

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.

FACILITY: University of Canberra Hospital															
UPDATED: November 2019															
TERM NAME: Rehabilitation Medicine															
TERM SUPERVISOR: Dr. C Katsogiannis, Dr. E Ho, Dr. K Y Chan, Dr. K T Chan, Dr. S Ila-Venkata															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr. C Katsogiannis Dr. E Ho Dr. K Y Chan Dr. K T Chan Dr. S Ila-Venkata The Rehabilitation Medicine Registrars are on site and can be contacted by phone or paged at any time.														
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>Core medicine</td> <td>12-14 weeks</td> </tr> <tr> <td>PGY2+</td> <td>3</td> <td>Core medicine.</td> <td>12-14 weeks.</td> </tr> </tbody> </table>		Number	Core/Elective	Duration	PGY1	0	Core medicine	12-14 weeks	PGY2+	3	Core medicine.	12-14 weeks.	
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	<div></div> <div></div> <div></div> <div></div> <p>Total positions available: 3 maximum</p>
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 University of Canberra Hospital (UCH) is a purpose built hospital with Rehabilitation facilities located in the Neurological Rehab Ward, the Older Person's Rehab ward and the General Rehab Ward.</p> <p>There is a total of 64 beds for Rehab patients –</p> <p>Neurological Rehab Ward: 24 beds</p> <ul style="list-style-type: none"> Predominantly neuro-rehabilitation impairment group casemix eg: stroke rehab, multiple sclerosis, spinal cord medicine rehab, traumatic brain injury. <p>Older Person's Rehab Ward: 20 beds</p> <ul style="list-style-type: none"> Ortho-geriatrics, geriatric rehab, deconditioning, post med/surgical rehab. <p>General Rehab Ward: 20 beds.</p> <ul style="list-style-type: none"> Musculoskeletal, multi-trauma, amputees. <p>The eventual aim is for the Rehab wards to be at full capacity of 120 beds.</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>All medical staff will undertake Intermediate Life Support training prior to commencement to enable them to participate in the HERO (Hospital Emergency Response Officer) team response to the deteriorating patient. Upon commencement medical staff will also complete Sub-Acute MEWS training and undertake a hospital induction.</p> <p>As per all JMO's general medical knowledge. Good communication skills. Be able to work in a multidisciplinary team.</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>JMO will meet the Rehabilitation Registrar in the General Rehab Ward at the UCH at the commencement of the term. Orientation will be conducted by the Rehabilitation Registrar and the Consultant(s) working in the Rehab Wards.</p> <p>Discussions on the interdisciplinary team model of care, concepts of Rehabilitation Medicine, and requirements for documentations will be discussed. Allocations to teams and wards will be discussed, as will the rehab teaching timetable schedule.</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i>	<p>JMO Responsibilities and Daily Tasks:</p> <p>Rehabilitation Patients:</p> <p>Basic history and clinical data are required for each rehabilitation patient. Relevant details include pre-morbid functional level, social history, past medical history, surgical procedures undertaken, consultations obtained etc. The draft discharge summaries are of great benefit to members of the team during ward rounds and family meetings. It also provides the basis for the discharge letter for each client.</p> <p>Ward Rounds:</p> <p>If a patient's management is unclear, then ASK! Remember if you are unhappy or uncertain about a patient's management then discuss it. The rehabilitation medical staff are always happy to discuss issues relating to medical management. The registrar will attend most ward rounds. Consultants prefer that JMOs have at hand the most recent pathology and imaging results etc. for each patient under their care.</p> <p>Ward Work:</p> <p>The Registrar/nursing staff will advise you of what is required on the ward. You will also have a list of activities that need to be attended after each ward round. Discharge documentation will consume part of each day, as will and medication sheets. Your term assessment will be based in part on feedback from the whole team about your</p>

