

Modbury Hospital

Term Description



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Anaesthetics (PGY2)		
TERM SUPERVISOR	Dr. Tim Hunt		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Head of Unit	Dr T Hunt	
	Staff Specialists	C Acott, R Campbell, V Ngo, G Murthy, P McMahon, KC Tan,	
	Visiting Medical Specialists	P Belperio, S Belperio	
	Department Secretary	Judi Davey	
	Registrars	3 SANTRATS trainees & 5 AMOs	
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY1		
	PGY2	1	Elective
			12-13 Weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	The anaesthetic dept provides services for 4 theatres providing General Surgery, Orthopaedics, ENT, Gynaecology, Urology and Plastic Surgery. One theatre is dedicated to emergency surgery. Outside of theatre service is provided to cover emergency resuscitation in the ED, HDU cover and a busy endoscopy suite. Modbury Operating Theatres have a case load in excess of 4,500 cases per year.		
REQUIREMENTS FOR COMMENCING THE TERM:	No specific assessment of knowledge or skills prior to commencement of the term.		

Identify the knowledge or skills required by the JMO before commencing the Term and how the term supervisor will determine competency

JMO's allocated to an Anaesthetics term will have had their credentials verified by the hospital.

ORIENTATION

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 junior doctor.

At the start of the anaesthetic attachment the JMO will receive an introduction to the department and associated service areas. The JMO will be instructed on his functions and responsibilities, and will be given information about protocols pertaining to the anaesthetic department, operating theatre and recovery ward.

JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS

List routine duties and responsibilities including clinical handover

CLINICAL DUTIES

The JMO's attached to the Department of Anaesthesia are supernumerary. They have no responsibility for the provision of anaesthesia other than under the direct supervision of a Consultant or Registrar in anaesthesia.

JMO's are expected to undertake pre-operative assessment and examination of patients. They are expected to be able to institute appropriate pre-operative management, write appropriate records of the anaesthesia including contemporaneous entry of monitored parameters. JMO's should also be able to provide orders for post-operative pain management and antiemetics.

ORGANISATION DUTIES

JMO's are expected to attend the Departmental Tutorial and Audit Meetings on Thursday morning in the anaesthetic seminar room. They may be asked to present interesting cases they have been involved with and they will be expected to undertake and present occasional quality assurance projects.

RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANTS

When making clinical assessments and management decisions, the JMO should report to the Registrar or Consultant with whom they are working. In medico-legal issues the JMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.

JMOs are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the JMO should contact the Consultant directly at any time of the day.

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol.

In the case of a Registrar, the Registrar should notify the appropriate Consultant, again following clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any

reason, then an alternative Consultant should be notified, or the Head of Service.

CONSENT FOR PROCEDURES

JMO's are expected to explain to patients the risks and benefits of anaesthesia and obtain informed consent. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.

INVESTIGATION ORDERING

JMO's may order basic investigations where appropriate and more detailed investigations at the advice of a Registrar or Consultant.

SUPERVISION

Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.

IN HOURS

Duty Anaesthetist

JMOs attached to the Department of Anaesthesia are only allowed to work under the direct supervision of a Consultant or Registrar in Anaesthetics. No independent activity in the provision of anaesthesia is permitted at this level.

The JMOs are consistently observed by a large number of Anaesthetists who collectively monitor progress. During the attachment the Supervisor personally observes the JMO and actively liaises with colleagues to evaluate performance and development.

At all times feedback from the JMO is encouraged. Consultants, Registrars and the Supervisor are ready to discuss the attachment, hear grievances, discuss problems and offer career guidance.

AFTER HOURS

No anaesthetic after hours roster

UNIT SPECIFIC TERM OBJECTIVES*

The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.

**Generic term objectives should also be noted on the attached ACFJD document.*

Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.

CLINICAL MANAGEMENT

The three month term in anaesthetics is designed to provide teaching and experience in the basic principles of general and regional anaesthesia.

It is intended for the Junior Medical Officer to understand the pharmacological and physiological effects of the common used anaesthetic agents and anaesthetic techniques.

By the end of the attachment the Junior Medical Officer should have an understanding and familiarity with the principles of:

- Pre-operative assessment and appreciation of the additional risks of anaesthesia in the presence of pre-existing disease or injury.
- Formation of an anaesthetic "plan"
- Consent to anaesthesia
- Patient preparation prior to anaesthesia

- Intra-operative monitoring of patients
- Management of the unconscious patient
- Emergence from anaesthesia and recovery
- Management of post-operative pain

The practical clinical skills which the Junior Medical Officer will be expected to acquire include:

- Proficiency with the establishment of venous access
- Proficiency with airway management - with the face mask, supraglottic airways and endotracheal intubation
- Ability to monitor intermittent positive pressure ventilation
- Simple regional blocks
- Basic aspects of advanced life support

At the end of your time in the Unit we expect you should be able to understand the basics of general and regional anaesthesia. Recognise the additional risks of anaesthesia in the presence of pre-existing disease or injury. Formulate an anaesthetic "plan". You should be competent in the management of the following acute presentations as they occur during anaesthesia:

- a) care of the unconscious patient
- b) provision of respiratory support
- c) provision of cardiovascular support

You should be able to independently perform the following procedures:

- 1) venepuncture
- 2) maintain airway
- 3) institute and maintain intermittent positive pressure ventilation

You should feel confident in interpreting the following monitored parameters:

- a) oximetry
- b) capnography
- c) agent analysis

COMMUNICATION

- Openly communicate with patients and team members in a timely, caring and professional manner..
- Develop an ability to work as part of a team involving health professionals from various disciplines

PROFESSIONALISM

- Always uphold the highest professional standards regardless of workplace stresses and fatigue. \
- Develop time – management skills and how these relate to personal well-being.

EDUCATION

- CME Tutorial & QA Meeting, Thursdays 10.30

Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.

- RMO Tutorials, Thursday at 12.30 pm in Seminar Room 1
- Grand Round, Wednesday at 12.30 pm in Seminar Rooms 2-3.

TIMETABLE

HOURS OF DUTY

Basic hours of duty are 38 hours per week. JMO's doing day duty are expected to be present each morning from 0800 Monday to Friday. On taking an afternoon off the JMO is not normally covered by a colleague.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM			Anaesthesia (Theatre)	Anaesthesia (Theatre)	Anaesthesia (Theatre)	Anaesthesia (Theatre) 1030 Attend CME Tutorial & QA Meeting	Anaesthesia (Theatre)
					12:30 Grand Rounds (Seminar Rm 2-3)	12:30 RMO Tutorial (Seminar Rm 1)	
PM			Anaesthesia (Theatre)	Anaesthesia (Theatre)	Anaesthesia (Theatre)	Anaesthesia (Theatre)	Anaesthesia (Theatre)

PATIENT LOAD:

Average number of patients looked after by the junior doctor per day

Assigned to theatre lists on a daily basis

OVERTIME

Average hours per week

ROSTERED

38

UNROSTERED

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.

JMOs will receive two assessments during the rotation:

Mid-term Appraisal with Dr. Tim Hunt

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.

End-term Assessment with Dr. Tim Hunt

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.

JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.

The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.

Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.

Continuous Feedback

While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. Ask for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.

JMO Evaluation of Clinical Rotation

JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.

