

TERM DESCRIPTION

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

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

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

FACILITY: The Canberra Hospital May 2018															
TERM NAME: Radiation Oncology															
TERM SUPERVISOR: Dr. Andrew Lee															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	A/Prof Hany Elsaleh- 42291 Dr. Angela Rezo- 43846 Dr. Lisa Sullivan- 43846 Dr. Lyn Austen- 42294 Dr. Brandon Nguyen- 45348 Dr. Isabel Lee- 45906 Dr. Amy Shorthouse- 45180 Dr Andrew Lee Dr Trish Pulvirenti														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th> <th><i>Number</i></th> <th><i>Core/Elective</i></th> <th><i>Duration</i></th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>0</td> <td>Non-Core</td> <td>12-14 weeks</td> </tr> <tr> <td>PGY2+</td> <td>1</td> <td>Non-Core</td> <td>12-14 weeks</td> </tr> </tbody> </table> <p>Total positions available: 1 maximum.</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	0	Non-Core	12-14 weeks	PGY2+	1	Non-Core	12-14 weeks
	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>												
PGY1	0	Non-Core	12-14 weeks												
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	Role of the Unit <ul style="list-style-type: none"> • To care for inpatients and outpatients cared for by the Radiation Oncology Unit. • To consult on inpatients and outpatients with suspected or proven malignant disease. • To provide advice on the management of cancer and symptom management. • To treat patients with malignant disease. 														

	<ul style="list-style-type: none"> • To train medical students, medical graduates, nursing and allied health staff in the management of malignant disease and symptom control. • To provide advice on aspects of malignant disease for the community, if requested. • To liaise with other units, both inside and outside the hospital and to provide advice on the management of malignant disease and symptom control. • To provide advice on the role of anticancer treatments in multidisciplinary combined meetings and clinics. • To conduct research in order to benefit patients with malignant disease. • To ensure an efficient and timely delivery of radiation therapy. <p>This term forms part of Medical Pod 2.</p> <p>Medical Pod 2 includes:</p> <ul style="list-style-type: none"> • Rehabilitation Medicine, • Geriatrics, • Haematology, • Medical Oncology, • Radiation Oncology; and • Medical Support term positions. <p>Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme. All JMOs, particularly PGY 1 are expected to attend general intertri 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.</p> <p>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>
REQUIREMENTS FOR COMMENCING THE TERM:	Basic Clinical Training

<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>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 contact the term supervisor on commencement of the term to organize an initial orientation to the department.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Radiation Oncology Unit Patients: Under the supervision of the Radiation Oncology Registrar, the JMO is responsible for the day to day management of inpatients admitted under the Radiation Oncology Unit. All Radiation Oncology inpatients should be seen daily until discharged. The JMO should encourage medical student participation in the Unit, as appropriate. The JMO may be called to assess patients who present to the clinic unwell. Often these patients require admission. From time to time, the JMO will be asked to see patients attending the clinic who require a procedure, such as abdominal paracentesis. The hospital has set up a program entitled Hospital In The Home (HITH). This program facilitates early discharge of inpatients from the hospital. If a Radiation Oncology patient is discharged to HITH, the JMO must liaise with HITH staff.</p> <p>Consultations: The JMO is not directly responsible for patients on whom the Radiation Oncology Unit is consulted by other units, unless that patient is taken over by the Radiation Oncology Unit. Should a consultation be directed to a JMO, then he or she should ask the person to contact the Radiation Oncology Registrar or one of the Consultants.</p> <p>Ward Rounds: The JMO is responsible for presenting all new patients under the Radiation Oncology Unit to the relevant Consultant and updating the Consultant on the progress of all patients. The JMO will present patients on the Tuesday afternoon ward round (2 pm – 2:30); there is an additional weekend handover meeting at 8:30 on Friday morning. The JMO will also maintain a 'handover list' with the current patients and their ongoing issues for the weekend team.</p> <p>Oncology Journal Club Meeting: Second-weekly (Tuesday 1pm) Oncology Journal Club Meeting, JMO expected to attend and occasionally participate in the presentation.</p> <p>Combined X-ray and Pathology Meeting: The JMO, in the absence of the registrar must submit a list of patients to the Pathologist and Radiologist for review at the combined X-ray and Pathology Meeting on Tuesday afternoons. This will include the X-rays that have been taken of patients who are inpatients. This list is kept in the Oncology administrative area.</p>

