

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 March 2019	
TERM NAME: Paediatrics	
TERM SUPERVISOR: Dr Felicity Williams	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	CURRENT TEAM: Consultant Staff Dr Tony Lafferty - 47605 Dr Anne Mitchell (Clinical Director) - 47605 Dr Felicity Williams (Director of Paediatric Training) - 47605 Dr Tiffany Krause – 47605 Dr Cecilia Garcia-Rudaz – 47605 Dr Carolyn Dakin - 47605 Dr Carolyn Leerdam – 47605 Dr Tim McDonald – 6269 2455 Dr Suzanna Powell – 6174 7550 Dr Michael Rosier - 6253 3011 Dr Danielle Blake – Dr Judy Bragg Dr Catherine Sansum Dr Nahal Payman Dr Bhavna Harilal-Chawlar Dr Katie Morgan Dr Mary Burke- 51464 Community Paeds Dr Amanda Graham Dr Hilary Holmes

ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>0</td><td>Elective</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>5</td><td>Elective</td><td>12-14 weeks</td></tr></table> <p>Total positions available: 4 maximum</p>		Number	Core/Elective	Duration	PGY1	0	Elective	12-14 weeks	PGY2+	5	Elective	12-14 weeks
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PGY2+	5	Elective	12-14 weeks										
OVERVIEW OF UNIT OR SERVICE Include outline of the role of the unit, range of clinical services provided, case mix etc.	<p>Introduction to Paediatric Medicine</p> <p>Welcome to the wonderful world of Paediatrics at the Canberra Hospital. During the next twelve to fourteen weeks as JMO (Junior Medical Officer) in Paediatrics, you will be part of a committed team, caring for child and adolescent patients and their families. If this is your first exposure as a JMO to Paediatrics, you may be a little anxious about assessing sick children, relating to stressed parents, succeeding with venepuncture and cannulae, and ringing up consultants.</p> <p>There will be many teaching sessions with your Registrars and Consultants, and there is always someone you can call on for support; whether it's answering a question or putting in a cannula. Try and make the most of every clinical situation you encounter; become 'comfortable' around young children and their parents. Ask questions if you don't understand why certain treatments are ordered or investigations performed, and be prepared to find answers to questions by yourself by searching for the best available evidence. Learn from different professionals around you. Nurses and Allied Health Professionals (Physios, Social Workers etc) all have valuable experience in which you can share. By the end of your term you should have achieved the objectives listed later in this Term Description. More importantly, the prospect of a call to emergency to evaluate a sick child should prompt interest rather than anxiety.</p> <p>Please take a little time to read through this Term Description. If you have any questions, please direct them to your Term Supervisor.</p> <p>Role of the Unit</p> <p>To care for and manage Paediatric inpatients and outpatients.</p> <p>To consult if required on paediatric patients who are under the care of sub-specialists.</p> <p>To provide ongoing follow-up and management of neonatal patients who are considered to be at risk of ongoing problems.</p> <p>To help in teaching interns, nursing and allied health professionals in all modalities in paediatrics.</p> <p>To transition patients from Paediatric care to the adult Service.</p> <p>To conduct clinical research.</p> <p>To participate in teaching for the Australian National University Medical School.</p>												
REQUIREMENTS FOR COMMENCING THE TERM: Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency	<p>Basic Clinical Training</p> <p>PLS or Resus-4-Kids</p>												
ORIENTATION: Include detail regarding the arrangements for Orientation to the term, including who is	<p>Orientation will occur on the first day of term in the handover room, level 1, Building 11 of The Canberra Hospital.</p> <p>Orientation will be conducted by:</p> <ul style="list-style-type: none">• Paediatric Fellow												

