



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.

When filling out the ACF please only tick boxes that are encountered commonly in this term where the Junior Doctor will clearly have gained knowledge and skills.

DOCUMENT VERSION: May 2018		
FACILITY: The Canberra Hospital		
TERM NAME: Haematology		
TERM SUPERVISOR: Dr Nalini Pati Dr Emma Palfreyman		
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Team A Dr. Michael Pidcock – 62442929/62442894 Dr. Phillip Crispin – 62442929/62442830 Dr. Dipti Talaulikar – 6244 2929	Team B Dr. James D’Rozario – 6244 2836 Dr. Emma Palfreyman- 6244 2929 Dr. Maya Latimer - 6244 2929 Dr. Edwin Lee 62442929

	<div>Dr. Nalini Pati – 6244 3865 Dr. Sam Bennett – 62442929 Dr. Phil Choi - 62442929</div> <div>Advanced trainees 2018: Dr. Ray Mun Koo (based in Haem Lab) Dr. Morgan Edwards (Based in Haem Lab). Dr Caroline Wilson (based in CRCC) Dr Gohar Maqbool (based in CRCC) Dr Tomas Mahaliyana (based in CRCC) Dr. Fathima Ayyalil (Fellow)</div>												
ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>1</td><td>Medicine- Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Medicine- Core</td><td>12-14 weeks</td></tr></table> <div>Total positions available: 2 maximum</div>		Number	Core/Elective	Duration	PGY1	1	Medicine- Core	12-14 weeks	PGY2+	1	Medicine- Core	12-14 weeks
	Number	Core/Elective	Duration										
PGY1	1	Medicine- Core	12-14 weeks										
PGY2+	1	Medicine- Core	12-14 weeks										
OVERVIEW OF UNIT OR SERVICE Include outline of the role of the unit, range of clinical services provided, case mix etc.	<div><ul style="list-style-type: none">The Investigation, treatment and care of patients with haematological malignancies as inpatients and outpatients.The provision of a comprehensive service in autologous haemopoietic cell transplantationThe Investigation, treatment and care of patients with other haematological disorders including:<ul style="list-style-type: none">Venous thromboembolic disease, congenital and acquired bleeding disorders.Anaemia, myelodysplastic syndrome and bone marrow failure syndromes.HaemoglobinopathiesPlatelets disorders including ITP, TTP, HUSWhite cell disordersLimited paediatric haematology exposure mostly with benign disordersThe provision of a consultative service, for both inpatients and outpatients.The teaching of medical students, post graduates, nursing staff and allied health professionals.The training of medical graduates in all aspects of Haematology.Advice and management in the appropriate use of blood and blood products as part of the Transfusion Medicine Service.The Instigation and participation in clinical research in Haematology, including clinical trials.The Instigation in and collaboration with other groups in translational research relevant to haematologic practiceTo work closely with, and support the Laboratory in providing a high quality diagnostic Haematology service.</div> <div>This term forms part of Medical Pod 2.</div> <div>Medical Pod 2 includes:<ul style="list-style-type: none">Rehabilitation Medicine,Geriatrics,Haematology,Medical Oncology,Radlation Oncology; andMedical Support term positions.</div> <div>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’</div>												

	<p>teaching programme. All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</p> <p>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 1-9.30pm 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, 3 days on call and 5 days of relief to cover any shortfalls in staffing. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>All JMOs are required to work weekends as dictated by the roster.</p>
<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>Basic medical degree recognised by AHPRA</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>JMOs should report to ward 14 B at 0830AM on the first Monday of their attachment</p> <p>Dr Nalini Pati or Dr Emma Palfreyman will provide a global haematology orientation and a handbook for orientation. This will be organised formally by the department on the day of commencing the haematology rotation.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Haematology Patients:</p> <p>The Haematology JMO is responsible, under Registrar supervision, for the day to day management of patients of the Haematology Unit, including stem cell autograft patients, and patients in outlying wards. Patients should be seen on a daily basis, but patients in the high dependency unit of Ward 14, who are usually heavily myelosuppressed, should be seen more frequently. The JMO should actively encourage participation in the Ward by medical students attached to the Unit and assist with bedside teaching.</p>

Ward Rounds:

Please refer to the Unit Timetable at the end of this document.