	<p>Oncology Treatment: The JMO is not required to treat with radiotherapy but is encouraged to follow at least one patient through treatment during their term and spend time in the department so that he/she is able to see the process of treatment, assessment of therapy, and any side-effects encountered. JMOs should make an effort to attend brachytherapy treatments as these are not done often and will add to your understanding of radiation treatments.</p> <p>Weekends: You will be required to prepare a weekend handover of inpatients for the on call oncology weekend registrar. Please ensure that all relevant tests are ordered before the weekend and that a JMO and/or Registrar review is arranged for problem patients on weekends.</p> <p>Handover: Attend morning handover. 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>
<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: Radiation oncology registrar (assigned to the consultant caring for the inpatient) Radiation oncology on-call registrar Consultant On Call Roster</p> <p>A Consultant is always on call for Radiation Oncology, and can be paged at night through the switchboard or via the unit during working hours. The Radiation Oncology Consultants manage their own patients in the ward, although they will manage another Consultants' patients if that doctor is away.</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 after hour'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, GAPS 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: History and examination of cancer patients, including terminally ill patients. Appropriate use of investigations and their interpretation in malignant disease. Develop and improve communication skills with:</p> <ul style="list-style-type: none"> • Patients • Relatives • Colleagues • Nursing staff • Allied health staff <p>Improve skills in the area of:</p> <ul style="list-style-type: none"> • Death and dying (palliative care) • Medical care and emotional support

	<ul style="list-style-type: none"> Symptom control, especially pain relief, nausea and vomiting, bowel management, and common side effects of anticancer treatments, both radiation and medical <p>Become familiar with investigation and management of "emergencies" as seen in Oncology, which include:</p> <ul style="list-style-type: none"> Febrile neutropenia Spinal cord compression SVCO Hypercalcaemia Severe dyspnoea Pulmonary Emboli/ Thrombosis Attend several of the outpatient clinics in Radiation Oncology <p>Educational:</p> <p>Increase knowledge of oncology, particularly for the more common tumours:</p> <ul style="list-style-type: none"> Breast cancer Lung cancer (non-small cell and small cell lung cancer) Large bowel cancer Prostate/bladder cancer Gynaecological cancers <p>Recognise the place of anticancer treatments in Oncology practice:</p> <ul style="list-style-type: none"> As adjuvant treatment As curative treatment As palliative treatment, to improve symptoms <p>Attend unit meetings:</p> <ul style="list-style-type: none"> Ward rounds Multidisciplinary and unit meetings Combined oncology/haematology meetings, combined radiology and pathology meetings Clinical case presentations Tutorials Grand rounds RMO teaching sessions Registrar Teaching Sessions if available <p>Procedural:</p> <p>By the completion of this term the JMO may expect to gain competency in the following skills:</p> <ul style="list-style-type: none"> Venepuncture ABGs Cannulation Management of the side effects of radiation treatment Understand the role of brachytherapy in treatment of common cancers Understand the role of the different radiation modalities in the treatment of common cancers <p>They may also get exposure to:</p> <ul style="list-style-type: none"> Pleural tap and insertion of intercostal drain Abdominal paracentesis Lumbar puncture Seroma aspirations
	<p>COMMUNICATION:</p> <p>Quality communication skills are expected as standard. This includes: 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>

PROFESSIONALISM:

Professionalism Is expected as a standard. This relates to: effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and 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	Saturday	Sunday
AM	8:00-9:00 Ward Round	8:00-9:00 Ward Round	8:00-9:00 Ward Round	07:00- 08:00 GU meeting (Alt weeks)			
	9:00-12:30 Oncology Clinic Dr Sunderland/D r Rezo (attendance optional)		9:00 – 12:30 Oncology Clinic Dr Sullivan (attendance optional)	8:00-9:00 Ward Round	8:30-9:30am Consultant Ward Round/Handover		
PM	13:00-14:00 Lung MDM	12 noon – Audit (attendance optional)	12:00 – 13:00 Grand Rounds	12:00-12:30 JMO Grand Rounds	13:30-14:30 GI Meeting (Alt weeks)		
	14:00 – 17:00 Dr Rezo/Nguyen /Elsaleh (attendance optional)	13:00 –14:00 Oncology Journal Club (every 2 nd week)	14:00-16:00 Dr Sullivan Clinic (attendance optional)	1400-1500 RMO teaching	13:10-14:10 Neuropathology Meeting (1 st Friday of month)		
	17:30 – 18:30 Breast MDM	1430-1600 JMO teaching session		17.00-18.00 Head and Neck MDM (Alt weeks)			

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	10-15
OVERTIME <i>Average hours per week</i> ROSTERED: 8 UNROSTERED: 0	
EDUCATION: <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>	<p>All interns are expected to participate in the Tuesday afternoon teaching program. This is an accreditation requirement. The period from 1430-1600hrs on Tuesdays is considered to be protected time for JMOs. There is RMO teaching Thursdays 1400-1500hrs and RMOs are strongly encouraged to attend –please refer to MOSCETU teaching timetable for details.</p> <p>Teaching Sessions: The JMO is expected to attend any teaching session provided by any of the Consultants. This will usually be a discussion of the more common aspects of cancer presentation and the role of systemic therapy.</p> <p>Educational Resources: A comprehensive range of reference material is held in the hospital and department library and is available on the Intranet.</p> <p>AMO Teaching: Dr Lyn Austen, Dr Angela Rezo, Dr Ken Sunderland, Dr Lisa Sullivan, Dr Hany Elsaleh, Dr Amy Shorthouse, Dr Brandon Nguyen, Dr Isabel Lee</p> <p>Registrar Teaching: Rotation registrars</p> <p>Radiotherapy Planning: JMOs with an interest in pursuing a career in Radiation Oncology are strongly encouraged to attend radiotherapy simulation and planning sessions in the department. This provides an opportunity to gain exposure to some of the core skills and work practices of a Radiation Oncologist.</p>
RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i>	Research opportunities will be identified as they become available.
ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.