<p><i>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>	<ul style="list-style-type: none"> • Director of Paediatric Training - Dr Felicity Williams • • At orientation you will participate in a tour of the wards and ED including resus trolleys • You will learn who is in the various roles of DPET and PMEO and how to access their help when needed • You will be given your teaching schedule and supervisor. <p>2-4 weeks prior to orientation you will also receive a comprehensive written Guide to Paediatrics. We encourage you to read this and carry with you either electronically or in hard copy during your shift. A hard copy can be found in the handover room.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Handover from the previous Registrar/JMO (in the student/handover room on Level 1). You will then plan the day's activities with your registrar. Your duties will include:</p> <p>Regular review of patients and document assessment/management plan in the note (medical record). There should be a medical entry in each patient's notes at least once each day.</p> <p>Patients must be reviewed at least once daily.</p> <p>Arrange appropriate/requested investigations.</p> <p>Chase results and document in the patients' record.</p> <p>Complete discharge referral.</p> <p>Attend scheduled Teaching Sessions – see timetable.</p> <p>Paediatric Grand Rounds/Clinical Cases, Auditorium/Level 3, Tuesdays 0815-0900 JMO Teaching Sessions, (see fliers for venues), Thursdays 16.30-17.30. You are expected to attend these sessions.</p> <p>Accompany Consultant/Fellow and Registrar on ward rounds. These take place in the morning after handover and usually finish by noon.</p> <p>Present at and participate in meetings. Be involved in finding answers to clinical problems, learn and use Evidence Based Medicine strategies.</p> <p>Participate in Quality Improvement activities.</p> <p>The Golden Rules</p> <p>Parents know their children better than anyone else does (including you). A parent will often be correct in assessing the severity of their child's illness. A parent may often have made the correct diagnosis. Even when the parent is wrong, you must still deal with the beliefs expressed (or not expressed unless specifically sought) about their child's illness. A good paediatric resident knows his/her limitations it is essential that you stay within your 'comfort zone' – your zone of knowledge, of experience.</p> <p>There is always someone you can ask for advice or assistance.</p> <p>There is no question too simple to be asked, and no task so straightforward that help can't be requested.</p> <p>If you don't know the dose, ask.</p> <p>If you don't think you can take the blood or get the cannula in, and, even if the Registrar is busy, ask.</p> <p>If the Registrar is busy another Registrar or a Consultant.</p> <p>The paediatrician on-call for the team is always available for urgent calls.</p> <p>Please contact the following people if you run into problems:</p> <ul style="list-style-type: none"> • Term Supervisor, • Director of Paediatric Training, • Clinical Director of Paediatrics, • Paediatric Registrar on your team, or any of the other registrars rostered for the day

	<ul style="list-style-type: none"> Any of the Paediatric consultants or Paediatric Fellow
SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	IN HOURS: Day shift 8.00 – 16.30 except Tuesdays 07.45 – 1630. Evening shift 13.00 – 22.00 hours. Admitting shift – 14.30 – 23.00 Weekends, long day shift 08.00 – 21.00 hours, short day shift 08.00 – 14.00. Direct supervision with Paediatric registrar and Paediatric Fellow Paediatrician on-call for the team
	AFTER HOURS: Direct supervision with Paediatric registrar Paediatrician on-call
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>	CLINICAL MANAGEMENT: The JMO should strive to have undertaken the following by the end of this Term: General Knowledge: By the end of the Term you will be: <ul style="list-style-type: none"> Confident and competent in history-taking and examination Able to assess a sick child and decide on management priorities Able to include consideration of growth (centiles), development status, immunisation history and family circumstances in the assessment of the sick child Able to assess dehydration, and to calculate maintenance and replacement fluid requirement Accurate medication prescribing and calculation of medication dosages Ability to access resources that assist with medication dosing and prescribing Procedures: By the end of the Term you should have observed, and done yourself: <ul style="list-style-type: none"> Venepuncture Intravenous cannulation By the end of the Term you should have observed, and may have done yourself: Collection of catheter urine specimen Suprapubic bladder aspiration (bladder tap) Lumbar Puncture Specific Knowledge: You should plan to have acquired, by the end of your term, a working knowledge of common Paediatric conditions. You will amass some of this information just by being involved in the day to day ward management of infants and children with (for example) asthma, bronchiolitis and gastroenteritis. It is almost certain, however, that you will not encounter every important paediatric disease on the ward during your twelve weeks; You may not see a child with Intussusception, post streptococcal glomerulonephritis or meningococcal disease. Some conditions don't require hospital contact or admission, and are managed in outpatient settings, often in the paediatricians' clinics. For these reasons you should, at the beginning of your term, consult one of the general paediatric texts or handbooks, and compile a list of paediatric topics you wish to gain knowledge of during the term. You should read around those which you don't learn with 'hands on' experience.. You may also be able to spend some time (having arranged cover) in the outpatient clinics of one of the consultants. Be pro-active; ask questions about the problems you haven't seen yourself. Don't wait until your last day to learn everything.

