



## 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.

<b>DOCUMENT VERSION:</b> May 2018	
<b>FACILITY:</b> The Canberra Hospital	
<b>TERM NAME:</b> Renal Medicine	
<b>TERM SUPERVISOR:</b> Dr. Richard Singer	
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>	Dr. Girish Talaulikar – 6244 2821 Dr. Giles Walters – 6244 2821 Dr. Krishna Karpe – 6244 2821 Dr. Richard Singer – 6244 2821 Dr. Michael Falk – 6244 2821 Dr. Simon Jlang – 6244 2821 Dr Darren Roberts – 6244 2821 (on long-term leave)

ACCREDITED TERM FOR :	<table><tr><th></th><th>Number</th><th>Core/Elective</th><th>Duration</th></tr><tr><td>PGY1</td><td>1</td><td>Core Medical</td><td>12 - 14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Core Medical</td><td>12 – 14 weeks</td></tr></table> <p>Total positions available: 2 maximum</p>		Number	Core/Elective	Duration	PGY1	1	Core Medical	12 - 14 weeks	PGY2+	1	Core Medical	12 – 14 weeks
	Number	Core/Elective	Duration										
PGY1	1	Core Medical	12 - 14 weeks										
PGY2+	1	Core Medical	12 – 14 weeks										
<p><b>OVERVIEW OF UNIT OR SERVICE</b></p> <p><i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<ul style="list-style-type: none"><li>• The service provides comprehensive inpatient care for patients with all forms of renal disease including hypertension, dialysis, renal transplantation, acute renal failure, and management of the complications of renal failure. The service also guides the management of fluid and electrolytes.</li><li>• The service conducts research in the areas of vasculitis, vaccination, sleep disordered breathing and micronutrient deficiencies, as well as maintaining quality improvement surveillance on patients with renal disease.</li><li>• The services provide weekly 1 hour lectures on Tuesday, 13.00 – 14.00pm in the Renal Room 8B (except the 1<sup>st</sup> Tuesday of the month) on topics related to kidney disease and monthly histopathology meetings.</li></ul> <p>This term forms part of Medical Pod 1:</p> <p>Medical Pod 1 encompasses:</p> <ul style="list-style-type: none"><li>• General Medicine</li><li>• Neurology A&amp;B;</li><li>• Infectious Diseases;</li><li>• Renal Medicine; and</li><li>• Relief positions.</li></ul> <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 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.</p> <p>Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate handover period.</p> <p>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, 1 ADO and 2 days on call. 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. 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. All JMOs will be required to work weekends as dictated by the roster.</p>												