The JMO should present new patients of the Unit to the Specialist and provide up to date information on all patients assigned to his/her care. The JMO is responsible for keeping concise and accurate progress notes and ensuring that the results of all relevant pathology investigations and imaging studies are available for ward rounds.

The BPTs split between ward cover and outpatient duties. Please swap midway. The inpatient BPT is assigned the intern and one RMO to assist in ward cover. The outpatient BPT is assigned one RMO to assist with outpatient cover. The two RMO positions are also advised to swap duties half way.

Inpatient duties – care of all inpatients.

Outpatient duties – assessment and management of ambulatory haematology patients in level 4, cancer building, ward consults, assessment of patients in rapid assessment and emergency as required, attendance of outpatient clinics weekly.

If the ward becomes especially busy, the outpatient team may be needed to assist, for example review of the outlier patients.

Outpatient Clinics:

All Haematology specialists hold Outpatient Clinics at the following times:

Dr. Pidcock:

Wednesday 13.15 – 17.00

Friday 8.30 – 16.00

Dr. Pati

Tuesday 1030 – 1300

Thursday 0830- 12:40, 13:30-17:00

Dr. D'Rozario:

Monday 14.00 – 15.30

Wednesday 13.45 – 1700

Thursday (Calvary) 8.30 – 15.30

Dr. Crispin:

Monday 12.00 – 16.30

Thursday 8.30 – 15.00

Dr. Lee

Monday 1330- 1700

Tuesday 1400 – 1700

Friday 0830 - 1300

Dr. Latimer:

Monday 13.00 – 16.00

Tuesday 10 30 - 1300

Dr. Palfreyman:

Monday 0830 - 1200

Tuesday 10:30-13:00, 1400 - 1700

Dr. Talaulikar:

	<p>Monday 1400-1700</p> <p>Dr Phil Choi: Thursday 1330 – 1600 Friday 0900 – 1300</p> <p>Dr Sam Bennett: Tuesday 1400 – 1615 Thursday 0830 - 1230</p> <p>Assistance with these clinics is usually provided by the Clinical and Laboratory Registrars. The Haematology JMO may also be invited to assist with the assessment of new patients. A comprehensive Haemophilia Review Clinic is held twice a year in CRCC clinics. The Haematology JMO is expected to participate in these clinics.</p> <p>Consultations: The JMO should accompany the Registrar and Specialist on consultations to other Wards and may, under Registrar supervision, review consultations.</p> <p>Cancer Outreach Team (COT): Patients from the Haematology and Oncology Unit are frequently managed through this service. They should be provided with the same attention as Inpatients and when present on the Ward, reviewed on Ward rounds.</p> <p>Infection Control: Haematology inpatients are frequently heavily myelosuppressed from chemotherapy and are highly susceptible to neutropenic sepsis. Most of such patients are managed in the High Dependency Unit. Precautions to minimise transmission of infection, such as strict hand washing prior to entering the patient's room, are essential. Patients with diseases requiring isolation, such as MRSA, or notification should be brought to the attention of the Infection Control Unit.</p> <p>Weekends: Consultants are rostered on weekends and there is a roster for Registrars drawn from Haematology. It is important that all relevant tests on Haematology patients be ordered prior to the weekend and it will be necessary to brief the Duty Registrar regarding problem patients with whom they may be unfamiliar. Where possible, transfusion requirements for blood and platelets should be anticipated and ordered in advance of weekends and public holidays. This is extremely important that a summary of each inpatient's progress with a plan is filed in the patient's progress notes for the weekend duty registrar to review.</p> <p>Discharges: It is normally the responsibility of the Haematology Registrar to notify the GP of each patient at the time of discharge or death. When appropriate however, this function may be delegated to the JMO. Discharge sheets MUST be completed by JMOs on ALL patients.</p> <p>Handover: Morning Report is compulsory for JMOs during their Haematology term. There is a weekend handover in the CRCC tutorial room every Friday at 1530- also compulsory.</p> <p>At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</p>
SUPERVISION:	IN HOURS:

<p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>Consultant Roster: The full time Clinical Haematologists are Dr Michael Pidcock, Dr Edwin Lee, Dr N Pati & Dr James D’Rozario and Dr Dipti Talaulikar. Dr Phillip Crispin, Dr Maya Latimer, Dr Emma Palfreyman, Dr Sam Bennett and Dr Phil Choi all work part time.</p> <p>The specialists rotate through a one in 9 weekly on call roster. During this week the specialist accepts new referrals to the Ward, performs inpatient consultations and is responsible for laboratory haematology reporting and consultations. If the rostered Duty Specialist is unavailable because of duties at outreach clinics, one of the other specialists will provide cover.</p> <p>Patients admitted under a given specialist remain under their care unless other arrangements are made, - patients on Team B are cared for by the ward service consultant who rotates every 2 weeks. Patients who are managed by Dr Pidcock, Crispin or Talaulikar are managed by them directly.</p> <p>The specialist Haematologists are also responsible for the diagnostic laboratory haematology service, including the hospital transfusion service, Cytogenetics and specialised Haematology testing. Their offices and secretarial support are currently based in the Capital Region Cancer centre, with the exception of Dr Pidcock, Dr Crispin and Dr Talaulikar.</p>
	<p>AFTER HOURS: JMOs are expected to participate in the hospital after hour’s roster at which time they will be supervised by the ward medical and surgical registrars who can be contacted via the switch board.</p> <p>Consultants also have an afterhour’s roster and can be contacted via the switch board as required.</p> <p><u>After Hours Evening Duty:</u> MedPod 2.1: Rehab 12B, Med Onc & Haem 14B, GAPI 11A, Acute G 11B, Geriatric Outliers MedPod 2.2: Med Onc 4A, Rad Onc 4A, Haem 4A, Cancer Outliers</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>Clinical:</p> <ul style="list-style-type: none"> • The admission and assessment to include a history, examination, provisional diagnosis and options for management of patients with diseases of the blood system. • A knowledge of and participation in the investigation and management of diseases of the blood system. • To become familiar with the indication for and the management of the transfusion of blood products and its complications. • To gain an understanding of the investigation and treatment of patients with haemophilia and related bleeding disorders. • To understand the principles of therapeutic plasmapheresis, stem cell harvesting and autologous haematopoietic cell transplantation. • The assessment and management of neutropenic fever and sepsis. • Gaining an understanding of the principles and indications for administration of chemotherapy. • The development of an awareness of requirements for the caring of the terminally ill and communication with the relatives and friends. The development of communication skills with all health professionals, other services within the hospital and the patients of general practitioners. • Should be involved in preparing advanced care planning for patients where

	<p>appropriate.</p> <p>Educational: Present cases at regular Tuesday Combined Unit meetings with a review of medical literature (at most required to present once/twice in the journal club sessions during the entire term). The JMO will be required to be present at the end of term to present cases at the monthly Morbidity and Mortality Review meeting (on specific Tuesdays 8.00am-9.00am (one per month)) and contribute if needed Formal teaching sessions on Fridays in the CRCC Tutorial rooms, 1600 onwards.</p> <p>Procedural:</p> <ul style="list-style-type: none"> • Venepuncture • Intravenous cannulation • Arterial blood gases • Paracentesis and thoracentesis under supervision <p>Interpretative: Understand the collection, processing and interpretation of the following: Full blood counts, coagulation studies, microbiology, biochemistry profiles, tests for haemolysis, marrow biopsies, blood bank serology and blood products. Understand the indications for medical imaging including CT scanning, MRI scanning, PET scanning and ultrasound. Be familiar with common imaging abnormalities in Haematology patients.</p>
	<p>COMMUNICATION: Quality communications 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: Professionalism is expected as standard. This relates to</p> <ul style="list-style-type: none"> • 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>It is important for JMOs to reflect on their self directed and experiential learning activities.</p> <p>All JMOs must attend weekly weekend handover meeting at 1530 on Fridays.</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	8.00 – 8.30 Morning Handover (L2 Auditorium)	8.00 – 8.30 Morning Handover (L2 Auditorium)	8.00 – 8.30 Morning Handover (L2 Auditorium)	8.00 – 8.30 Morning Handover (L2 Auditorium)	8.00 – 8.30 Morning Handover (L2 Auditorium)		
		9.00 – 10.30 Multidisciplinary Clinical Meeting	10.00 – 11.00am Haem Lab Meeting				
PM			11-12.30 Every 2 nd Week Lymphoma MDM				
		13.00 – 14.00 Academic/ Educational Meeting 14.30-16.00 JMO teaching session	12.00 - 1.30 Grand Rounds	12.00 – 13.00 JMO Mini Grand Rounds 14.00-15.00 RMO teaching	1530 Weekend handover 1600 Teaching if time available		