	COMMUNICATION: Confidence with family and child interaction, Accurate record keeping and note taking, Continued liaison with parents and family members of the child, Working as member of a multidisciplinary team, Accurate and helpful communication with registrars, fellow and paediatricians, Communication with other health care professionals regarding longer term patient management. Daily attendance at morning and afternoon handover and giving handover of non-admitting team when on nights.
	PROFESSIONALISM: 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, Acquire and develop skills in information technology relevant to clinical practice, Collection and interpretation of clinical data, Understand the principles of evidence-based practice of paediatric medicine; Maintenance and involvement in clinical quality assurance projects, Develop a clear understanding of medical ethics and confidentiality, Understand the medico-legal environment, Awareness and understanding of child protection and child at risk of harm issues and notification procedures.

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		8.15 Paediatric Grand Rounds/ Clinical Cases					
				12.00 JMO Mini Grand Rounds fortnightly	12:00 FRACP lecture program		
PM		12.00-13.00 paediatric endocrine teaching 13.00 X-ray meeting	12.00 Hospital Grand Rounds	1400-1500 RMO teaching 1300-1400 Registrar and RMO teaching			
		1430-1600 JMO teaching session					

When available and except during emergencies, the Paediatric Fellow will hold phones and pagers to protect teaching time.

<p>PATIENT LOAD:</p> <p><i>Average number of patients looked after by the JMO per day</i></p>	<p>Varies seasonally 15 to 44 inpatients medical and surgical.</p> <p>General paediatric and subspecialty endocrinology (especially paediatric diabetes management); paediatric nephrology, paediatric gastroenterology paediatric respiratory medicine, and paediatric oncology.</p>
<p>OVERTIME</p> <p><i>Average hours per week of Overtime</i></p> <p>ROSTERED: 8 hours per week UNROSTERED: 0 hrs per week.</p> <p>Our roster meets AMA requirements for safe working hours. Unrostered overtime is monitored by the senior medical staff at handover (usually the fellow), who ensures JMO's handover on time and that they give jobs to the incoming staff so they are not remaining behind after handover.</p>	
<p>EDUCATION:</p> <p><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>	<p>See timetable above.</p> <p>Intern teaching is Tuesdays 1430-1600 and RMO teaching is Thursdays 1400-1500.</p> <p>Other Educational Resources</p> <p>A comprehensive range of reference material is held in the hospital library and is available on the Intranet. There is a study area for students and resident staff on Level 5 – there are more resources here than you can imagine.</p> <p>Reading and Resource List:</p> <p>Textbook of Paediatrics, Nelson</p> <p>Handbooks from the –</p> <p>Royal Children's Hospital, Melbourne</p> <p>Sydney Children's Hospital</p> <p>Children's Hospital at Westmead</p> <p>Drug Doses,</p> <p>Frank Shann, Royal Melbourne Children's Hospital</p> <p>AMH Children's Dosing Companion</p> <p>Essentials of Paediatrics, Nelson</p> <p>Journals:</p> <p>Pediatric Clinics of North America</p> <p>Journal of Paediatrics and Child Health</p> <p>Archives of Disease in Childhood</p> <p>Journal of Pediatrics</p> <p>Pediatrics</p> <p>Websites:</p> <p>www.bmj.com (with link to PubMed),</p> <p>www.archidschild.com,</p> <p>www.thelancet.com,</p> <p>www.nejm.com,</p> <p>www.mja.com,</p> <p>www.pediatrics.org,</p> <p>www.medscape.com.</p> <p>Protocols and Clinical Pathways</p> <p>Protocols:</p> <p>Management of paediatric patients with diabetic ketoacidosis</p> <p>Asthma in children</p> <p>Croup</p> <p>Protocol on management of paediatric burns</p> <p>Fluid management of acute gastroenteritis in children</p>

	<p>Protocol for treatment of close contacts on meningococcal infections Nitrous oxide relative analgesia protocol</p> <p>Clinical Pathways: Paediatric asthma Paediatric appendicectomy Paediatric bronchiolitis Paediatric gastroenteritis Newly diagnosed IDDM Febrile neutropenia</p>
<p>RESEARCH: <i>The Term supervisor should identify opportunities for students to undertake further research.</i></p>	Supervisors will identify research opportunities as they become available.
<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 shortcomings prior to the end-of-term assessment.</i></p>	<p>Term Supervisors will provide formal assessment and feedback using the 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>By the end of your term you should have had at least three "chats" with your Term Supervisor – one at the beginning of term, one about halfway through, and one in the last week or so. If your term supervisor has not approached you to set times for these meetings, please approach them.</p> <p>We welcome any feedback you can provide about your term: tell us if you have had problems with the roster, with the workload (too much, not enough), with the level of responsibility (did you want more, or less?) with an individual in the department. Anything you can pass on may help to make things better for the next person.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Communication with General Practitioners Communication with general practitioners is usually achieved through discharge letters/referrals and phone calls where appropriate.</p> <p>Discharge Documentation A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges (usually by the JMO). The only exceptions to this are day stay patients and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging specialty is responsible for completing the Discharge Referral within 48 hours of discharge. Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the directors of the SMT leaders. In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries you are responsible for. For further information on discharge documentation, see the <u>Medical Record Department guidelines</u>.</p> <p>Medical Record Documentation 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.</p>