ADDITIONAL INFORMATION

TERM DESCRIPTION DEVELOPED ON Feb 2013 reviewed Oct 2013

TERM DESCRIPTION VALID UNTIL

DUE FOR REVIEW ON February 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description

Anaesthetics

(MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation

- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia

- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

Modbury Hospital

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- 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Cardiology (PGY2+)		
TERM SUPERVISOR	Dr Margaret Arstall		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Consultants:	Assoc Prof Margaret Arstall (Director) Dr Chuks Ajaero Dr Paula Averbuj Dr Alicia Chan Dr Yann Chow Prof John Horowitz Dr Luan Huynh Dr Kumar Jeyapati Dr Devan Mahadevan Dr Kumaril Mishra Dr Daniel Ninio Dr Andrew Philpott Dr Sharmalar Rajendran (deputy director) Assoc Prof Christopher Zeitz	
	Nurse Practitioners CSC's and CPC's	Ms Sharon Hackney (3 West cardiology) Ms Kath O'Toole NP (Cardiac Rehabilitation)	
	Registrars:	0	
	Residents:	1 general trainee	
	Interns:	0	
	Administration Office:	Cardiology Unit, 3 West, Modbury Hospital	
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY2+	3	Both
			DURATION
			12 weeks
OVERVIEW OF UNIT OR	The cardiology unit cares for and provides services to inpatients and		

<p>SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>outpatients for</p> <ul style="list-style-type: none"> ▪ Management of acute and chronic heart disease ▪ Rehabilitation of patients after the development of heart disease ▪ Primary and secondary prevention of heart disease ▪ Professional development of all Cardiology Unit staff ▪ Education of medical, nursing and cardiac technical undergraduates and post-graduates in the area of Cardiology ▪ Participation in clinical, basic and population research in various cardiology fields
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>It is expected that the RMO will have an understanding of the principles of cardiology, consistent with the level attained at the completion of internship.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<ul style="list-style-type: none"> • Receive handover from previous term PGY2+ in the days preceding the rotation • Verbal orientation from the Cardiologist on call • Introduction to the unit by the unit director / cardiologist on call • Introduction to standard unit procedures from the CSC Ms Sharon Hackney • Attendance at the daily morning sub-specialty division handover • Receive written information about unit protocols and policies <ul style="list-style-type: none"> ○ Guidelines for telemetric monitoring ○ Risk stratification and management of acute coronary syndrome ○ Guidelines for exercise ECG testing ○ Procedure for the management of STEMI and out of hospital cardiac arrest ○ Guidelines for the prescription and monitoring of perhexiline ○ Care maps for various cardiac interventions and procedures
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p>It is expected that the JMO will take responsibility for and participate in the following task</p> <ul style="list-style-type: none"> • Review, risk stratify, manage and admit or refer on patients with cardiology presentations as referred by the Emergency Department doctors in liaison with the Chest Pain Assessment Nurse. • Give phone consultation to, and accept referrals for admission to the cardiology unit from rural doctors and other health professionals. • Attend daily consultant ward rounds on 3 West. • Attend the day to day medical needs of cardiac inpatients at Modbury Hospital • Ensure safe discharge of all cardiac inpatients and completion of the discharge summary (with a copy to the patient's GP) within 48 hours of discharge. • Assist in the medical management of cardiology Hospital @ Home patients in liaison with the Hospital @ Home staff in this "virtual ward". • Accept, review and assess inpatient referrals for cardiac consultation, then arrange for the cardiologist on call to review

	<p>the patient and / or agree to the management plan.</p> <ul style="list-style-type: none"> • Perform a cardiology outpatient clinic weekly supervised by a cardiologist. • Perform exercise ECG tests on inpatients and ED referrals being assessed for possible myocardial ischaemia. All results will be shown to and discussed with the cardiologist on call within 24 hours of performing the test. • Research: <ul style="list-style-type: none"> ○ Liaise with research nurses about active and avid recruitment of patients into approved clinical trials in your area. ○ Participate in clinical trials and medical QA activities within NALHN cardiology unit.
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS Seek medical management advice from the cardiologist on call each day.</p> <p>Overall supervision for the PGY2+ is the responsibility of the Cardiology Unit Director</p> <p>All contact can be made via pager or mobile phone. All numbers are available through the hospital switchboard.</p> <p>AFTER HOURS Medical advice and supervision is the responsibility of the cardiologist on call, who is available via mobile phone through the MPH switchboard.</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <ul style="list-style-type: none"> • Affirm or obtain BLS skills • Recognise and appropriately manage the deteriorating cardiac patient with escalation of care as required. • Become competent to interpret ECGs under the supervision of the Chest Pain Assessment Nurse and cardiologist on call. • Become competent to identify cardiac chest pain and risk stratify patients in order to prioritise further investigation and management according to current practice guidelines. • Become competent to perform and interpret exercise ECG testing for the investigation of chest pain and the risk stratification of acute coronary syndrome. Be able to interpret the result appropriately according to the clinical presentation and communicate this effectively to the patient. Be competent to use this test to direct further investigation, consultation with more senior cardiac staff and initiate therapeutics and management appropriately. • Improve understanding of the pathophysiology, investigation and treatment pathways and guidelines, in order to competently initiate and continue management of common cardiac conditions such as: <ul style="list-style-type: none"> ○ Decompensated heart failure ○ Atrial fibrillation and flutter ○ Other supra-ventricular arrhythmias ○ Acute coronary syndrome ○ Acute myocardial infarction ○ Brady-arrhythmias (e.g. complete heart block) ○ Ventricular tachy-arrhythmias • Improve understanding of the principles of cardiac pacing and internal cardiac defibrillation. • Improve understanding and management of patients undergoing

	<p>invasive cardiac procedures. This will involve improved understanding of current best practice and evidence for the indications, techniques used, complications and after-care of patients undergoing invasive cardiac procedures.</p> <p>COMMUNICATION The PGY2+ should be a competent communicator and engage in the following.</p> <ul style="list-style-type: none"> ▪ Relevant preventative care skills ▪ Ability to discuss with patient and carers informed choices for patient care and advanced life directives. ▪ Communication skills (patients, relatives, staff, students) ▪ Understand and practice TeamSTEPPS skills within the workplace. ▪ Appropriate professional development activities (keeping up to date, practicing evidence-based medicine, auditing, teaching, etc.). ▪ OH&S practices in accordance with hospital protocols <p>The PGY2+ will attend the daily medical sub-specialties clinical handover.</p> <p>PROFESSIONALISM Become highly competent to work in a multi-disciplinary cardiology team. The TeamSTEPPS approach and the work culture of the cardiology unit encourages respectful multi-disciplinary teamwork.</p>
<p>EDUCATION <i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>Participate in all Modbury Hospital Medical Sub-Specialties Divisional medical education programs.</p> <p>Participate in NALHN cardiology meetings at LMH as much as possible</p> <ul style="list-style-type: none"> • Weekly cardiology unit education seminar (1 hour per week) at 0800 • Monthly cardiac surgical meeting (last Tuesday of the month at 1630) <p>Resources available include:</p> <ul style="list-style-type: none"> ○ Hospital library ○ eLearning programs ○ Senior cardiology medical and nursing staff ○ Formal seminars and tutorials ○ Ward rounds
<p>TIMETABLE <i>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.</i></p> <p>Rostered usual hours</p> <ul style="list-style-type: none"> • 0830 to 1700 Monday to Friday • 0830 to 1130 Saturday <p>After hours On call</p> <ul style="list-style-type: none"> • No proximal on-call after hours • No remote on-call or call-back is required. 	

