

TERM DESCRIPTION

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

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

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

FACILITY: Canberra Hospital															
UPDATED: August 2019															
TERM NAME: Alcohol and Drug Service															
TERM SUPERVISOR: Dr William Huang, Dr Raj Parige, Dr Michael Tedeschi															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr. Raj Parige, Clinical Director– 5124 2591 Dr. Michael Tedeschi – 5124 2591 Dr. Saba Javed – 5124 2591 Dr William Huang – 5124 2591 Dr Tracey Soh – 5124 2591 Dr Erika Unsworth - Registrar														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>0</td> <td>Non-Core</td> <td>12-14 weeks</td> </tr> <tr> <td>PGY2+</td> <td>1</td> <td>Non-Core</td> <td>12-14 weeks</td> </tr> </tbody> </table> <p>Total positions available: 1 PGY2+ maximum</p>				Number	Core/Elective	Duration	PGY1	0	Non-Core	12-14 weeks	PGY2+	1	Non-Core	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>The aim of Alcohol and Drug Unit is to care for inpatients and outpatients with suspected or proven alcohol or drug problems, including the provision of a safe drug or alcohol withdrawal program.</p> <p>Services:</p> <ul style="list-style-type: none"> • To consult on inpatients and outpatients with suspected or proven alcohol or drug 														

	<p>problems;</p> <ul style="list-style-type: none"> • To provide advice on the management of alcohol and drug problems to hospital staff and community health professionals; • To assist in the training of medical students and medical graduates in the diagnosis and management of alcohol and drug problems; • To teach a wide range of medical, nursing and allied health professionals working in both the hospital and community on alcohol and drug related topics; • To conduct clinical research on alcohol and drug issues; and • To operate the ACT public opioid substitution treatment program and provide training, supervision and support for general practitioners involved in the ACT community based program.
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	<ul style="list-style-type: none"> • JMOs are expected to be able to take a clinical history, perform a physical examination, initiate investigations and design management plans; • The Medical Officer must have current registration for the appropriate level of clinical skills; and • The doctor must have completed ACT Health Mandatory Training. • Any conditions specified by the Medical Board will be communicated to the term supervisors.
<p>ORIENTATION:</p> <p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i></p>	<p>JMO is to report to Dr. Parige in Building 7, on the day of commencement of the term. This initial orientation is from 0830 to 0930 followed by further orientation from Dr. Javed in the withdrawal unit. Dr. Parige can be contacted through the hospital switchboard or directly on his mobile phone 0425009797.</p> <ul style="list-style-type: none"> • Residents handbook (online) • SOP: alcohol withdrawal management at the Canberra hospital (online) <p>Withdrawal unit clinical protocol for Suboxone assisted opioid detoxification. This protocol is displayed on the noticeboard in the Withdrawal unit.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Withdrawal Unit inpatients:</p> <p>Under the supervision of the Term Supervisor the JMO is responsible for the day-to-day management of the patients in the withdrawal unit. This involves managing withdrawal with appropriate medication, as per unit protocols and management of any intercurrent medical problems. The JMO should discuss each patient with the nursing staff daily and personally see any patients about whom nursing staff have concerns. A daily handover to the consultant on duty should inform of any clinical problems. Each JMO should participate at least once in the various educational programs offered by the unit (eg AA and NA meetings, group sessions, counselling sessions).</p> <p>The JMO should attend the withdrawal unit first thing every morning to see any patients causing concern who may have come in overnight and ensure all treatment sheets are written up correctly.</p> <p>Community Based Organisations:</p> <p>On one or more occasions during the term, the JMO should aim to visit a selection of non-government organisations which provide alcohol and drug services - eg ACTIV league, DRIC, Karalika therapeutic community, Mancare etc. This is designed to give the trainee doctor exposure to the various facilities and services which exist in the community to help people who have alcohol and drug problems.</p> <p>Trainees are not required to provide any medical input during these visits.</p> <p>Ward Consultations:</p> <p>Most ward consultations are seen initially by the hospital liaison CNC who gives advice on routine withdrawal management to ward staff and provides literature, information and follow up counselling appointments to patients who wish to continue to address drug and alcohol problems once they leave hospital. The unit staff specialists do daily ward rounds</p>