ADDITIONAL INFORMATION:**Medical Record Documentation:**

- All Radiation Oncology patients should have a brief note written following each review. Summaries of investigations must be included and where possible, plans for the future. The Radiation Oncology Consultant will write a note on all new consultations. Remember that the Medical Record is a legal document that may be used as evidence in a court. Therefore, ensure that all entries contain relevant information and are legible. Avoid casual or inappropriate comments.
- 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, barcoded forms should be used.
- Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper.
- Only approved hospital abbreviations should be used.
- 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.
- The Radiation Oncology Unit keeps a specific Radiation Oncology Medical Record, separate from the scanned hospital electronic record on CRIS, to document outpatient visits and treatment and letters from outside referrers and doctors. If information is not available on CRIS for patients presenting for admission, the JMO should see the filing clerks in the Radiation Oncology Unit to access the paper record.

Autopsies:

These may be performed on patients who were cared for by the Oncology Unit. The JMO is expected to attend any autopsies that are ordered.

Consent:

Lumbar punctures, pleural taps, bone marrows, and thoracenteses require signed informed consent.

Medications:

The JMO should be familiar with the more commonly used medications on the ward such as chemotherapy, hormone therapy, antibiotics, morphine (in all its forms), co-analgesics such as anti-inflammatories, bisphosphonates, anti-emetics, aperients, anti-diarrhoeas and steroids. A tutorial from the pharmacist may be available early in the term, if requested. Get to know the possible adverse reactions of all medications. Use generic names where possible and write legibly. All times for medication should be circled.

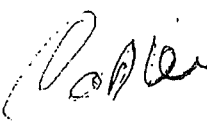
Discharges / Discharge Documentation:

It is the responsibility of the JMO or Registrar to call the GP if a patient has died on the ward and also when certain patients are discharged, so that further management may be continued. The JMO must complete the Discharge Referral form, for all Inpatient discharges, before discharge and following discussion of the management and follow-up plan with the Registrar.

The only exceptions to this are day dialysis and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging specialty 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. If a patient has had a long or complicated admission to hospital or dies during the admission, a copy of the discharge summary should be left in the consultant's pigeonhole after completion.

	<p>Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders.</p> <p>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 <u>Medical Record Department guidelines</u>.</p> <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 the Medical Record Department guidelines.</p> <p>Pathology and Medical Imaging Forms: These must have useful clinical notes including the type and primary site of the cancer and the reason for the test. Please request a copy of all reports of important tests to be sent to the Consultant.</p> <p>Death Certificates: All death certificates MUST be discussed with a senior member of the team – either the consultant or the registrar.</p> <p>We sincerely hope that you will enjoy your time with us and learn much. We do not expect you to be Junior oncologists or to pursue a career in Radiation Oncology. However, we do expect you to manage our patients well during this term. We are happy to give you whatever help or guidance you request.</p>
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Dr Andrew Lee
Supervisor
Date: 13/6/2018

Radiation Oncology Term Supervisor Signature:  Date:

15.6.18

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 & focused 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
- Identifies 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

Resuscitation

- Applies the principles of life & 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

Improving 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

Subcutaneous 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

- Verapuncture

- IV cannulation

- Preparation and administration of IV medication, infusions & fluids

- Arterial puncture in an adult

- Blood culture (peripheral)

- IV infusion including the prescription of fluids

- IV infusion of blood & blood products

- Application 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

- Tachycardia

- Upper airway obstruction

- Chest pain

- Bradycardia

- 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

- Menstrual disorders

- Delirium

- Common skin rashes & infections

- Burns

- Fractures

- Minor Trauma

- Multiple Trauma

- Osteoarthritis

- Rheumatoid arthritis

- Scot

- Scot arthritis

- Hypertension

- Heart failure

- Ischaemic heart disease

- Cardiac arrhythmias

- Thromboembolic disease

- Limb ischaemia

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

Professionalism

Doctor & Society

Access to healthcare

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

Culture, society, healthcare

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

Professional standards

- ☒ Complies with the legal requirements of being a doctor e.g. maintaining registration
- ☒ Adheres to professional standards
- ☒ Respects patient privacy & confidentiality
- ☒ Medicine & the law
- ☒ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- ☒ Completes appropriate medico-legal documentation
- ☒ Liaises with legal & statutory authorities, including mandatory reporting where applicable
- ☒ Health promotion
- ☒ Advocates for healthy lifestyles & explains environmental lifestyle risks to health

- ☒ Uses a non-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 & compelling demands of the healthcare system

Professional Behaviour

Professional responsibility

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

Time management

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

Personal well-being

- ☒ Is aware of, & optimises personal health & well-being
- ☒ Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
- ☒ Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

- ☒ Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- ☒ Consults colleagues about ethical concerns
- ☒ Accepts responsibility for ethical decisions

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)
- ☒ Assesses 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
- ☒ Makes decisions 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, & responds 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