

TERM DESCRIPTION

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

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

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

FACILITY: The Canberra Hospital															
UPDATED: August 2019															
TERM NAME: General Medicine															
TERM SUPERVISOR: Dr. Ashwin Swaminathan, Dr. John Nicholls, Dr. Jonathan Bromley, Dr Ramila Varendran															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr. Jonathan Bromley 5124 7111 Dr. John Nicholls 5124 2066 Dr. Ashwin Swaminathan (Director) 5124 5148 Dr. Ramila Varendran 5124 2222 Dr Wai Meng Voon 5124 2222 Dr Arnagretta Hunter														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> </thead> <tbody> <tr> <td>PGY1</td><td>2</td><td>Medicine</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>2</td><td>Medicine</td><td>12-14 weeks</td></tr> </tbody> </table> <p>Total positions available: 4 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	2	Medicine	12-14 weeks	PGY2+	2	Medicine	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 general medicine is to undertake assessment of complex medical patients. This includes obtaining investigations to assist in clarifying the major medical diagnoses and formulating a management plan that is multidisciplinary. The investigations need to be targeted and relevant to the patient's main presenting complaints. There are two general medicine teams, and the caseload will be a mix of acute and subacute patients.</p> <p>General Medicine is based on the philosophy that "Safe decisions about clinical care depend greatly on the quality and accuracy of the initial assessment" (RACP Working Party 2002). To</p>														

facilitate accurate initial assessment, General Medicine will be staffed with medical registrars and consultants with an interest in General Medicine.

General Medicine will be divided into two teams – General Medicine A and General Medicine B, with both teams having a similar caseload and casemix. The teams will be on take for seven days in a 14 day cycling roster. Each general medicine team is staffed by an intern, a PGY2 and a Basic or Advanced Physician Trainee registrar. The interns and registrar will work standard business hours Monday-Friday. The PGY2 will be on a cycling shift roster, working seven long days over a 14 day period, within their allocated General Medicine Team. A consultant Physician is on-call at all times and will undertake formal ward rounds with the team on Mondays, weekends and post-admission days; and informal ward rounds on other days.

This term forms part of Medical Pod 1:

Medical Pod 1 encompasses:

- General Medicine
- Neurology A&B;
- Infectious Diseases;
- Renal Medicine; and
- Relief positions.

Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme. All 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 1pm – 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, 1 ADO and 2 days on call.

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 will be required to work weekends as dictated by the roster.

To enhance patient care during the busy winter period, JMOs will be part of a rotating General Medicine weekend roster. One JMO will be rostered on both a Saturday and Sunday

	<p>8am-4.30pm to cover General Medical patients. You will do a ward round with the consultant on call on both days. In return, you will get the following Monday and Tuesday off.</p> <p>Medical Assessment: An initial medical assessment will be completed by the General Medicine registrar or JMO, and commenced within 2 hours of the patients' arrival to the unit. The General Medicine registrar will have received a concise handover from the ED so that investigations and treatment are not duplicated. The registrar will outline a problem list and discuss the management plan with the on-call General Medicine consultant.</p> <p>Multidisciplinary Assessment: The multidisciplinary team will encompass a physiotherapist, occupational therapist, speech therapist, social worker and pharmacist. A functional assessment area has been allocated to enable therapists to determine a patient's safety for discharge home. Referral to community based services such as Transitional Therapy Care (TTCP) and Hospital in the Home (HITH) should be considered whenever possible.</p> <p>Safe handover is crucial to transfer of patients from General Medicine to other inpatient beds. The General Medicine JMO or registrar will have commenced the Electronic Discharge Summary prior to the patient leaving the ward. Details to be included are: problem list and medical diagnoses; investigations completed and pending; treatment given; ongoing management plan. Discharge planning will have commenced whilst the patient is in General Medicine, and communicated to the inpatient team taking over care.</p> <p>Early consultation to specialty teams will occur to guide investigations and management on General Medicine.</p>
<p>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>	<p>Good knowledge of clinical medicine</p> <p>Enthusiasm to work in a multi-disciplinary team environment with a focus on patient-centred care</p>
<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>	<p>An orientation session will be run on the first day of term which will outline expectations, duties, resources available and timetable.</p> <p>A General Medicine Clinical Guideline folder contains protocols for the management of common presentations.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i></p>	<p>General Medicine Admissions: Assist the Registrar in completing a comprehensive admission for all General Medicine patients including history of presenting illness, past medical history, current medications and allergies, relevant social and family history, and complete physical examination. It is the JMO's responsibility to ensure investigations are ordered and results followed up in a timely manner.</p> <p>Ward Rounds:</p>