	<p>on Mondays to Fridays at 10am till noon to see patients who have complex issues such as difficult withdrawal or pain management problems complicated by substance abuse. The JMO may be able to attend these rounds, under the supervision of the consultant.</p> <p>Opioid Substitution Treatment Program: During the term the JMO should try to sit in with the term supervisor to learn how to assess patient's suitability for opioid substitution treatment (Methadone and Buprenorphine) and how to safely commence treatment. The ACT manual for Methadone prescribers is suitable reading in preparation for this, along with the National Clinical Guidelines for Buprenorphine Treatment. All patients are seen three monthly for review of their program.</p> <p>Grand Rounds: JMOs are expected to attend Grand Rounds each week. The unit usually presents at only one Grand Round each year and the JMO may be required to present a case, which is then followed by discussion by one of the senior medical officers on the unit.</p> <p>Medications: The JMO should become familiar with the various regimes for managing patients in withdrawal (particularly from alcohol, opiates and benzodiazepines) and the monitoring procedures for determining when medication is indicated.</p> <p>Handover: Attend morning handover. At the end of term, ensure you contact the incoming JMO to orientate him/her to the ward(s)/clinics and any current inpatients.</p>
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS: Dr William Huang, Dr Parige and Dr Tedeschi are the principal supervisors. There is a Unit consultant in Building 7 at all times, during normal working hours. The RMO may consult at any time. Dr Raj Parige and Dr Javed also act as a co-supervisor when principal supervisors are unavailable.</p>
	<p>AFTER HOURS: JMOs will be rostered for afterhours cover of AMHU, short stay unit and the detox (D&A) ward. Evening on call is from 16.30-22.30 approximately one evening a week and weekend on call is from 08.00 – 22.30 approximately one day a fortnight. MedPod 3 JMO takes over after these times. After hours supervision will be provided by the afterhours psychiatric Registrar on call or if necessary the on call Consultant. There is no pager; please ensure switch has an up to date mobile number on file.</p>
<p>STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT: The JMO should strive to have undertaken the following by the end of term, so as to equip junior medical officers with the ability to evaluate hazardous alcohol and drug use and institute appropriate management:</p> <p>1. Clinical Skills:</p> <ul style="list-style-type: none"> • Ability to elicit an alcohol and drug history in a systematic, non-threatening and non-judgemental way; • Ability to establish rapport and empathy with a patient group who are often alienated and difficult to manage; • Ability to formulate a diagnosis and assess the severity of the alcohol and other drug problems; • Development of a management plan, appropriate to the patient's problems, socio-cultural background and wishes; • Where appropriate, assessment for suitability for opioid substitution maintenance treatment; • Practice in basic alcohol and drug appropriate counselling techniques; and • Experience in medical management of the complications of alcohol and drug use - eg alcoholic liver disease, alcohol related brain damage, hepatitis C.

	<p>2. Knowledge: Principles underlying diagnosis of dependence and management of appropriate withdrawal from:</p> <ul style="list-style-type: none"> • Alcohol; • Sedatives; • Opiates (including prescribed drugs); • Nicotine; • Psychostimulants; and • Cannabis. <p>Principles underlying behavioural self management therapies including:</p> <ul style="list-style-type: none"> • Motivational interviewing; • Skills training; • Self-help groups with exposure to AA and NA; • Family therapy; • Early brief interventions; and <p>Community based prevention strategies.</p>
	<p>COMMUNICATION Professional and non-judgemental communication is essential. This relates to: patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management.</p>
	<p>PROFESSIONALISM: Professionalism is expected at all times. This relates to: Effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>

