registrar is generally located in Delivery suite at all times and especially after hours • JMOs also have supervision from PGY 3+ SRMOs • Contact is either via telephone directory located on labour ward and also available via TCH switchboard. <p>AFTER HOURS</p> <ul style="list-style-type: none"> • After hours duties are directly supervised by the Registrar on site • There is a comprehensive on call system with 2 specialists on call.
STANDARD TERM OBJECTIVES	<p>CLINICAL MANAGEMENT</p> <p>By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p>Clinical</p> <ul style="list-style-type: none"> • Develop communication skills with patients, their carers and other members of the multidisciplinary team • Venepuncture and cannulation • Female urinary catheterisation • Understand the nature of pregnancy and the various complications that can present • To develop a comprehensive understanding of investigation and management of conditions that arise during pregnancy, as well as a normal pregnant and labouring woman • Develop confidence in the management of gynaecological conditions. <p>Understand and be able to evaluate the clinical syndromes of:</p> <ul style="list-style-type: none"> • Early pregnancy bleeding • Outpatient gynaecological concerns • Post-operative care of gynaecological patients

	<ul style="list-style-type: none"> • Normal pregnancy • Antenatal bleeding and threatened premature labour • Hypertension in pregnancy • The process of normal labour • The process of Induction of labour • The potential complications of a variety of surgical procedures, and the consent process for those operations • Understand the appropriate use of drug therapy in pregnant women and lactating women • The health of normal neonates and the comprehensive Baby Health Check • Understand the concept of a clinical care team and the role of other health professionals and the importance of functional assessment and social support systems in managing pregnancy and gynaecology • Gain knowledge of legal issues including consent, mental competence, guardianship legislation, enduring power of attorney, duty of care. <p>Educational</p> <ul style="list-style-type: none"> • Read handouts of recent journal articles provided on topics of clinical relevance to this term • Attend both unit based and hospital based educational sessions for JMO staff • Present at unit educational meeting (high-risk, multidisciplinary etc.) at least once during term • Present cases at Gynae audit meetings <p>Procedural</p> <ul style="list-style-type: none"> • Assessment of early pregnancy bleeding e.g. speculum examination • Labour Skills e.g. induction of labour, ARM, vaginal examination • Post-labour Skills e.g. repair of simple perineal tears • Gynaecological surgical assistance • Caesarean section assistance • Neonatal resuscitation • Contraceptive device insertion.
	<p>COMMUNICATION</p> <p>The JMO should have improved on:</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.
	<p>PROFESSIONALISM – is expected as standard</p> <p>The JMO should have improved on:</p> <ul style="list-style-type: none"> • Communication and effective participation in a multidisciplinary clinical team • Development of skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice

- Updating skills in information technology relevant to clinical practice
- Gaining more knowledge in the collection and interpretation of clinical data
- Understanding the principles of evidence-based practice of medicine and clinical quality assurance techniques
- Understanding medical ethics and confidentiality and the medico-political and medico-legal environment.

INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0730-0830 O&G Clinical Handover	0745-0830 O&G Clinical Handover	0745-0830 O&G Clinical Handover	0730-0830 O&G Clinical Handover + Gynae Audit	0745-0830 O&G Clinical Handover	0800-0830 O&G Clinical Handover	0800-0830 O&G Clinical Handover
	0830-0900 Ward Round	0830-0900 Ward Round	0830-0900 Ward Round	0830-0900 Ward Round	0830-0900 Ward Round	And as per After-hours roster	And as per After-hours roster
	0900-1230 Clinical Duties	0900-1230 Clinical Duties	0900-1230 Clinical Duties	0900-1230 Clinical Duties	0900-1230 Clinical Duties/ Teaching		
PM	Clinical Duties	1215-1300 High Risk Meeting	Clinical Duties	1230-1330 Multi-disciplinary Meeting	Clinical Duties		
		Clinical Duties 1430-1600 Intern teaching session		1400-1500 RMO teaching 1630 Week 3 Monthly Obstetric M&M Meeting and Week 2 Bimonthly Gynae M&M Meeting			

PATIENT LOAD

15 – wards PGY1
Variable numbers - PGY2
Discharge summaries shared between all JMOs

OVERTIME

Average hours per week **ROSTERED: 12 UNROSTERED:5**

EDUCATION

General

- JMOs are closely supervised by registrars and specialists;
- There is a weekly in-house JMO specific teaching session conducted by senior registrars;

	<ul style="list-style-type: none"> • JMOs are welcome to attend all registrar teaching sessions when time permits; and • There is teaching in unit meetings (JMOs are welcome to attend the Registrar teaching on Friday mornings). • Protected time to attend weekly teaching (see above timetable). • Interns: 1430-1600hrs every Tuesday afternoon • RMOs: 1400-1500hrs Thursdays venue and program TBC <p>Educational Resources A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <ul style="list-style-type: none"> • Protocols and Clinical Pathways are available on all computers in the unit, covering both Gynaecology and Obstetric practices • Gynaecology/obstetric and subspecialty texts available for reference from Department/PA • Workshops (JMOs need to find cover for themselves when these workshops are held in-hours): <ul style="list-style-type: none"> ➢ Perineal trauma (held 3-4 times per year) ➢ PROMPT (multidisciplinary management of obstetric emergencies) ➢ Foetal surveillance education program (need to apply for this) <p>AMO Teaching Bed-side teaching is provided by all Consultants on their individual ward rounds.</p> <p>Registrar Teaching The unit has up to 10 Registrars. There is also teaching conducted by the Senior Registrar and the Maternal Fetal Medicine Fellow who are generally post-membership.</p>
RESEARCH:	<p>Opportunities exist for the JMOs to undertake research projects and to present their findings at the annual registrar presentation day in November each year.</p> <p>Many staff specialists and VMOs are available and willing to supervise.</p>
ASSESSMENT AND FEEDBACK	<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>
ADDITIONAL INFORMATION	<p>Medical Record Documentation All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p><i>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</i></p> <ul style="list-style-type: none"> • 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

and must have "Written in Error" entered above or beside the incorrect entry must be dated, timed, signed and designated.

Care Type Change

Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient's admission, for example from Acute Care to Rehab. In some situations a patient may have several Care Type changes during the course of their admission.

For each Care Type change the JMO must:

- Assess the patient;
- Document patient history, status and expected goals on the *Notification of Care Type Change form*; and
- Document the new care type, the reason for care type change, and goals of current treatment and patient's current status in the progress notes.

Once all sections of the form have been completed, it should then be signed and handed to the Ward Clerk for action on CareSys.

Discharge Summary - Communication with General Practitioners

- A Discharge Summary must be completed for all Inpatient discharges (usually by the JMO) within 48 hours of discharge/separation;
- All deceased patients must have a Discharge Summary completed;
- In either case, if you have never seen the patient please make a note of this on the Discharge Summary;
- Discharge Summaries not completed by the end of each financial quarter will be brought to the attention of the Unit Directors and, potentially, to Executive Directors; and
- In accordance with relevant policies, the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Summaries for which you are responsible.



A/Prof Boon Lim

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
- ☒ Identifies 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
- ☒ 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
- ☒ 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 that 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
- ☒ Identifies the support services available
- ☒ Recognises 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 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