

TERM DESCRIPTION: Subacute Geriatric Medicine (UCH)

Version August 2019

FACILITY: University of Canberra Hospital			
TERM NAME: Subacute Geriatric Medicine			
TERM SUPERVISORS: Dr Hasibul Haque and Dr Nyoka Ruberu			
CLINICAL TEAM: Include contact details of all relevant team members	Dr Hasibul Haque Dr Nyoka Ruberu Dr Sabari Saha	0422 253 776 0421 254 252 0421 664 171	
ACCREDITED TERM FOR:			
		<i>Number</i>	<i>Core/Elective</i>
	PGY2+	2	Core Medical
Duration			
12-14 weeks			

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 Geriatric Medicine Unit, at Canberra Health Service, provides a wide range of services spanning Acute Care of Elderly Unit, Ortho-geriatrics, Community Geriatrics and Subacute Geriatrics.</p> <p><u>Subacute Geriatric Unit</u></p> <ul style="list-style-type: none"> This is a 30-bed unit in Majura ward at the University of Canberra Hospital, a stand-alone Sub acute hospital Medical cover for the unit includes 2 Geriatricians, 2 Registrars and 2 JMOs.
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	<ul style="list-style-type: none"> • The Unit provides a sub-acute care to elderly patients who are deconditioned due to recent acute illness. • It provides slow stream rehabilitation and multidisciplinary input to ensure the continuity of the patients' wellbeing and safe discharge planning. • The patients are usually transferred from the Geriatric wards and other clinical teams at the Canberra Hospital.
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<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>	<p>Completion of PGY1 year or higher</p> <p>Ability to work within a multidisciplinary environment where each person's clinical opinion is valued.</p>
<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>Orientation will be provided at 8:00 am on the first day of the term (usually a Monday) in the Majura Ward.</p> <p>JMOs will be expected to get a complete hand-over of the patients they will be looking after.</p> <p>Term expectations and learning goals and objectives for individual JMO will be discussed at a meeting with the term supervisor within the first two weeks of starting the term.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Ward Work:</p> <p>A Geriatric Medicine admission is a comprehensive assessment that differs from a general medical admission in that it includes:</p> <ul style="list-style-type: none"> • Medical history and physical examination • A full medication history and completion of the electronic medical reconciliation form • Detailed social history (education and work history, role of relevant family members, formal and informal care providers, presence of ACAT, Wills, powers of attorney or guardians • Involves collateral history from family, carers and general practitioners. • Functional assessment • Cognitive and psychological function • Specific attention to continence, falls, osteoporosis • Perform a medication review

- Resuscitation status
- Goals of admission for patient and family/carers
- Formulation of a problem-oriented management plan

All patients must have a complete admission done including

- Medical issues list – including falls assessment, cognitive and mood assessments (CAM, MMSE and GDS), continence assessment, nutrition assessment, pressure area assessment medication review
- Social circumstances
- Determination of Goals of Care in partnership with patient/carers
- Full clinical examination
- Referral to appropriate allied health staff

The aim of the admission is to:

- Complete a comprehensive geriatric assessment
- Optimise physical function
- Prevent complications and functional decline
- Formulate and action a comprehensive discharge plan

An aged care assessment:

- Takes time
- Is crucial to formulating a complete and accurate picture of the patient.

Progress notes should be documented clearly as they are vital for:

- Communication to other team members
- Giving clear instructions to out of hours staff
- Treating team reflection on diagnosis, investigations and progress
- Used for medico-legal purposes

Progress notes should detail:

- Consultant and registrar ward rounds – new information gathered, issues list, examination findings, decisions made, plan for ongoing care
- Investigation results
- Changes in a patient's condition
- Changes in a patient's management
- Discussions with patients, family members and GP
- Ward-round template has been developed to ensure all relevant information pertinent to a patient is captured during the ward round

Daily Ward Rounds:

- All JMOs must be present for all consultant ward rounds as these are opportunities to know patient issues thoroughly, and an opportunity to participate in bed-side teaching.

Discharge summaries:

- Must be completed for all patients, including those who are deceased patients.
- Discharge summaries MUST be completed the day prior to discharge date for all patients.
- A list of incomplete discharge summaries is sent to consultants on a regular basis to ensure 100% compliance in a timely fashion.