<p><b>REQUIREMENTS FOR COMMENCING THE TERM:</b></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>	<ul style="list-style-type: none"> <li>• Good time management skills</li> <li>• Good written and verbal communication skills</li> <li>• Basic cardiac life-support skills</li> <li>• A basic understanding of the pharmacology of antihypertensives and antibiotics</li> <li>• A basic understanding of volume assessment, and the patho-physiology of hypo and hypervolaemic states</li> <li>• The ability to recognize a deteriorating patient and to seek help when necessary</li> </ul>
<p><b>ORIENTATION:</b></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>JMO should email their supervisor in the week prior to commencing the term (if possible) to set up a time for orientation with their supervisor. If this does not occur then they should make themselves known at the renal admin desk within the first week of the term, to receive orientation from either their supervisor, or the nephrologist on call.</p> <p>This is vital to understanding the workings of the renal unit and a requirement of the term.</p> <p>Thereafter, the term supervisor, Dr Richard Singer, would like JMOs to come weekly for case presentations/testing knowledge and tutorials. The days/times of these teaching sessions will be confirmed during week 1. Most likely they will occur either 10am Wednesdays or 3pm Fridays –TBC</p>
<p><b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b></p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p><b>JMO Orientation:</b></p> <p>These notes are intended mainly for Resident Medical officers looking after patients who are in hospital with renal failure, on dialysis or have a renal transplant. Patients with other medical or surgical conditions may need modification of their treatment because of their renal failure. The following is a guide only and should be applied with the needs of the particular patient in mind. Renal protocols, with ongoing development, are available on the hospital Intranet. This should be the major source of JMO information.</p> <p><b>Observations:</b></p> <p>As well as routine lying blood pressure recordings, a standing blood pressure should be recorded daily. Almost all patients need daily weighing, whereas while fluid balance records are essential for patients with unstable renal function, or for managing volume overload, they may not be necessary otherwise. Patients with renal disease not on dialysis need urinalysis (microscopy and protein/creatinine ratio) routinely on admission.</p> <p><b>Diet:</b></p> <p>Many patients with renal disease develop malnutrition. Patients with renal failure may need dietary restriction or supplementation of calories, protein. They often require supplementation of vitamins and often require restriction of phosphate, saturated fat, sodium, potassium and fluid intake. Severe restriction of even one item can make food less palatable and non-compliance is common. Untreated renal failure causes nausea and anorexia so such patients need encouragement to eat. Do not, therefore, restrict any item in the diet without a good reason and explain to the patient what you are doing and why. Always ensure that the medical and nursing dialysis staff are aware of any changes in diet you have ordered. A renal unit dietician is available for assistance in developing clinical intervention and patient education.</p> <p><b>Drug Records:</b></p> <p>It is essential to keep a record of drugs administered to patients. Most dialysis patients are outpatients and the hospital pharmacist cannot monitor drugs dispensed on non-hospital prescriptions. You must ensure that standing drug orders are accurately entered on the drug sheets in the dialysis unit, even if patients already have a valid in-hospital medication sheet. Please refer to <b>A Guide to Drugs for Junior Medical Officers</b></p>

**Blood Transfusions:**

Patients with advanced renal failure are often anaemic and blood loss should be minimised. Serious symptoms from anaemia warrant transfusion but carry multiple risks.

These include:

- fluid overload
- hyperkalaemia
- suppression of haematopoiesis
- transmission of viral infections
- Iron overload
- induction of antibodies that can make future transplantation difficult, or impossible
- thrombosis of AV fistulae and dialysers.

The need for transfusion is judged mainly on symptoms and the haemoglobin level at which this occurs varies markedly from patient to patient. To minimise fluid, and potassium overload transfusions are administered to patients during dialysis unless active bleeding is occurring.

If a patient receiving a blood transfusion is a possible transplant recipient, a white cell filter should be used if possible. All transfusions should be discussed with the consultant or advanced trainee registrar.

**Diabetes:**

Normal kidneys degrade significant amounts of insulin and patients with renal failure often develop hypoglycaemic episodes and need reduction in insulin dosage. Sulphonylureas are excreted by the kidney, and can cause prolonged hypoglycaemia in those with renal failure. Diabetic dialysis patients do not usually suffer severe dehydration or ketosis from diabetes owing to oliguria or anuria.

**Dialysis:**

Dialysis is either haemodialysis or peritoneal dialysis (PD/CAPD/APD). Dialysis nurses are skilled and knowledgeable in dialysis and will be pleased to explain usual practice to JMOs on request. If JMOs are uncertain how to proceed with any renal patient then they should discuss it with a more senior doctor in the renal team.

Blood specimens from haemodialysis patients are usually taken by dialysis nursing staff immediately prior to dialysis to avoid unnecessary venepuncture. AV fistulae should not be used for routine blood sampling outside dialysis. The electrolyte readings taken during and for the first 4-6 hours after dialysis are not stable, and so are not usually taken. Discuss this with a renal advanced trainee or nephrologist, if you are uncertain. When discharging chronic dialysis patients, inform the community dialysis unit of changes to the previous medications.

**Transplant patients:**

Renal transplant and kidney/pancreas surgery is usually conducted in Sydney for ACT patients. Kidney alone transplants return after the immediate post-operative period for continuing care in Canberra, whereas kidney/pancreas transplants usually remain in Sydney for 2 months before returning to Canberra. Because of heavy immunosuppression in the first 5 months they usually require single room accommodation in hospital but not formal isolation. Biochemistry, FBC and, urine microscopy and culture are performed three times per week initially, and then less often, depending on clinical parameters.