	<p>performance.</p> <p>How To Find Out Where Your Patients Are Located: Printouts from the General Rehab ward, Neurological Rehab ward and Older Person's Rehab ward.</p> <p>Admissions Most patients are transferred from other hospitals. A formal admission the same day of admission is essential. The JMO is expected to ensure that the patient is medically stable, and that the medical status and Rehab goals are documented immediately, or during the next working day. Patients admitted from the community or from small regional hospital also require a formal admission and comprehensive medical review. Consultants generally prefer to review these patients on the day of admission.</p> <p>Grand Rounds: Although attendance at TCH Grand Rounds is encouraged, transport challenges are acknowledged.</p> <p>Presentations: The PGY2 will also be expected to undertake at least one literature (original research paper).</p> <p>Outpatient Clinics: These are conducted by the consultant and the registrar during the week. There are no formal arrangements at present for the PGY2 to attend but encouraged if able.</p> <p>Talking with Relatives: The usual means of communicating with relatives is through formal family meetings. These are held on at least one occasion for each client and their family during the admission. The PGY2s are encouraged to attend at least one during their term.</p> <p>Communication with relatives on other occasions is up to the judgement of the JMOs. Consultants generally encourage contact with relatives, except in relation to nursing care issues which should be addressed to the CNC. If it is felt that a consultant needs to be involved, he/she may be able to discuss urgent matters at short notice if necessary, or an appointment can be made through Rehabilitation reception.</p> <p>Consent: You may be asked to witness a consent for a surgical or invasive procedure. If this is not a simple procedure, and if you are not fully familiar with the procedure or possible complications, then you should insist that a member of the surgical team explain the procedure to the patient and witness the consent.</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. C Katsogiannis Dr. E Ho Dr. K Y Chan Dr. K T Chan Dr. S Ila-Venkata are the principle supervisors. Rotating Geriatrician as per roster. The Rehabilitation Medicine Registrars are on site and can be contacted by phone or paged at any time.</p>
	<p>AFTER HOURS: The PGY2 staff will NOT be participating in any after hour's duties at UCH. The after-hours shifts will be covered by dedicated staff at the PGY3+ level. Consultant on call of Consultant responsible for patient will be contacted.</p>

STANDARD TERM OBJECTIVES:

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.

CLINICAL MANAGEMENT:

By the completion of this term the JMO may expect to acquire the following knowledge:

Clinical:

Gain an understanding of the assessment and management of disability especially associated with CVA, amputees, acquired brain injury and common chronic neurological, rheumatological, musculoskeletal and orthopaedic conditions. Develop skills in physical examination, particularly of the musculoskeletal and neurological systems.

Procedural:

Develop an understanding of and if available undertake procedures relevant to the musculoskeletal system e.g. joint aspiration, subacromial steroid injection.

Educational: - Competencies to be covered during the Rehabilitation Term.

The following list of competencies is compiled with the intention of ensuring that JMOs are familiar and comfortable with the management of common problems in hospital practice. The focus is overwhelmingly a practical one – it is expected that the JMO will already be familiar with the theory underpinning those competencies.

- They will be reviewed at the mid-term assessment, and the JMO is expected to identify areas which have not been covered adequately during the first half of the term.
- By the end of the term, the JMO should be able to:
- Define the term “evidence based medicine”, including some of the potential applications and limitations of the use of EBM in clinical practice.
- Define the terms sensitivity, specificity, positive predictive value, and negative predictive value.
- Present and discuss an original research paper, with a focus on issues of methodology and clarity.
- Understand the indications and utility of commonly ordered pathology tests including EUC, FBC, LFT's, ESR/CRP, Rheumatoid factor, ANA, INR, blood glucose and calcium.
- Demonstrate a competent examination of the knee, hip and shoulder.
- Discuss the management of stroke from the acute to the rehabilitation phase.
- Understand the typical clinical presentation associated with common stroke syndromes, and management issues associated with these syndromes.
- Demonstrate a capacity to manage common clinical problems including hypertension, diabetes, dyslipidaemia, depression, incontinence, musculoskeletal and neuropathic pain.
- Demonstrate an ability to take a functionally orientated history and develop a management plan which takes into account disability and functional limitation.
- Demonstrate some understanding of the basic management issues relating to some of the more common chronic neurological and rheumatological conditions. This includes RA, MS, motor neurone disease, peripheral neuropathy and Guillain Barre Syndrome.
- Demonstrate an ability to identify typical features on standard CT brain imaging associated with common stroke syndromes.
- Develop skills with oral presentation of complex medical cases.
- Understand the role of health professionals and the function of an interdisciplinary team in patient management.
- Undertake and present a comprehensive problem orientated medical history and functional assessment.