Purpose of discharge summaries:

- Summary of inpatient events for the hospital file and coding
- A referral to the general practitioner listing issues for ongoing care
- Plans for future care including follow-up appointments

Tips for a good discharge summary

- Address issues dealt with and what was done about each rather than a chronological summary
- Limit investigation results to the most important ones and relevant to ongoing care and recent basic blood tests at time of discharge
- Include cognitive assessment (MMSE)
- Include allied health input and their recommendation
- Include functional (ADLs) and mobility changes at the time of the Discharge
- Comment on any medication changes made and why
- For drugs requiring authority (e.g. Olanzapine, Alendronate, Donepezil) ensure provisions for ongoing prescribing are included
- Clearly document plans for medication (e.g. Oxycontin – wean as pain improves)
- Make note of any medication NOT started (e.g. Warfarin in a patient with AF and risk of bleeding) or not to be restarted.
- Include Resuscitation orders, advanced directives and details of Enduring Power of Attorney
- Include discharge destination (home, other hospital or nursing home)

A phone call to the patient's GP is essential on discharge from hospital especially

- In the event of a patient's death, as relatives will usually consult the GP and will expect them to be fully aware of the circumstances.
- If you would like the GP to see the patient within a week

	<ul style="list-style-type: none"> • If there are complex or significant issues to be followed up on • If there have been significant changes to medications <p><u>HERO HANDOVER – Daily – 0800hrs, 1230hrs, 1600hrs – Majura Ward Doctor’s Room</u></p> <p>JMOs MUST attend HERO handover meetings.</p> <p><u>SNAP Shot Meetings – Monday 0930hrs, Thursday 0930hrs – Majura Ward Meeting Room</u></p> <p>JMOs MUST attend SNAP shot meetings.</p> <p><u>MDT MEETING - Tuesday – 1415hrs to 1530hrs</u></p> <p>Registrar and resident to present active issues of each patient.</p> <p><u>RMO Teaching – Friday – 1245hrs - Brindabella, UCH</u></p> <p>Weekly on Fridays at 12.45pm.</p>
<p>SUPERVISION:</p> <p><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:</p> <p>JMOs will be supervised by registrars as well as consultants.</p> <p>It is important to schedule meetings with your supervisor at the following times:</p> <ul style="list-style-type: none"> • Within 2 weeks of commencing the term (initial) • Week 6 of the term (mid-term feedback) • Last week of the term (end-of-term feedback) <p>AFTER HOURS:</p> <p>JMOs will not be required to undertake any afterhours work at UCH</p>
<p>STANDARD TERM OBJECTIVES:</p> <p><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:</p> <p>On completion of the term, the JMO is expected to:</p> <ul style="list-style-type: none"> • Have developed understanding and competency in the assessment and management of older patients • Manage multiple complex medical and psychosocial issues <p>JMOs will be expected to understand and manage the following major geriatric syndromes</p> <ul style="list-style-type: none"> • Delirium • Dementia • Continence • Falls and osteoporosis • Polypharmacy • Functional assessment

- Wound management with an emphasis on pressure ulcer prevention
- Preventative management in the elderly including osteoporosis treatment
- Legal issues: e.g. competency assessment and duty of care

JMOs will be expected to use various cognitive assessments e.g. MMSE, RUDAS, Addenbrooke's Cognitive Assessment and depression (GDS).

COMMUNICATION:

During the term, JMOs will be assessed on their skills in:

- patient interaction,
- 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,
- communication during MDTs.

PROFESSIONALISM:

JMOs will also be assessed on how they:

- communicate and participate effectively 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,
- develop skills in information technology relevant to clinical practice,
- collect and interpret clinical data,
- understand the principles of evidence-based practice of medicine and clinical quality assurance techniques,
- understand medical ethics and confidentiality,
- are aware of the medico-political and medico-legal environment.

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
0800	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting
0900	Consultant Ward Round	New patients reviewed with consultant Registrar Ward Round	New patients reviewed with consultant Registrar Ward Round	Consultant Ward Round	New patients reviewed with consultant Registrar Ward Round
1030	SNAP Shot Meeting	Ward work		SNAP Shot Meeting	
1230	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting Grand Rounds	HERO Hand-Over Meeting	HERO Hand-Over Meeting
1300	Ward work	MDT Meeting 1415 to 1530	Ward work	Ward work	RMO Teaching (Brindabella)
					Ward work
1600	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting	HERO Hand-Over Meeting

PATIENT LOAD:
Average number of patients looked after by the JMO per day

15 patients per JMO

OVERTIME
Average hours per week

ROSTERED: 5 hours UNROSTERED: 0

EDUCATION:
Detail education opportunities and

JMOs are supported by registrars, consultants and allied health professionals.
Friday RMO education from 12:45-1345 is protected teaching time.