Clinical duties:

- Attend clinical hand-over each week-day morning from the night medical registrar
- Monday morning:
 - Cardiology OPD
- Attend to day to day medical duties on 3 West and prepare for cardiologist on call ward round
- Be the doctor to first review cardiac inpatients that deteriorate into the “pink” or “purple” zone of the RDR observation chart. Escalate care to the MET team and cardiologist on call as appropriate.
- Participate on the cardiologist ward round with the 3 West nursing team leader (or delegate)
- Review, possibly admit, and initiate appropriate management of patients referred to cardiology by ED.
- Receive, accept, assess and initiate appropriate management of inpatients referred for a cardiac consultation. Ensure the cardiologist on call reviews the patient and / or management plan for each referred patient.
- Accept telephone consultations for possible cardiac admissions from doctors outside Modbury Hospital in liaison with the cardiologist on call.
- Perform exercise ECG tests on patients referred as inpatients or from ED with possible myocardial ischaemia.
- Ensure safe discharge and appropriate arrangements for follow-up of all cardiac inpatients, including completion of an accurate discharge summary sent to the patient’s GP and other appropriate doctors within 48 hours of discharge.
- Assist H@H with the management of cardiology patients being cared for by the H@H team on the “virtual ward”
- Educational participation:
 - Opportunistic teaching on daily consultant ward-rounds.
 - Weekly cardiology seminars (1 hour)
 - Monthly cardiac –surgical meeting between cardiology team and cardiac surgeons
 - Weekly grand round for the division of medical sub-specialties

PATIENT LOAD:

Average number of patients looked after by the junior doctor per day

1. Up to 12 inpatients at any time.
2. 2 H@H patients per day.
3. 4 referrals for assessment from ED daily.
4. 1-2 exercise ECG tests per day
5. 6 cardiac patient reviews in OPD per week
6. 2 referrals for cardiac consultation daily

OVERTIME

Average hours per week

**Normal Working Hours
40 / week**

**Unrostered Overtime
0-10 / week**

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.

Feedback will be provided on ward rounds from the Consultant on call.

Feedback session at 6 weeks and at the end of the rotation with Dr Arstall (Director of Cardiology) to discuss:

- Performance
- Workload
- Grievances
- Future planning for the remainder of the attachment and career advice as deemed appropriate.

A formal assessment of the RMO’s performance will be carried out at the end of the term by the supervisor in consultation with other staff in the department. Blank assessment forms can be found on the intranet or in the Medical Administration office.

It is the responsibility of the RMO to ensure that the end-of-term assessment is completed and returned to Medical Admin. Reminders are emailed out 2 weeks prior to the end of term by Medical Admin.

ADDITIONAL INFORMATION	
TERM DESCRIPTION DEVELOPED ON	Last reviewed January 2014
TERM DESCRIPTION VALID UNTIL	
DUE FOR REVIEW ON	February 2015

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

JMO PERSONAL LEARNING OBJECTIVES: to discuss with Term Supervisor at commencement of Rotation and at Mid and End of Term Assessments, to monitor achievements.

ROTATION: Name of JMO:

Please tick the appropriate

Personal Learning Objectives Ex. Increased knowledge of medical management of hypertension, increased skills and confidence in nasogastric tube insertion	Mid-term Assessment		End of term Assessment	
	Met	Unmet	Met	Unmet
1.				
2.				
3.				
4.				
5.				
6.				

National Term Description

Cardiology

LMH – PGY2+

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation

- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Geriatric Evaluation and Management		
TERM SUPERVISOR	Dr. John Maddison		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Head of Unit – Dr. John Maddison Consultant – Drs. Wong, Rodwell, Haylock Advanced Trainee (AT) in Geriatric Medicine - on rotation RMO - x 2 Interns - none Dept Secretary - none		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1		
	PGY2	2	Elective
			12-13 Weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Rotation through Geriatric Medicine gives JMOs an opportunity to experience the care and management of older, complex patients with a variety of conditions, as well as more general experience in ward management, case presentation and time management.</p> <p>JMOs are strongly encouraged to attend formal JMO education sessions. Other learning is predominantly by an "apprenticeship" model, from working with ATs and consultants, who should serve as role models in relation to history-taking and examination skills as well as attitudes and ethical behaviour. Active participation on ward rounds is essential to present new cases, have a diagnostic and management plan and be prepared to answer questions about the patients being managed. There are also opportunities to supervise Medical students.</p> <p>The Unit will provide the range of services that form a comprehensive Geriatric Medicine service, for patients whose ageing or continuing</p>		

	<p>disability threaten increased dependency. The Unit will provides acute assessment and rehabilitation services for selected patients either referred by general practitioners, from consultant assessment in the community, direct from ED, occasionally from OPD or from general medicine liaison and other hospitals in the region.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>None specific.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<p>JMOs are orientated by the consultant and the advanced trainee (AT)</p> <p>There is an informal handover between rotations.</p> <p>There is a plan to develop a Unit Orientation booklet.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<ul style="list-style-type: none"> ▪ To undertake admissions and continuing management of patients in the Unit under the supervision of the AT and the relevant Consultant(s). ▪ To attend hospital-based education activities e.g. tutorials ▪ To attend clinical activities of the Unit <ul style="list-style-type: none"> ▪ ward rounds and case conferences. ▪ family meetings as required ▪ To supervise, assist and informally teach medical students. ▪ To respond to emergency situations as necessary. ▪ To assist AT in providing: <ul style="list-style-type: none"> ▪ a single problem list for each patient on admission ▪ a discharge letter at discharge for patient ▪ contact with GP at discharge and as otherwise required ▪ care of older persons with complexities and comorbidities. <p>PROTOCOLS Modbury Hospital Policy and Procedures should be followed. JMOs will also need to familiarise themselves with ward specific practices regarding admission management and discharge of patients.</p> <p>INFORMING YOUR CONSULTANT The AT on the Unit should generally be the first contact in regards to clinical or other questions. Alternatively either the ward consultant or on-call consultant is available. On the weekends it is important that the on-call consultant is contacted and provided with an update on the clinical issues in the unit.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for</i></p>	<p>IN HOURS Advanced Trainee</p> <hr/> <p>AFTER HOURS</p>

contacting them, including after hours. Contact details provided should be specific for that Term.

On-call consultant

UNIT SPECIFIC TERM OBJECTIVES*

The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.

*Generic term objectives should also be noted on the attached ACFJD document.

Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.

CLINICAL MANAGEMENT

The term will provide the JMO with an opportunity to understand and to work within an inter-disciplinary team. JMOs will develop skills in managing a range of medical conditions, including assessment and management of confusion. This should increase confidence in managing acute conditions and in knowing when to call for advice.