	<p>General Medicine ward rounds will occur on a twice daily basis at 0900hrs (immediately after morning MDT meeting (0845-0900) and approximately 1600hrs. The afternoon ward round is only to review any new admissions from the day and ill patients. The post-take morning ward round will be attended by the General Medicine consultant on-call, Clinical Nurse Consultant, medical registrar and Junior Medical Officer. The JMO and registrar are responsible for presenting the history and an updated problem list for all General Medicine patients. The JMO and registrar will document all progress and management plans in the medical record. On other days, the General Medicine registrar and JMO will undertake the morning ward round, and the consultant on-call will meet with the team during the day to review any unstable patients and discuss patient progress and discharge planning.</p> <p>Radiology Meeting: The JMO needs to provide a list of radiology requiring review with a brief clinical history to the Imaging Department at least 24 hours prior to the meeting. Meetings are held in the Radiology Meeting Room on Tuesdays at 12pm.</p> <p>Discharge Summaries and GP Communication: The Electronic Discharge Summary (EDS) will be completed for all patients prior to discharge or at the time of death. Discharge medications and summary should be completed the day before discharge where possible. The General Medicine Director or consultant will review some EDS prior to finalization. JMOs will be responsible for contacting General Practitioners to inform them of changes in management. A General Medicine Transfer Summary will be completed for patients being transferred to the care of an inpatient treating team.</p> <p>Handover: The General Medicine JMO will attend Morning Handover from 8 to 830am, Monday to Friday. There are also POD handover meetings after hours and on weekends.</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: JMOs are supervised directly by their registrar contactable by pager. They will also be allocated a Consultant supervisor at the beginning of term whom they will have mid- and end-term feedback sessions. It is up to the JMO to approach their designated supervisor to organise the meeting.</p> <p>Supervision for JMOs working on the weekend will come from the on call consultant and medical registrar covering the wards.</p>
	<p>AFTER HOURS: As Above</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: By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p>Knowledge and Understanding:</p> <ul style="list-style-type: none"> • A sound knowledge of normal human biology and its alteration in acute and chronic disease. • Knowledge of the investigation and management of acute presentations of illness (e.g. dyspnoea, chest pain, delirium). • Knowledge of the investigation and management of chronic medical disorders, including ischaemic heart disease, heart failure, diabetes, COPD. • Knowledge of hospital and community based resources available for patients and caregivers. This includes role of the Aged Care Assessment Team, community service providers and ambulatory care services (e.g. Hospital in the Home). • An appreciation of ethical considerations in interactions with patients, caregivers and colleagues. This includes the role of the Power of Attorney and the Office of the Community Advocate in decision making. • An understanding of scientific methods, including clinical trial design, basic statistical techniques and clinical audit.

General Clinical Skills:**Communication Skills:**

- Ability to take and document a concise history from a patient and caregivers, including collaborative history from the General Practitioner and residential care facility where appropriate.
- To develop, document and present a management plan, including relevant investigations. This includes the ability to judge which condition(s) take priority in the setting of multiple acute problems and co-morbidities.
- Proficiency in the use of the Electronic Discharge Summary and General Medicine Transfer Summary. It is not the expectation of the General Medicine JMO that they complete the discharge summary for patients in General Medicine who are under the care of other specialists.
- Ability to write a referral letter to other clinicians.

Physical Examination Skills:

- The ability to perform a complete physical examination of all systems, with emphasis on cardiovascular, respiratory, gastrointestinal, neurological and musculoskeletal systems.
- The ability to interpret physical signs and to recognize the acutely deteriorating patient.
- The ability to perform an accurate mental state and cognitive examination. This includes the use of a formal cognitive assessment tools such as the Folstein Mini Mental State Examination.

Patient Management Skills:

- These include problem solving; problem identification; analysis and management by the use of appropriate resources; interpretation of laboratory results; and the importance of avoiding unnecessary investigation and inpatient admission
- Involvement of the patient and caregivers in medical decision making.
- Consideration the risks and benefits of investigations and treatment.
- The ability to interpret and integrate the history and examination findings and arrive at an appropriate diagnosis or differential diagnosis.
- Ability to work within a multidisciplinary team.
- Management of terminal illness and bereavement.

Skills in Relation to Medical Ethics:

- These relate to ethical issues, including confidentiality and confidential computerised record keeping, ethics and medico-legal aspects of informed consent.