INSERT TIMETABLE (the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	10.00 Consultation liaison round at Canberra Hospital	10.00 Consultation liaison round at Canberra Hospital	10.00 Consultation liaison round at Canberra Hospital	10.00-11.00 JMO Tutorial Dr Tedeschi	10.00 Consultation liaison round at Canberra Hospital		
PM	14.00 Ward Round in Alcohol & Drug Unit	14.00 Ward Round in Alcohol & Drug Unit	1200-1300 TCH Grand Rounds	14.00 Ward Round in Alcohol & Drug Unit	14.00 Ward Round in Alcohol & Drug Unit		
		14.30-16.00 Intern Teaching Session – protected time	14.00 Ward Round in Alcohol & Drug Unit 15:30-16:30 Supervision teaching Dr	14.00-15.00 MEU JMO Teaching			

			W Huang				
Please note: All JMOs are required to work weekends as dictated by the roster. Psychiatry registrar will assist intern on Tuesday afternoon to cover 2pm ward round.							
PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>			7-10 inpatients at any one time. Average of two-three new admissions per day.				
OVERTIME: Average hours per week No RMO overtime is done in the actual A & D Unit. However the RMO attached to the Unit does his or her overtime in the other areas of TCH as per the normal TCH RMO overtime roster. ROSTERED: 8 UNROSTERED: 0							
EDUCATION: <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>			<p>Each week the JMO will have a one-on-one session with a term supervisor. The session may consist of case presentations or research on a particular drug and alcohol topic. Topics to be covered in the 13 week term include:</p> <ul style="list-style-type: none">• The dependence syndrome - using alcohol as a prototype;• Epidemiology of drug and alcohol problems in society• Management of alcohol withdrawal - post withdrawal relapse prevention strategies including pharmacotherapies (Acamprostate, Naltrexone and Disulfuram);• Management of opioid dependence - including withdrawal management, relapse prevention and substitution pharmaco-therapies (Methadone, Buprenorphine, Suboxone and Naltrexone);• Psychostimulant use/abuse and withdrawal management;• Drug use in pregnancy;• Cannabis use/abuse, Hallucinogens, MDMA/PCP;• Benzodiazepine use/abuse and withdrawal; and• Blood borne viruses in the IVDU - prevention and management especially of Hep B & C. <p>Education Sessions: The Resident is expected to participate in the MEU JMO teaching program. MEU JMO teaching is held on Thursdays 2-3 pm. Venue and topic TBC. A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Educational Resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Supervisor Teaching: Dr. Parige, Dr Huang and Dr Tedeschi as per teaching timetable Psychiatry teaching provided by Dr. Javed</p> <p>There is also a RACP ACHAM registrar attached to the unit.</p> <p>Registrar Teaching: Rotating Psychiatry registrars who are attached to the Unit (part-time) for 6 months rotations.</p>				
ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i>			Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.				
ADDITIONAL INFORMATION:			Medical Record Documentation:				

	<p>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</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; • Discharge summary should be appropriate, informative and sufficiently comprehensive to be a good clinical summary of admission; • Only approved, barcoded forms should be used; • Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper; • Only approved hospital abbreviations should be used; and • Student entries must be countersigned by their supervisor. <p>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..</p>
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Dr William Huang

Term Supervisor Signature:

William Huang

Date:

31.12.19

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

Therapies

- ☒ 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 anaesthetics 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-judgmental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)

- ☒ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

Healthcare resources

- ☒ Identifies the potential impact of resource constraint on patient care

- ☒ Uses finite healthcare resources wisely to achieve the best outcomes

- ☒ Works in ways that acknowledge the complexities & compelling demands of the healthcare system

Professional Behaviour

Professional responsibility

- ☒ Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role

- ☒ Maintains an appropriate standard of professional practice and works within personal capabilities

- ☒ Reflects on personal experiences, actions & decision-making

- ☒ Acts as a role model of professional behaviour

Time management

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

- ☒ Demonstrates punctuality

Personal well-being

- ☒ Is aware of, & optimises personal health & well-being

- ☒ Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress

- ☒ Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

- ☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes

- ☒ Consults colleagues about ethical concerns

- ☒ Accepts responsibility for ethical decisions

- ☒ 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

- ☒ Respects the role of families in patient health care

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 & 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