Acute graft rejection is diagnosed with a kidney biopsy and usually treated with intravenous pulse steroid therapy (dosage 500-1000 mg methylprednisolone).

**Renal Biopsy:**

Patients having renal biopsy should be evaluated for this to proceed safely. Coagulation profiles should be reviewed and any coagulopathy reversed. BP control should also be optimised. Discuss this with the consultant or registrar that will perform the biopsy.

Urgent biopsy reporting will be decided on, and arranged, at a consultant level.

	<p>The Pathology request form for renal biopsy is an important document in guiding the pathologists toward an accurate diagnosis. It will be filled in by the consultant, or advanced trainee that is responsible for requesting the biopsy.</p> <p><b>Handover:</b> 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>Dialysis units to be informed/handed over to by phone on discharge of any dialysis patients –in particular any patients returning to regional or out-of-state areas.</p> <p>Additionally you will be covering evening shifts for Med Pod 1 for one week. This will commence at 1pm to allow for handover. You will receive handover from all JMO's within your Pod and care for the patients until 9.30pm with handover to the night JMO at 9pm. As an evening JMO you may be called to commence work earlier in the day should the patient load call for it.</p> <p>One week of your term will be dedicated to night shift for your Pod with the following 4 days off. You will then have 8 days as a reliever to cover shortfalls in your Pod if required alternatively this time may be utilised for leave.</p>
<p><b>SUPERVISION:</b> <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS:</b> Consultant cover is provided 24 hours daily 7 days per week. The consultant roster is prepared by the Renal Unit secretaries and is available through the switchboard and on Ward 8B, Haemodialysis Ward, Peritoneal Dialysis Unit and Canberra Community Dialysis Centre. The on call roster includes a "first on call" and often a "second on call". The second on call is always a consultant nephrologist. Long term patients under a particular consultant revert to the care of that consultant at the conclusion of the on-call period, whereas new renal patients generally revert to the care of the consultant that first looked after them.</p>
	<p><b>AFTER HOURS:</b> no overtime is rostered in the Renal Medicine rotation.</p>
<p><b>STANDARD TERM OBJECTIVES:</b> <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><b>CLINICAL MANAGEMENT:</b></p> <p><b>Term Objectives</b> By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p><b>Clinical:</b> Become familiar with the clinical spectrum of complications of acute and chronic renal failure management including the following:</p> <ul style="list-style-type: none"> <li>• Fluid and electrolytes,</li> <li>• blood pressure,</li> <li>• use of drugs in renal failure and patients on immunosuppression,</li> <li>• Cardiovascular, endocrine, infectious and other major complications of renal failure.</li> <li>• Presentation, diagnosis and management of primary and secondary glomerulonephritis.</li> <li>• Management of other forms of renal disease, particularly diabetic nephropathy and vascular disease.</li> <li>• Care of immunosuppressed patients.</li> <li>• Care of renal transplant patients.</li> </ul> <p><b>Procedural:</b> General medical procedures as necessary. Knowledge of how renal biopsy is performed and the complications.</p> <p><b>Educational:</b> Participate in student and undergraduate teaching activities, particularly the fortnightly Renal Unit clinical handover meeting, the weekly Monday radiology meeting, Tuesday afternoon teaching session, the monthly histopathology meeting, the monthly</p>