<p><i>resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i></p>	<p>Educational Resources:</p> <p>The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) website at: http://www.anzsgm.org/vgmtp/ covers the following topics:</p> <ul style="list-style-type: none"> • Delirium • Falls and Balance • Dementia • Continence <p>Consultant Teaching:</p> <p>Bedside teaching is provided by consultants during the ward rounds and initial assessments.</p> <p>Registrar Teaching:</p> <p>The advanced trainees in geriatric medicine will be available to provide further teaching.</p>
<p>RESEARCH:</p> <p><i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>There are audits and formal research projects that can be organised each term – please discuss further with your term supervisor.</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>Team consultants will provide formal assessment and feedback using the AMC approved formative and summative assessments both at mid-term and end of term for the JMOs.</p> <p>All members of the team will be consulted when completing these.</p> <p>In completing the assessment, various aspects will be looked into:</p> <ul style="list-style-type: none"> • Knowledge base, • clinical skills, • punctuality, • communication skills, • ability to work in a multidisciplinary team environment, • efficiency, • accountability etc.
<p>ADDITIONAL INFORMATION:</p>	<ul style="list-style-type: none"> • A particular effort is made to determine the patient's goals of care and practical goal setting. • All staff members are happy to be approached if JMOs feel that they need extra support whilst working on this term. • Patient's needs are considered as the first priority and no question is 'stupid' – it is much better to confirm doubts rather than compromise a

	<p>frail older person.</p> <ul style="list-style-type: none"> • <u>Consultant Ward Rounds</u> <ul style="list-style-type: none"> – JMOs must attend ALL ward rounds – A list of patient's active issues must be included in all entries during ward rounds – Review all sick patients and new admissions first. • Unrostered overtime, if any, must be claimed for and signed off by the consultants.
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Temp Supervisor Signature:



Date: 10/9/2019.

Dr Anil Paramodhathi
Director, Geriatric Medicine

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

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 an 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

- ☐ Leg ulcers
- ☐ Oral infections
- ☐ Periodontal disease
- ☐ Asthma
- ☐ Respiratory infection
- ☒ Chronic Obstructive Pulmonary Disease
- ☐ Obstructive sleep apnoea
- ☐ Liver disease
- ☐ Acute abdomen
- ☐ Renal failure
- ☐ Pyelonephritis & UTIs
- ☒ Urinary incontinence & retention
- ☐ Menstrual disorders
- ☐ Sexually Transmitted Infections
- ☒ Anaemia
- ☐ Bruising & Bleeding
- ☐ Management of anticoagulation
- ☒ Cognitive or physical disability
- ☐ Substance abuse & dependence
- ☐ Psychosis
- ☒ Depression
- ☒ Anxiety
- ☐ Deliberate self-harm & suicidal behaviours
- ☐ Paracetamol overdose
- ☐ Benzodiazepine & opioid overdose
- ☐ Common malignancies
- ☐ Chemotherapy & radiotherapy side effects
- ☐ The sick child
- ☐ Child abuse
- ☐ Domestic violence
- ☒ Dementia
- ☒ Functional decline or impairment
- ☒ Fall, especially in the elderly
- ☒ Elder abuse
- ☐ Poisoning/overdose

Professionalism

Doctor & Society

Access to healthcare

- ☒ Identifies how physical or cognitive disability can limit patients' access to healthcare services
- ☒ Provides access to culturally appropriate healthcare
- ☐ Demonstrates and advocates a non-discriminatory patient-centred approach to care

Culture, society healthcare

- ☐ Behaves in ways which acknowledge the social, economic political factors in patient illness
- ☐ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- ☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
- ☐ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- ☐ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- ☐ Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

Professional standards

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

Medicine & the law

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

Health promotion

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

- ☒ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☐ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions
- ☐ Identifies the potential impact of resource constraint on patient care
- ☒ Uses finite healthcare resources wisely to achieve the best outcomes
- ☒ Works in ways that acknowledge the complexities & competing demands of the healthcare system

Professional Behaviour

Professional responsibility

- ☒ Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- ☒ Maintains an appropriate standard of professional practice and works within personal capabilities
- ☒ Reflects on personal experiences, actions & decision-making
- ☐ Acts as a role model of professional behaviour

Time management

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

Personal well-being

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