PATIENT LOAD:

Average number of patients looked after by the JMO per day

15

OVERTIME

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.

Education Sessions:

All interns and RMO1s participate in the Tuesday afternoon teaching program. The period from 2.30-4pm on Tuesdays is considered to be protected time for JMOs. Pagers are to be given to the registrar. JMOs who encounter non-co-operation from their registrar should discuss the matter with first the registrar concerned and then the consultant if a satisfactory resolution cannot be arrived at.

RMO teaching is Thursdays 2-3pm. Venue and topic TBC.

All JMOs are also expected to attend JMO Grand Rounds on Thursdays at lunch time.

Clinical Haematology Meeting – Tuesday 13.00 Level 1 CRCC

This is held at 1.00 on Tuesdays and the JMO is likely to be asked to make contributions.

This would usually take the form of a case presentation as a prelude to further discussion or

	<p>presentation by the Registrar or Specialist. Consultants are rostered on each week and are ultimately responsible for the content of these meetings.</p> <p>The roster is drawn up by the Advanced Trainees, is available from the Unit secretaries and should be consulted regularly so that cases can be selected with the Registrar and presenting Consultant in advance.</p> <p>Every fortnight a multidisciplinary lymphoma meeting attended also by our colleagues from Radiation Oncology, Anatomical Pathology and Radiology. This is a good opportunity for JMOs to see multidisciplinary care in action. Attendance is recommended.</p> <p>Laboratory Haematology Meeting – Wednesday 10.00am A recommended meeting for JMOs where integration of laboratory results occurs.</p> <p>Grand Rounds: The JMO may be asked to present a case history for the Haematology Unit at Grand Rounds. The format should follow guidelines for presentations as decreed by the Academic Unit of Internal Medicine with a brief case summary including results of relevant investigations. Patient confidentiality through complete de-identification is to be observed at all times. Prior rehearsal is essential.</p> <p>Attendance at Grand Rounds on a weekly basis is compulsory.</p> <p>Educational Resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Recommended: www.eviq.org.au – information on chemotherapy protocols, supportive care Essential Haematology, Hoffman & Pettit, Fourth Edition – a good introduction Postgraduate Haematology, Fourth Edition – very good summary Haematology, Basic Principles & Practice, Hoffman, 3rd Edition – exhaustive reference text intended mainly for advanced trainees and working haematologists. Indications for irradiated cellular blood products. New Febrile Neutropenia protocol and pathway</p> <p>The following journals are available in traditional format in the department. All are also available in electronic format in the library:</p> <p>New England Journal of Medicine (Dr D’Rozario’s office) British Journal of Haematology (Dr Pidcock’s office) Blood (Dr D’Rozario’s office) Journal of Thrombosis and Haemostasis (Dr Crispin’s office) Most commonly used haematology text books (Dr Pati’s office)</p> <p>AMO Teaching: (mostly on Fridays after the weekend handover) On Call consultant</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</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>There is formal feedback required from the trainees on the haematology term and the form will be handed over to them close to finishing their term.</p>

assessment.	
ADDITIONAL INFORMATION:	<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research. Given your term is only for 3 months, research of any value is not feasible</i> You are likely to come into contact with patients on clinical trials</p> <p>ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i></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>

Dr Nalini Pati
 Dr Emma Palfreyman
 Term Supervisor Signature
 Date:

Term Supervisor Signature
 Date:

Term Supervisor Signature:



Date:

13.16.18

- ☒ 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
- 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

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

- ☑ Minimises 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