At the end of the term, JMOs would be expected to be familiar with and be confident in:

- Standard tests of cognitive function (especially Mini-Mental State Examination, Abbreviated Mental Test and the Frontal Assessment Battery)
- Barthel Index of activities of daily living and functional assessment
- Assessment of Medical disorders in the elderly. Use of Hermetic Depression Score.
- Complete history-taking and physical examination (particularly using a hypothesis testing approach)
- Ability to integrate clinical findings and develop a differential diagnosis
- Clear and concise case presentation
- Management of investigations and results, ordering and liaising with laboratories and radiological services, following up results
- Competence and confidence as a prescriber: prescribing by generic names, prescribing consistent with hospital policy, the use of antipsychotics, sedatives and antidementia treatments, the importance of iatrogenic illness in older people related to medications, negative impact of polypharmacy, maintenance of drug charts.
- Criteria for rehabilitation and appropriate use of the various options available, assessment for residential care and the basic assessment and management of dementia
- Advanced skills in discharge planning.

At the end of your time on the unit we expect that you should be *able to diagnose and manage* the following common presentations: cardiac failure, chest pain, ischaemic heart disease, atrial fibrillation, cognitive impairment, confusional state, syncope, transient ischaemic attack, cerebrovascular accident, acute respiratory distress, chronic airways disease, asthma, pneumonia, deep venous thrombosis, pulmonary embolism, peptic ulcer, anaemia, urinary tract infection, acute electrolyte disorders, dehydration, diabetes, psychosomatic symptoms, social problems and falls.

You should feel *confident in resuscitation or management* (under supervision) of the following acute presentations: acute pulmonary oedema, coma, stroke, seizure, hypoglycaemia, acute exacerbations of asthma and chronic airways disease, depression, acute renal failure and electrolyte disturbance, the aggressive patient, the acutely confused patient, alcohol and drug intoxication and withdrawal.

You should be *able to independently form* the following procedures: venipuncture, arterial puncture, urinary catheterisation, venous cannulation, nasogastric and nasoenteric intubation, intravenous or intramuscular or subcutaneous injection, ECG and obtain swabs for

	<p>microbiological culture.</p> <p>You should also <i>become familiar</i> with the following procedures and perform them under supervision if the opportunity arises: lumbar puncture, defibrillation, cardiopulmonary resuscitation, intubation, ventilation, joint aspiration, diagnostic and therapeutic pleural tap, diagnostic and therapeutic peritoneal tap, insertion of a chest drain, proctoscopy and sigmoidoscopy.</p> <p>You should be <i>confident in interpreting</i> the following tests: ECG, CXR, CT head, electrolytes, urea and creatinine, cardiac enzymes, liver function tests, complete blood picture, iron studies, blood sugar level, arterial blood gases, spirometry, therapeutic drug monitoring, anticoagulant drug monitoring, inflammatory screening tests.</p> <p>By the end of the term, JMOs should understand something of:</p> <ul style="list-style-type: none"> ▪ psychosocial aspects, particularly of chronic illness and of ways of supporting individuals in this area ▪ management of behavioural disturbance <p>JMOs will be exposed to many of the following disorders, but may not develop proficiency in their comprehensive management:</p> <ul style="list-style-type: none"> • Parkinson's disease • Dementia • Incontinence
	<p>COMMUNICATION</p> <ul style="list-style-type: none"> ▪ Skilled in obtaining collateral history from relatives, carers and other health professionals/institutions ▪ Management of discharge planning including ordering of discharge prescriptions, becoming familiar with the PBS authority system, liaison with relatives and community services, writing of discharge letters as per the department standard/format. ▪ Working as a junior member of the multidisciplinary team and the roles of individual allied health professionals ▪ Role of case conferences and family meetings
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> • Legal dealings with the Guardianship Board, EPOA / EP, Drug and elderly. • Medical / Legal documentation • Punctuality • Appropriate dress • Time management
<p>EDUCATION</p> <p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>JMO Education</p> <ul style="list-style-type: none"> • Will participate in two consultant teaching ward rounds per week <p>JMOs are expected to attend hospital education opportunities:</p> <ul style="list-style-type: none"> • Tuesday lunch & Learn sessions • Wednesday radiology & short case meetings • Grand Rounds • Thursday / Friday JMO training tutorials • Other educational activities as they arise
<p>TIMETABLE</p> <p><i>The timetable should include term specific education opportunities, Facility wide education</i></p>	

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.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	0800 – 1100 Roster of 2 x RMOs and AT. Cover 1 weekend in 3.		RMO 1 – Maddison Ward Round / Case Conference	RMO 1 – Advanced Trainee Ward Round	Supervised by AT	RMO 1 – Maddison Ward Round	RMO 1 – Advanced Trainee Ward Round
			RMO 2 – Advanced Trainee Ward Round	RMO 2 – Liau Ward Round / Case Conference	Supervised by AT	RMO 2 – Advanced Trainee Ward Round	RMO 2 – Liau Ward Round
PM	Admission as Required						
	After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster'.						

PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i>	12 Max. Length of Stay 10-15 days.
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OVERTIME <i>Average hours per week</i>	ROSTERED Varies	UNROSTERED 0
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ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	<p>JMOs will receive two assessments during the rotation:</p> <p>Mid-term Appraisal with Consultant and AT. They will ask for self-assessment and then provide feedback.</p> <p>The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.</p> <p>End-term Assessment – with two Consultants and AT.</p> <p>The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.</p> <p>JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.</p> <p>The purpose of these assessments is to facilitate a positive, constructive</p>
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	<p>method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.</p> <p>Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.</p> <p>Continuous Feedback While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. <u>Ask</u> for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.</p> <p>JMO Evaluation of Clinical Rotation JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.</p>
ADDITIONAL INFORMATION	
TERM DESCRIPTION DEVELOPED ON	June 2011
TERM DESCRIPTION VALID UNTIL	Document reviewed 17 January 2013
DUE FOR REVIEW ON	January 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description

Geriatric Evaluation

(MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation

- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia

- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Dept. of Medicine – Modbury Hospital		
TERM NAME	Nights (RMOs)		
TERM SUPERVISOR	Dir Medical Services		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	After hours night cover at Modbury will be the responsibility of a team comprising a Medical Registrar, RMO and Intern. Additional support, if required, may be provided by the Anaesthetic Registrar, after hours Paediatric RMO and Medical Officers in the ED. A Surgical Registrar will be on remote call.		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1		
	PGY 2	2 (pending)	13 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	The Night Intern is responsible for initial response to problems arising on the General Medical Units. However, the Night RMO should be available to share these duties and provide close support and assistance to the Interns. In addition, the Night RMO should liaise with and assist the Taking Medical Registrar with the admission of new patients. Taking Medical Registrar is to be available at all times to provide assistance to and supervision of the Night Intern and RMO as required. The Medical Registrar has the primary responsibility for patients in the Critical Care Unit and deteriorating patients. The Night RMO will also be called and should be involved in the response to these patients		
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before</i>	Administration to make sure that JMOs are appropriately registered.		