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. Medications or doses must not be altered. A single line must be ruled through the old entry and the new entry must be dated, signed and name printed clearly.

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.

Term Supervisor Signature:



Date:

29.3.19

Clinical Management

Patient Assessment

Patient Identification

- ☒ Follows the stages of a verification process to ensure the correct identification of a patient
- ☒ Complies with the organisation's procedures for avoiding patient misidentification
- ☒ Confirms with relevant others the correct identification of a patient
- History & Examination**
- ☒ Recognises how patients present with common acute and chronic problems and conditions
- ☒ Undertakes a comprehensive & focussed history
- ☒ Performs a comprehensive examination of all systems
- ☒ Elicits symptoms & signs relevant to the presenting problem or condition

Problem formulation

- ☒ Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process
- ☒ Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions
- ☒ Regularly re-evaluates the patient problem list

Investigations

- ☒ Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation
- ☒ Follows up & interprets investigation results appropriately to guide patient management
- ☒ Identifies & provides relevant & succinct information when ordering investigations

Referral & consultation

- ☒ Identifies & provides relevant & succinct information
- ☒ Applies the criteria for referral or consultation relevant to a particular problem or condition
- ☒ Collaborates with other health professionals in patient assessment

Safe Patient Care

Systems

- ☒ Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- ☒ Uses mechanisms that minimise error e.g. checklists, clinical pathways
- ☒ Participates in continuous quality improvement e.g. clinical audit
- Risk & prevention**
- ☒ Identifies the main sources of error & risk in the workplace
- ☒ Which may contribute to patient & staff risk
- ☒ Explains and reports potential risks to patients and staff

Adverse events & near misses

- ☒ Describes examples of the harm caused by errors & system failures
- ☒ Documents & reports adverse events in accordance with local incident reporting systems
- ☒ Recognises & uses existing systems to manage adverse events & near misses

Public health

- ☒ Knows pathways for reporting notifiable diseases & which conditions are notifiable
- ☒ Acts in accordance with the management plan for a disease outbreak
- ☒ Identifies the key health issues and opportunities for disease and injury prevention in the community

Infection control

- ☒ Practices correct hand-washing & aseptic techniques
- ☒ Uses methods to minimise transmission of infection between patients
- ☒ Rationally prescribes antimicrobial / antiviral therapy for common conditions

Radiation safety

- ☒ Minimise the risk associated with exposure to radiological investigations or procedures to patient or self
- ☒ Rationally requests radiological investigations & procedures
- ☒ Regularly evaluates his / her ordering of radiological investigations & procedures

Medication safety

- ☒ Identifies the medications most commonly involved in prescribing and administration errors
- ☒ Prescribes, calculates and administers all medications safely mindful of their risk profile
- ☒ Routinely reports medication errors and near misses in accordance with local requirements

Acute & Emergency Care

Assessment

- ☒ Recognises the abnormal physiology and clinical manifestations of critical illness
- ☒ Recognises & effectively assesses acutely ill, deteriorating or dying patients
- ☒ Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

- ☒ Applies the principles of triage & medical prioritisation
- ☒ Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

Basic Life Support

- ☒ Implements basic airway management, ventilatory and circulatory support
- ☒ Effectively uses semi-automatic and automatic defibrillators

Advanced Life Support

- ☒ Identifies the indications for advanced airway management
- ☒ Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation
- ☒ Participates in decision-making about and debriefing after cessation of resuscitation

Acute patient transfer

- ☒ Identifies when patient transfer is required
- ☒ Identifies and manages risks prior to and during patient transfer

Patient Management

Management Options

- ☒ Identifies and is able to justify the patient management options for common problems and conditions
- ☒ Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

Inpatient Management

- ☒ Reviews the patient and their response to treatment on a regular basis

Therapeutics

- ☒ Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- ☒ Involves nurses, pharmacists and allied health professionals appropriately in medication management
- ☒ Evaluates the outcomes of medication therapy