Interpretive:

By the end of your term in rehabilitation you should be competent at preparing complex discharge summaries.

COMMUNICATION:

Competent in verbal communication with patients, family members, members of the interdisciplinary team, and members of other medical specialties.

Understand and competent in documenting patients' functional status in both verbal and

	written communications with the interdisciplinary team, GP's and other health care providers. Proficient in documenting and communicating long term management plans for patients with Chronic Diseases.
	PROFESSIONALISM: Effectively and actively participating in an interdisciplinary team management setting. Understand the principles of evidence based medicine and clinical epidemiology. Understand the principles of quality improvement. Establish the practice and improve the skills in implementing a self directed learning/ continuing medical education program.

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							
PM							

UCH Teaching Timetable (exact days/times TBC):

- 2 Consultant-led full ward rounds twice weekly with each Consultant.(i.e.: 4 formal ward rounds-with a Consultant- per week)
- Registrar-led ward rounds daily to review all patients
- Weekly JMO teaching sessions – case presentations with either a consultant or registrar.

NB: Consultant rounds will vary according to term and roster schedule. JMOs are strongly encouraged to attend clinics and weekly journal club.

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	20
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OVERTIME

Average hours per week

Average hours per week ROSTERED: 8 UNROSTERED: 0

EDUCATION:

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

Weekly Rehab Journal Club/case Presentation/Topic Presentation sessions, informal teaching-bedside, ward rounds, JMO teaching weekly.

(Optional in TCH)

Grand Rounds Wednesdays Midday

Ortho-Geriatric Education Meeting weekly

Neurosciences/Neuroradiology Meeting weekly

Educational Resources:

A comprehensive range of reference material is held in the TCH hospital library and is available on the Intranet.

	<p>AMO Teaching: See Above</p> <p>Registrar teaching: Weekly Rehab Journal Club Meeting</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i></p>	<p>Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments, the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i></p> <p>JMOs are encouraged to participate in existing projects and to discuss with the supervisors about potential projects while working at UCH Hospital.</p> <p>Medical Record Documentation:</p> <ul style="list-style-type: none"> • To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to: • All entries must be legible, clear, relevant and objective. • Every entry must include date, time, signature, designation and printed name. • All entries must be written within the boundaries of the form. Do not write in the margins. • Only approved, bar-coded forms should be used. • Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper. • Only approved hospital abbreviations should be used. • Student entries must be countersigned by their supervisor. • 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>Documentation of Expected Discharge: The discharge summary is a computerised document. All staff involved with the patient contribute; i.e. allied health and medical staff. It is closed 72 hours after discharge of the patient. The discharge summary is reviewed by the consultant prior to dispatch and modified if necessary.</p> <p>Discharge Documentation: A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges. The only exceptions to this are day dialysis and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging speciality is responsible for the completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient, please make a note of this on the Discharge Referral. Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders. In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries you are responsible for. For further information on discharge documentation, see the Medical Record Department guidelines.</p>

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 medical officer must:

- Assess the patient
- Document patient history, status and expected goals on the Notification of Care Type change form
- Document the new care type, the reason for care type change, 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.

For more details see Medical Record Department guidelines.

Term Supervisor signature:

Dr Katsogiannis

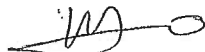
Dr Ho

Term Supervisor Signature:



Date:

21.10.19



Date:

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

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

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
- ☒ 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

10/19