<p>commencing the Term and how the term supervisor will determine competency</p>	
<p>ORIENTATION <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 junior doctor.</i></p>	<p>Orientation for RMOs occurs on the first day of their rotation to Modbury. RMOs will not be assigned to night duty as their first term at Modbury and will be expected to have completed at least one earlier term in the hospital (either as an Intern or RMO)</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p><u>CLINICAL DUTIES</u> JMO's on night duty are expected to function as a team with the Intern and RMO having primary responsibility for the care of Medical patients and the Surgical RMO being responsible for Surgical calls as well as covering all calls for Hospice and Woodleigh House. This suggested division of responsibility is a guide only and it is expected that there will be mutual support and equitable distribution of work load amongst the team.</p> <p>CLERKING ADMISSIONS - Medical</p> <p>Ideally a full history and examination.</p> <ul style="list-style-type: none"> • If not possible, a targeted history and examination as minimum. <p>Collate and document results.</p> <ul style="list-style-type: none"> • Act on abnormal results. <p>Write up medications and treatment orders</p> <ul style="list-style-type: none"> • If medications are not known, initiate processes to find out (eg from family) • It is expected that the JMO without being directed will initiate some treatment orders. Examples are fluid restrictions, NAS diet, daily weights, FBC in cases of significant heart failure, Ventolin nebuliser on air for COPD patients who are CO2 retainers. <p>Specify Nursing Orders</p> <ul style="list-style-type: none"> • For example, "2 hourly neuro obs" rather than "neuro obs". <p>Write up investigation request forms for blood results</p> <ul style="list-style-type: none"> • Record in the notes that this has been done. <p>Do <u>not</u> write out specialised radiology requests</p> <ul style="list-style-type: none"> • For example, V/Q scan, CT's. The day team will manage these. <p>WARD SHORT CALLS</p> <p>Philosophy</p> <ul style="list-style-type: none"> • To maintain appropriate ongoing care to patients 24 hours a day. <p>Liaise with registrar as required</p> <ul style="list-style-type: none"> • If there are any concerns about diagnosis/management. • If there is any significant deterioration in clinical condition. For example significant haemo dynamic compromise, prolonged chest pain \pm ECG changes; acute pulmonary oedema; abdominal pain with peritonitis etc.

OTHER FUNCTIONS

- Certification of death.
- Obtaining medications from pharmacy.

*****Bottom Line – If concerned, call medical registrar*****

The RMO will be expected to respond to all calls under the RDR protocol

CODES BLUE AND BLACK

You must attend codes.

RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT

When making clinical assessments and management decisions, the JMO should seek advice, as appropriate, from the Registrar.

The JMO should report any potential medicolegal issues to the Quality and Clinical Risk Manager and to Medical Administration.

Where important clinical decisions are made these should be documented clearly in the notes.

Junior Medical Officers are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the Junior Medical Officer may contact the Consultant directly at any time of the day.

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol. In the case of a Registrar, the Registrar should notify the appropriate Consultant, again following clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.

COMMUNICATION RESPONSIBILITIES

There should be clear communication between members of the night duty team to ensure all calls are handled in as timely a manner as possible. All patient contacts should be clearly documented in the Clinical Record.

Where directed by the Consultant or Registrar, a JMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When referring patients to another facility an adequate written referral with appropriate results should be made and verbal contact made where appropriate.

INVESTIGATION ORDERING

JMOs may order basic investigations where appropriate and more detailed investigations at the advice of a Registrar or Consultant.

	<p><u>CONSENT FOR PROCEDURES</u> JMOs are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.</p> <p><u>MEETINGS</u> The team should ensure that they meet with relevant Medical and Surgical Units at the end of their shift and clearly hand over patients and directly pass on important information to the responsible Home team</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS not applicable</p> <hr/> <p>AFTER HOURS Nights – Immediate supervision by Medical Registrar, remote supervision by DCT and DMS.</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<ul style="list-style-type: none"> • CLINICAL MANAGEMENT • At the end of your time in the Unit we expect you should be able to diagnose and manage the following disorders: <ul style="list-style-type: none"> • Acute Myocardial Infarction; • Left Ventricular Failure; • Acute Asthma; • Infective Exacerbation of Chronic Airways Disease; • Deep Vein Thrombosis (\pm Pulmonary Embolism); • Pneumonia. • You should feel competent in the resuscitation and management of the following acute presentations : <ul style="list-style-type: none"> • Hypoglycaemia; • Diabetic Ketoacidosis; • Cardiac Arrest. • You should be able to perform independently the following procedures: <ul style="list-style-type: none"> • Venesection; • Lumbar Puncture; • Abdominal Paracentesis; • Pleural Tap; • Insertion of Intravenous Line. • You should feel confident in interpreting the following tests : <ul style="list-style-type: none"> • Complete Blood Picture; • General Biochemistry; • Thyroid Biochemistry; • Mid Stream Urine Report; • ECG showing Ischaemia, Infarction, Atrial Fibrillation; Tachycardias (various), Heart Block (various) • Chest X-ray showing COAD, Pneumonia, Pulmonary Oedema, Cardiomegaly.

	<p>COMMUNICATION</p> <p>Communicate</p> <ul style="list-style-type: none"> - Spoken & written - Patients & peers - Always say if you don't know! Don't make up explanations - You are allowed to apologise ("sorry") - Document what you say and do - use your STAMP <ul style="list-style-type: none"> - Case notes are to be detailed and legible – always consider every entry a serious legal document - Instruction to colleagues and peers are to be extremely clear – i.e. sufficiently concrete to reduce room for unintended and inappropriate interpretation that can cause distortion and confusion 	
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> - Be responsible – perform one's duty as required in an ethical manner - Patient's care and interests are of the highest importance – indeed it is the sole purpose of the intern's employment - Looking after one's colleagues and peers with understanding - Challenge the thoughts of one's superior when required but in an acceptable and courteous way - be sympathetic and empathic to patients and their family – and have to ability to demonstrate one's empathy – e.g. showing genuine concern and interests in words and gestures 	
<p>EDUCATION</p> <p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>JMOs on Nights are not expected to attend day time tutorials. Apology for non-attendance is automatic.</p>	
<p>TIMETABLE</p> <p><i>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.</i></p> <p>HOURS OF DUTY</p> <p>Basic hours of duty are 2030 - 0900</p> <p>NON ROSTERED HOURS</p> <p>JMO's should list their reasons for working non-rostered hours on their time sheet and have this signed by their Consultant.</p>		
<p>PATIENT LOAD:</p> <p><i>Average number of patients looked after by the junior doctor per day</i></p>	<p>Variable.....</p>	
<p>OVERTIME</p> <p><i>Average hours per week</i></p>	<p>ROSTERED</p> <p>Variable.....</p>	<p>UNROSTERED</p> <p>Variable</p>
<p>ASSESSMENT AND FEEDBACK</p> <p><i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of</i></p>	<p>360degree assessment practices co-ordinated by the Senior Night Registrar and are used by the DCT & DMS to ascertain the performance of the RMO in</p>	

the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.

their many roles during this rotation.

If any significant issues arise relating to the performance of a JMO during their Night rotation a meeting will be arranged with the DMS &/or the Medical Education Unit to address the situation and facilitate any changes required

End-term Assessment

The Term Supervisor is sent this form to be completed in conjunction with other senior staff. As above, the Senior Medical Registrar collates information from a number of sources including other Registrars, Nursing staff and Consultants as appropriate. The DCT reviews this information and consults with the DMS. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.

JMOs should meet with the Term Supervisor to receive their end-term feedback and should sign and sign the feedback form.

The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.

Continuous Feedback

While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. Ask for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.

JMO Evaluation of Clinical Rotation

JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.