Pain management

- ☒ Specifies and can justify the hierarchy of therapies and options for pain control
- ☒ Prescribes pain therapies to match the patient's analgesia requirements

Fluid, electrolyte & blood product management

- ☒ Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- ☒ Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient
- ☒ Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use
- ☒ Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use
- Subacute care**
- ☒ Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs
- ☐ Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

Ambulatory & community care

- ☒ Identifies and arranges ambulatory and community care services appropriate for each patient

Discharge planning

- ☒ Recognises when patients are ready for discharge
- ☒ Facilitates timely and effective discharge planning
- End of Life Care**
- ☒ Arranges appropriate support for dying patients
- ☐ Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning

Skills & Procedures

Decision-making

- ☒ Explains the indications, contraindications & risks for common procedures
- ☒ Selects appropriate procedures with involvement of senior clinicians and the patient
- ☒ Considers personal limitations and ensures appropriate supervision
- Informed consent**
- ☒ Applies the principles of informed consent in day to day clinical practice
- ☒ Identifies the circumstances that require informed consent to be obtained by a more senior clinician
- ☒ Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

Performance of procedures

- ☒ Ensures appropriate supervision is available
- ☒ Identifies the patient appropriately
- ☒ Prepares and positions the patient appropriately
- ☒ Recognises the indications for local, regional or general anaesthesia
- ☒ Arranges appropriate equipment
- ☒ Arranges appropriate support staff and defines their roles
- ☒ Provides appropriate analgesia and/or premedication
- ☒ Performs procedure in a safe and competent manner using aseptic technique
- ☒ Identifies and manages common complications
- ☒ Interprets results & evaluates outcomes of treatment
- ☒ Provides appropriate aftercare & arranges follow-up

Skills & Procedures

- ☒ Venepuncture
- ☒ IV cannulation
- ☒ Preparation and administration of IV medication, injections & fluids
- ☐ Arterial puncture in an adult

- ☒ Blood culture (peripheral)
- ☒ IV infusion including the prescription of fluids
- ☒ IV infusion of blood & blood products
- ☐ Injection of local anaesthetic to skin
- ☐ Subcutaneous injection
- ☐ Intramuscular injection
- ☒ Perform & Interpret and ECG
- ☒ Perform & Interpret peak flow
- ☐ Urethral catheterisation in adult females & males
- ☒ Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- ☒ NG & feeding tube insertion
- ☐ Gynaecological speculum and pelvic examination
- ☐ Surgical knots & simple suture insertion
- ☐ Corneal & other superficial foreign body removal
- ☐ Plaster cast/splint limb immobilisation

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

- ☒ Fever
- ☒ Dehydration
- ☒ Loss of Consciousness
- ☒ Syncope
- ☒ Headache
- ☒ Toothache
- ☒ Upper airway obstruction
- ☒ Chest pain
- ☒ Breathlessness
- ☒ Cough
- ☒ Back pain
- ☒ Nausea & Vomiting
- ☒ Jaundice
- ☒ Abdominal pain
- ☒ Gastrointestinal bleeding
- ☒ Constipation
- ☒ Diarrhoea
- ☒ Dysuria / or frequent micturition
- ☒ Oliguria & anuria
- ☐ Pain & bleeding in early pregnancy
- ☒ Agitation
- ☒ Depression

Common Clinical Problems and Conditions

- ☒ Non-specific febrile illness
- ☒ Sepsis
- ☒ Shock
- ☒ Anaphylaxis
- ☒ Envenomation
- ☒ Diabetes mellitus and direct complications
- ☒ Thyroid disorders
- ☒ Electrolyte disturbances
- ☐ Malnutrition
- ☒ Obesity
- ☐ Red painful eye
- ☐ Cerebrovascular disorders
- ☒ Meningitis
- ☒ Seizure disorders
- ☒ Delirium
- ☒ Common skin rashes & infections
- ☒ Burns
- ☒ Fractures
- ☒ Minor Trauma
- ☒ Multiple Trauma
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Gout
- ☒ Septic arthritis
- ☒ Hypertension
- ☒ Heart failure
- ☐ Ischaemic heart disease
- ☒ Cardiac arrhythmias
- ☒ Thromboembolic disease
- ☒ Limb ischaemia

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

Professionalism

Doctor & Society

Access to healthcare

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

Culture, society healthcare

- ☒ Behaves in ways which acknowledge the social, economic political factors in patient illness
- ☒ Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- ☒ Identifies his/her own cultural values that may impact on his/her role as a doctor
- ☒ 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