	<p>glomerulonephritis meeting and small group tutorials provided by some of the nephrologists. Presentation at weekly meetings and Grand rounds</p> <p><b>Interpretative:</b> Understand the implications of biochemical, serological, haematological and microbiological tests as applied to patients with renal disease.</p>
	<p><b>COMMUNICATION:</b> Develop a good bedside manner, some skill in discussing end of life issues with patients. Develop the ability to provide concise and useful case presentations.</p>
	<p><b>PROFESSIONALISM:</b> Respect patients and others in the team. Be punctual and ethical.</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		
AM	0800 – 0830 Morning Hand-Over	0800 – 0830 Morning Hand-Over	0800 – 0830 Morning Hand-Over	0800 – 0830 Morning Hand-Over	0800 – 0830 Morning Hand-Over		
	Consultant Ward Round (check start time)	0830 Ward Round – Registrar	0830 Ward Round – Registrar	Consultant Ward Round (check start time)	0830 Ward Round – Registrar		
		0915 to 1015 alternate weeks, handover to on call specialist (8B conference room)	10.00-10.30 JMO teaching Dr Richard Singer or Friday – Bld 15 Office		1400-1500 JMO teaching Dr Richard Singer. Runs for 30mins (Liaise with term medical student regarding start time) Bld 15 Office		
PM	1330 – 1400 Radiology Meeting	10.15- Registrar Ward Rounds	1200 Grand Rounds	1200 JMO Grand Rounds			
		1300 – 1400 Education Meeting		1400-1500 Thursday RMO teaching			
		14.30-16.00 JMO Teaching					

<b>PATIENT LOAD:</b> <i>Average number of patients looked after by the JMO per day</i>	15-20 complex
<b>OVERTIME</b> <i>Average hours per week</i> ROSTERED: 8 UNROSTERED: 0	
<b>EDUCATION:</b> <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. The period from 2.30pm to 4.00pm on Tuesdays is considered to be protected time for JMOs. RMOs are strongly encouraged to attend RMO teaching on Thursdays 2-3pm. MOSCETU/JMOF will email details about the teaching sessions to the RMOs weekly.</p> <p>You are encouraged to attend any teaching sessions conducted by other specialities within your Pod, time permitting.</p> <p><b>Educational Resources:</b>  A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p><b>Protocols and Clinical Pathways:</b>  Refer to the Renal Unit Manual</p> <p><b>Reading and Resource List:</b>  Up To Date Clinical Software  Comprehensive Clinical Nephrology – Johnson and Feehally  Oxford Text Book of Clinical Nephrology – Cameron  The Kidney – Brenner and Rector</p> <p><b>AMO Teaching:</b>  Dr Girish Talaulikar  Dr Giles Walters  Dr Krishna Karpe  Dr Richard Singer  Dr Michael Falk  Dr Simon Jiang</p> <p><b>Registrar Teaching:</b>  Rotating Registrars and Advanced Trainee</p>
<b>ASSESSMENT AND FEEDBACK:</b> <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 Prevocational Progress Review Form at mid-term (formative appraisal) and at the end of term (summative assessment). In completing the Progress Review Form, the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.

**ADDITIONAL INFORMATION:****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 dialysis 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. If you have never seen the patient please make a note of this on the Discharge Referral.

Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders.

In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries you are responsible for.

For further information on discharge documentation, see the Medical Record Department guidelines.

**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.
- 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.

**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.

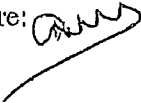
For more details see the Medical Record Department guidelines.

**Research:**

There is limited opportunity to perform research within the duration of the renal term. The only major exception to this is publication of a case report. Those interested in performing research should discuss opportunities with their supervisor or other nephrologists on the team.



Term Supervisors: Dr Krishna Karpe

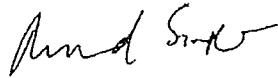
Term Supervisor Signature: 

Date:

30/4/2018

Dr Richard Singer

Term Supervisor Signature:



Date:

11/5/18

## 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
- ☐ 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
- ☐ Identifies indigenous patients
- ☐ Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- ☐ Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- ☐ Behaves in ways which acknowledge the diversity of Indigenous cultures, experiences & communities

#### Professional standards

- ☐ Complies with the legal requirements of being a doctor e.g. maintaining registration
  - ☐ Adheres to professional standards
  - ☐ Respects patient privacy & confidentiality
- #### Medicine & the law
- ☐ Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
  - ☐ Completes appropriate medico-legal documentation
  - ☐ Liaises with legal & statutory authorities, including mandatory reporting where applicable

#### Health promotion

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

- ☐ Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- ☐ Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions
- ☐ 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