ADDITIONAL INFORMATION

TERM DESCRIPTION DEVELOPED ON

March 2014

TERM DESCRIPTION VALID UNTIL

DUE FOR REVIEW ON

Feb 2015

*******ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****
T FOR ACFJDs TO THIS TERM DESCRIPTION*******

General Medicine Nights

Modbury PGY2

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures

National Term Description

- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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

- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management

- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment
- Neurological**
- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application

- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	General Medicine (PGY2+)		
TERM SUPERVISOR	Assoc Prof Julian McNeil Dr. Bianca Wong(0.5) Dr. Mark Morton (0.5) Dr. Jem Ninan (0.47) Dr. Wing Cheung (0.47)		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Head of Unit – Assoc Prof Julian McNeil (University Dept of Medicine) Staff Specialists – <ul style="list-style-type: none"> • Dr Wing Cheung (diabetes) • Dr Mark Morton (obstetric medicine) • Assoc Prof Julian McNeil (rheumatology) • Dr Graham Norton (neurology) • Dr Jem Ninan (rheumatology) • Dr Bianca Wong (geriatrics) Registrars - 2 x Modbury Hospital, 4 x rotating from RAH, 2 x rotating from QEH, 2 x rotating from LMH Junior Medical Officers/Interns - Rotating roster (5) Junior Medical Officers/RMOs - Rotating roster (5) Department Secretary - Lindsey Millikan		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1	5	Core
	PGY2	5	13 Weeks
OVERVIEW OF UNIT OR	The provision of services in internal medicine is based on 5 teams		

SERVICE

Include outline of the role of the unit, range of clinical services provided, case mix etc.

headed by general physicians.

The University of Adelaide Department of Medicine is represented by Associate Professor Julian McNeil.

Each general physician has a subspecialty interest viz:

- ◆ Assoc Prof J McNeil (Head of University Department of Medicine) General Medicine and Rheumatology;
- ◆ Dr W Cheung, General Medicine and Diabetes;
- ◆ Dr M Morton, General Medicine and Obstetric Medicine.
- ◆ Dr L Palmer, Hospice and Palliative Care
- ◆ Dr B Wong Geriatrics and General Medicine

- ◇ Cardiology services are provided by Dr Luan Hyunh
- ◇ Oncology services are available via an outreach clinic from the Royal Adelaide Hospital, supplemented by Dr. Tan
- ◇ Neurology services are provided by Dr G R Norton.
- ◇ Nephrology services are provided by an outpatient session and consultations by Dr Kym Bannister / Dr C Peh as an outreach service from the Royal Adelaide Hospital.
- ◇ Rheumatology services are provided jointly by Assoc Prof J McNeil, and Dr J Ninan.
- ◇ Respiratory Medicine services are provided by Dr R Antic as an outreach from Royal Adelaide Hospital.
- ◇ Palliative Care (Hospice) services are provided by Dr L Palmer, Dr. T. Silakong and Dr M Kain (General Practitioner).
- ◇ Infectious Diseases services are provided by Dr P C Lee of Gribbles Pathology.
- ◇ Geriatrics services are provided by GEM unit consultants, Dr J Maddison, Dr P Bastian, Dr C Haylock, Dr S Johns, Dr B Wong and Dr J Rodwell and Dr T Ho
- ◇ Haematology services are provided through IMVS Pathology which provides laboratory services under contract to the hospital.
- ◇ Gastroenterology services are provided are provided by the on-call Gastroenterologist at the Royal Adelaide Hospital

In Summary

Care of medical patients is based on 5 general medicine clinics with ready access to a near complete range of medical subspecialties provided by contract (eg Cardiology) by outreach from Royal Adelaide Hospital (eg Nephrology) or by various combinations (eg Respiratory Medicine, Rheumatology, Geriatrics).

Philosophy

The Unit seeks to provide timely and appropriate care of an excellent standard to all patients with due regard to the emotional needs of both

	<p>patients and relatives. At the same time we seek to avoid waste, reduplication and extravagance by choosing the most cost effective use of resources.</p> <p>There has always been an emphasis on continuity of care (for example by readmission under the same physician as previously) and on liaison with general practitioners.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>It is expected that the RMO will have a basic understanding of the principles of medicine, consistent with the level attained at the completion of successful Intern I training.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<p>There is a comprehensive manual called Introduction and Handbook for Interns RMOs and Medical Registrars which is updated by the Dept. Secretary every term and given to all interns.</p> <p>The first session of the 'Lunch and Learn' Tutorial is an orientation, which takes place on the first Tuesday after the Medical Registrars term commences. The venue is the Student Library on 5 East. Dr Wing Cheung oversees these sessions, with Dr Graham Norton as proxy.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p><u>CLINICAL DUTIES</u> JMO's are responsible for general clinical management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up-to-date clinical and investigational findings on ward rounds, writing discharge summaries and organising discharge medications, organising follow-up appointments for patients, performing minor procedures on the ward and being available to assess patients when requested by nursing staff.</p> <p><u>EDUCATIONAL DUTIES</u> JMO's are expected to help in supplying scans and x-rays of interest for the Radiology Teaching Session held on Tuesday 900-930 in the Benson Conference Room, They are also expected to attend the Medical / Paediatric Short Case Meeting held at 11.30am on Wednesdays (Seminar room 5 West). This is a good forum in which to gain experience in case presentation.</p> <p>JMO's are expected to assist in directing medical students to patients with histories, physical signs and test results of educational interest (meetings are held weekly from February to November inclusive).</p> <p><u>RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT</u> When making clinical assessments and management decisions, the JMO should report to their clinic Registrar or, if not available, the on-call Registrar. If neither of these are available the RMO should report to the clinic Consultant or on-call Consultant. In medico-legal issues the JMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.</p> <p>Junior Medical Officers are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the Junior Medical Officer may contact the Consultant</p>

directly at any time of the day.

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol.

In the case of a Registrar, the Registrar should notify the appropriate Consultant, again following clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.

WARD ROUNDS

JMO's should check with their Registrar and Consultant as to when they are expected to do ward rounds. The current roster is included.

JMO's should take the opportunity to present cases and be involved in decision making.

LIAISON MEETINGS

Interdisciplinary discharge planning meetings are held weekly by agreement between the Unit Manager (Nursing) and the Physicians. Paramedical support makes your life easy. They are your colleagues and peers and mutual respect and discussion is vital for all concerned, including the patient.

COMMUNICATION RESPONSIBILITIES

Where directed by the Consultant or Registrar, a JMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When advised to refer patients to another clinic an adequate written referral to the Head of Clinic should be made and verbal contact made where appropriate.

INVESTIGATION ORDERING

JMO's may order basic investigations where appropriate and more detailed investigations on the advice of a Registrar or Consultant. In the interest of economy when repeating investigations a component of a test may suffice rather than a complete test (eg Hb rather than repeat CBP, K⁺ and urea rather than repeat general chemistry).

OUTPATIENT ATTENDANCES

JMO's are not expected to attend Outpatients but are encouraged to attend when their ward duties allow.

CONSENT FOR PROCEDURES

JMO's are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.

MEDICAL COVER

◆ Approximately every 5th day (1630 – 2100 weekdays, 1100 – 2100

weekends) you will be rostered as “medical cover.” This means you take care of all new medical admissions and deal with any problems arising in any medical patients. This means writing up any necessary medication/fluid orders, inserting jelcos/IDCs/NGTs etc, doing admissions and dealing with patients who become acutely unwell. If you need help, the medical registrar on call is in the hospital.