Technical Skills:

- Venepuncture, venesection and cannulation and intravenous infusion.
- Arterial blood gas sampling.
- Appropriate use of ophthalmoscope and otoscope.
- Basic and Advanced Life Support including cardiopulmonary resuscitation.
- Urinary catheterisation, and urine analysis and microscopy.
- Lumbar puncture.
- Pleurocentesis and paracentesis.
- Understand principles and clinical indications of non-invasive ventilation including BiPAP and CPAP.

Research and Professional Development:

- JMOs will be expected to assist registrars in completion of a quality assurance or clinical audit project during the General Medicine rotation.
- Demonstrate proficiency in research methodology including literature search, and use of evidence databases.
- Ability to research clinical questions and appropriately use evidence based medicine.

	<ul style="list-style-type: none"> Teaching of medical students, allied health, and nursing staff. General Medicine is a clinical unit of the ANU Medical School and a final year (year IV) ANU Medical School student is attached to the unit as part of the Senior Medicine and Surgery term.
	<p>COMMUNICATION:</p> <p>Quality communication skills are expected as standard. 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:</p> <p>Professionalism is expected as standard. This relates to: Effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</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	0800-0830 Morning Handover	0800-0830 Morning Handover	0800-0830 Morning Handover	0800-0830 Morning Handover	0800-0830 Morning Handover		
	0845 -0900 Ward MDT meeting	0845 -0900 Ward MDT meeting	0845 -0900 Ward MDT meeting	0845 -0900 Ward MDT meeting	0845 -0900 Ward MDT meeting		
	0900-1100 Gen Med Teaching Ward Round	0900-1100 Gen Med Teaching Ward Round	0900-1100 Gen Med Teaching Ward Round	0900-1100 Gen Med Teaching Ward Round	0900-1100 Gen Med Teaching Ward Round	Morning ward round	Morning Ward round
PM	1130 – 1230 General Med Clinical Unit meeting	1200 - 1230 Radiology Meeting	1200 - 1315 Grand Rounds	1400-1500 RMO teaching			
				1500 – 1600 Gen Med Teaching			
	1600-1700 Gen Med Afternoon Round	1430-1600 JMO Teaching	1600-1700 Gen Med Afternoon Round	1600-1700 Gen Med Afternoon Round	1600-1700 Gen Med Afternoon Round		

Please note: All weekend and night shifts are counted towards core term hours.

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	14-16
OVERTIME <i>Average hours per week</i> ROSTERED: 4 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>	Teaching: <ul style="list-style-type: none"> • Clinical Unit Meeting (Weekly, Monday 1130 - 1230): Discussion of complex cases to be discussed by Consultants, registrars and resident doctors. • Weekly general medicine teaching (Weekly, Thursday 3 – 4 pm) – each JMO will be rostered to present a case and relevant discussion to the rest of the unit. Registrars and Consultants present also. • Bedside teaching – occurs daily on ward rounds • Medical Students attached to General Medicine and it is the responsibility of the JMO to assist the General Medicine registrar and consultants in teaching. Particular areas to focus on are procedural skills (e.g. insertion of IV cannula, venesection) and documentation in medical records. <p>All interns are expected to participate in the Tuesday afternoon teaching program. The period from 2.30-4pm on Tuesdays is considered to be protected time for JMOs. RMO teaching is on Thursdays 2-3pm. Venue and topic TBC.</p> <p>Educational Resources: A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources are available on the hospital Intranet. Electronic resources include Therapeutic Guidelines, Pubmed, and UpToDate.</p> <p>The General Medicine Clinical Guidelines is also a useful repository or local hospital and unit guidelines.</p> <p>Since General medicine is an acute unit, frequent consultations occur with other medical units throughout the hospital. As such, opportunistic teaching will also take place with other subspecialty registrars.</p>
RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i>	Supervisors will identify research and audit opportunities as they become available.
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.

Term Supervisor Signature:

Ahmed

Ahmed

Date:

22/5/18

20/8/19

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

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 Indigenous patients
- ☒ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- ☒ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- ☒ Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

Professional standards

- ☒ Complies with the legal requirements of being a doctor e.g. maintaining registration
- ☒ Adheres to professional standards
- ☒ Respects patient privacy & confidentiality

Medicine & the law

- ☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- ☒ Completes appropriate medico-legal documentation
- ☒ Liaises with legal & statutory authorities, including mandatory reporting where applicable

Health promotion

- ☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health

- ☒ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☒ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

Healthcare resources

- ☒ Identifies the potential impact of resource constraint on patient care
- ☒ Uses finite healthcare resources wisely to achieve the best outcomes
- ☒ Works in ways that acknowledge the complexities & competing demands of the healthcare system

Professional Behaviour

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