- ◆ When on cover, you need to pick up pager 0018 – this is an arrest pager, and will notify you if a ‘code blue’ has been called. If you are alerted to a code blue, attend as quickly as possible. The medical/anaesthetic registrars will generally take charge of the situation, but you will often be required to insert jelcos, take blood etc.

If you are the first on the scene, do not panic. Remember AIRWAY, BREATHING, CIRCULATION.

- ◆ **It is not your responsibility to change non-urgent orders, nor discuss patient progress with relatives if the patient is not usually under your care. This is best left until the following morning for the home team to decide upon.**

- ◆ Medical cover is often busy so prioritise the calls and take care of the most urgent calls first. When it is quiet, prepare discharge summaries for any of your own patients who will be discharged soon.
- ◆ Beware when giving medication orders over the phone - remember that the nursing staff do not know all the indications and contraindications of medications they are requesting.
- ◆ To assist whoever is medical cover for the day, try to write up enough fluid orders, analgesia and temazepam to last until the next morning, then night cover is not bothered by “nuisance” calls.
- ◆ Try to minimise the number of test results to be followed up by medical cover as well as the number of bloods needing to be taken.

DAY STAY UNIT

Many medical patients attend the hospital as day patients if they require regular IV medication or other treatment.

Examples include:

- ◆ Cardioversion - AF
- ◆ Blood transfusion - myelofibrosis/cancer
- ◆ Methylprednisolone - interstitial lung disease
- ◆ Gold Injection - rheumatoid arthritis
- ◆ Regular BSLs - stabilisation of diabetes
- ◆ Hospice day care - terminal cancer
- ◆ Endoscopy / colonoscopy - investigation of GIT

Most of the patients do not require a formal admission, but will need their therapy prescribed. The DSU staff will usually page you the day prior to admission.

	<p>Handover (Night – Day – Night) Is MANDATORY and should be</p> <ul style="list-style-type: none"> • Face to Face • Include <ul style="list-style-type: none"> ▪ Emergency Department ▪ HDU ▪ CCU <p>At the beginning and end of your shift. This will minimise the chance of delayed calls to Emergency.</p> <p>The Night Medical Registrar must acquaint him or herself with ALL potential medical problems in HDU , including any acutely ill surgical and orthopaedic patients.</p> <p>These rules apply with respect to the duties of the Taking Medical Registrar and the Night Medical Registrar. They are commonsense rules based on professional behaviour and direct communication and are mandatory for all medical officers whilst working in the Dept of Medicine at Modbury Hospital.</p> <p>Do NOT delegate hand over or communication to your junior staff or the nursing staff – this is most unprofessional and leads to mistakes and misunderstanding.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS Registrar And the Consultant, who makes it clear that they are happy to be contactable and encourages the JMOs to do so.</p> <hr/> <p>AFTER HOURS Registrar And the Consultant, who makes it clear that they are happy to be contactable and encourages the JMOs to do so.</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <p>At the end of your time in the Unit we expect you should be able to diagnose and manage the following disorders:</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction; • Left Ventricular Failure; • Acute Asthma; • Infective Exacerbation of Chronic Airways Disease; • Deep Vein Thrombosis (± Pulmonary Embolism); • Pneumonia. <p>You should feel competent in the resuscitation and management of the following acute presentations :</p> <ul style="list-style-type: none"> • Hypoglycaemia; • Diabetic Ketoacidosis; • Cardiac Arrest. <p>You should be able to perform independently the following procedures:</p> <ul style="list-style-type: none"> • Venesection; • Lumbar Puncture; • Abdominal Paracentesis;

	<ul style="list-style-type: none"> • Pleural Tap; • Insertion of Intravenous Line. <p>You should feel confident in interpreting the following tests :</p> <ul style="list-style-type: none"> • Complete Blood Picture; • General Biochemistry; • Thyroid Biochemistry; • Mid Stream Urine Report; • ECG showing Ischaemia, Infarction, Atrial Fibrillation; Tachycardias (various), Heart Block (various) • Chest X-ray showing COAD, Pneumonia, Pulmonary Oedema, Cardiomegaly.
	<p>COMMUNICATION</p> <p>Communicate</p> <ul style="list-style-type: none"> - Spoken & written - Patients & peers - Always say if you don't know! Don't make up explanations - You are allowed to apologise ("sorry") - Document what you say and do - use your STAMP <ul style="list-style-type: none"> - Case notes are to be detailed and legible – always consider every entry a serious legal document - Instruction to colleagues and peers are to be extremely clear – i.e. sufficiently concrete to reduce room for unintended and inappropriate interpretation that can cause distortion and confusion
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> - Be responsible – perform one's duty as required in an ethical manner - Patient's care and interests are of the highest importance – indeed it is the sole purpose of the intern's employment - Looking after one's colleagues and peers with understanding - Challenge the thoughts of one's superior when required but in an acceptable and courteous way - be sympathetic and empathic to patients and their family – and have to ability to demonstrate one's empathy – e.g. showing genuine concern and interests in words and gestures
<p>EDUCATION</p> <p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>In addition to attending the regular meetings detailed, Junior Medical Officers are expected to attend:</p> <ul style="list-style-type: none"> - Lunch and Learn Sessions, Tuesdays 12.30pm, Seminar Room 5 West - Inservice Tutorials, Fridays 1.00 pm, Seminar Room 5 West - Grand Rounds, Wednesdays 1.00 pm, Auditorium, Education Centre. <p>Formal tutorials/teaching</p> <ul style="list-style-type: none"> • 'Lunch and Learn' weekly lunch time interactive tutorials with trainees and a consultant physician on rotation Tuesdays 12.30 till 1300 hrs. Food provided • Radiology reviews of abnormal radiology – Tuesdays 9:00am-9:30am, Benson Radiology. • Clinical Case presentations, weekly discussion of cases and/ or abnormal investigations -combined meeting with Paediatrics Dept Wednesdays, 11.30am, Seminar Room 5 West. • Grand Rounds Wednesdays 12.45 with Lunch

Training Sessions

- Short Cases in Neurology weekly from April to August each year
- Additional short cases are possible depending on the level of training of the residents at the hospital

Other teaching sessions

- Video conference sessions with Royal Adelaide Hospital Basic Trainees (Land Line) - being developed
- MKSAP 13 on PC in Registrar Office
- Video teaching tapes on "Investigations in Medicine," produced by the Dept of Medicine, Austin Health University of Melbourne. Ask at Library.
- Access to on line journals and clinical review and Medline databases via Library and other PC – password required see Librarian
- "UpToDate" CD ROM in library

Library

Librarian: Jillian Small

Hours

Monday 8.30am – 1.30pm
Tuesday 8.30am – 1.30pm
Wednesday at RAH 8.30am – 5pm, but may be called on 8222 4163
Thursday 8.30am – 1.30pm
Friday at RAH 8.30am – 5pm, but may be called on 8222 4163

Contact at Modbury – Ext 2356 or 8161 2356, Fax – 8161 2161
Email – jillian.small@health.sa.gov.au (both Modbury and RAH)

Literature Searches

If you require help with locating specific information for patient care, a presentation, research or study purposes, just speak to Jillian, or fill in a Literature Search form which is available in the library or on IntraPOL.

Resources and Services

Access to online databases via SALUS Online	Full text journals
Literature searches	InterLibrary loans – books
Document delivery – Articles	Photocopying
Book collection	Print journals
Internet access	Seminar Room bookings
Audio-Visual equipment bookings	Video collection
Quiet study area	

Instruction on use of online databases and journals and the Internet to small groups or individuals (see Jillian to make a time for her to visit your group or work with you in the Library)

Document Delivery and Interlibrary Loans

The Library is part of a network of Aust Health Libraries (GratisNet) which enables us to obtain copies of articles from journals to which we don't subscribe; ask Jillian about this service. The Document Delivery/InterLibrary Loan form is available in the library or on IntraPOL. If you need some information urgently for patient care, we will endeavour to obtain it in 2 hours.

Audiovisual Equipment

Lorraine Coward in the Staff Development Unit handles bookings for the following, for use in the hospital:

Overhead Projectors

Laptop

	<p>Computer projector TV and video facilities</p> <p>Book by phoning, emailing or coming to book them personally. Contact details are as follows:</p> <p>Lorraine Coward – ext 2382, or email larraine.coward@health.sa.gov.au</p> <p>Journal – Table of Contents</p> <p>If you wish to be notified of the Table of Contents of a particular print journal when it is has been received by the Library, just let Jillian know. If a particular article is of interest to you, either you can come and photocopy it or you can fill in a Photocopy Request form from the library or on Intranet. Jillian can also demonstrate how you can set up electronic Tables of Contents to be received at your own email address at work, home or rooms.</p>	<p>Slide projector Video Conferencing</p>
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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.

HOURS OF DUTY

38 hours /week from 0830. Regular half day off. Negotiate times with your colleagues and consultant.
Rosters currently under review.

Each RMO is allocated to one consultant for the duration of the Rotation.

Ward Rounds

- Cheung – Monday morning (late) > OPD, Tuesday, Wednesday morning (late) >OPD, Friday morning
- Morton - Monday 0900 Thursday 0900, Saturday 0900
- McNeil - Monday, Wednesday & Fridays at 10.00
- Norton - As required
- Wong – Monday am, Wed pm and Friday am unless post take on Thursday, OPD Wed am (Consultant clinic) and Registrar clinic remains on Tuesday morning.
- Ninan – Tuesday morning and Friday morning.

DR MORTON HAS A WARD ROUND ON SATURDAY AT 0900

DOCTOR	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	am	pm	am	pm	am	pm	am	pm	am	pm
CHEUNG	OPD3 / WARD ROUND)	WARD ROUND 0830-1130	University	OPD3 / WARD ROUND		WARD ROUND	Wakefield	OPD3 / WARD ROUND	
WONG	MPH Ward round		OPD 0830- 1200/Ward round (MPH)			MPH Ward round		Ward round if needed	MPH OPD/Ward round	
MCNEIL	M/Students 0930 WR 1000 - 1230	OPD 3 1400- 1700	OPD 5E 0900-1300		WR 1000 1130 CASE MEETING	1300 GRAND ROUNDS OPD 1340- 1700	tutorial (m/stud) 1000	OPD 3 1400 (hand) bimonthly	WR 1000 (2nd Friday each month at Mt Gambier)	
NINAN	LMH OPD		WR 0830		OPD am case presentations 1130-1230	Grand round 1300 OPD 1400		AAU WR	Ward round 0730	
MORTON	WR 0900- 1200	WCH	WCH		OPD 2 (pte) 0845	GRAND ROUNDS 1300 WCH	WR 0900- 1100 OPD 1 1100	Modbury Hospital	WCH	OFF
NORTON	Modbury	LMHS	OPD 3 0830-1100	Lunch & Learn 1230-1330 OPD pte to 1500 (EEG/NCS)	Modbury	LMHS	Gawler 1 st Thurs/mth Otherwise OPD pte 1000- 1700	OPD pte to 1700	LMHS am (or Barmera /Port Pirie 2 mthly)	Modbury / RAH

Take Days

- The Taking Medical Registrar is responsible for assessing and deciding admissions via the Emergency Department.
- After hours, the Medical Registrar is the most SENIOR medical officer on site. If there are any complications or dilemmas that are not easily solved, contact your consultant or the Medical Director at home.

PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i>	12	
OVERTIME <i>Average hours per week</i>	ROSTERED At least 6 hours rostered	NON-ROSTERED Approximately 6 non-rostered

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.

Mid-term Appraisal with the Supervisor (i.e. Consultant; or Registrar in the event that the Consultant is on leave)

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.

End-term Assessment with the Supervisor (i.e. Consultant; or Registrar in the event that the Consultant is on leave)

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.

JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.

The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.

Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.

Continuous Feedback

While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. Ask for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.

JMO Evaluation of Clinical Rotation

JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.

ADDITIONAL INFORMATION**TERM DESCRIPTION DEVELOPED ON**

April 2013

TERM DESCRIPTION VALID UNTIL

Dec 2015

DUE FOR REVIEW ON

January 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

General Medicine

Modbury PGY2

CLINICAL MANAGEMENT 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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

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

National Term Description

investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment
- Neurological**
- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application

- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



January 2013

This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Dept. of Orthopaedics and Trauma – Modbury Hospital		
TERM NAME	Orthopaedics (RMO)		
TERM SUPERVISOR	Acting Head of Unit – Dr Ben Beamond		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>Acting Head of Service Dr Ben Beamond – Knee, Foot & Ankle</p> <p>Consultants Dr. Greg Bain – Upper Limb Dr. Ben Allen – Hips & Knees Dr. Nick Chabrel – Upper Limb Dr Justin Munt – Knees & Hips Dr Justin Webb – Knees & Hips Dr Nicole Williams – Paediatric Cases Dr Harry Clitherow– Upper Limb & Hand - Fellow Dr Rob Baird – Hips & Knees <i>Dr. Beamond is at Modbury weekly, and does alternate theatre sessions and OPD clinics weekly and once monthly operated for a full day.</i></p> <p><i>Drs. Bain and Chabrel operate and hold OPD clinics at Modbury fortnightly, on opposite weeks to each other.</i></p> <p>Department Secretary Holly Gurskis Volunteer Office Assistant Mrs Pat Grimley Senior Registrar (Accredited) Dr Justin Alexander Service Registrars (x2) Dr Dianne Howski & Dr Matthew Rackham RMOs x 2 (+ 1 RMO from RAH) Physio Sarah Harman Orthotist (RAH) Ms Nat Hobbs</p> <p>2 East CSC – Catherine White</p>		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY-1		
			DURATION

	PGY2	3	Elective	13 weeks
<p>OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>The services in Orthopaedic Surgery are provided by a team of Senior Orthopaedic Surgeons with Dr Ben Beamond as Acting Head of Service.</p> <p>The Department is staffed by</p> <ul style="list-style-type: none"> - Seven Senior Orthopaedic Surgeons - Three Registrars (One Accredited Trainee and two Pre-SET Trainees) - A Visiting Hand and Upper Limb Fellow and - Two RMOs <p>Each Orthopaedic Surgeon has a subspecialty interest.</p> <p>The workload in the department includes a wide range of musculo-skeletal trauma, joint replacement surgery (particularly hip and knee), age-related osteoporotic fractures, sporting injuries, foot and ankle conditions and upper limb problems. There is a limited paediatric component seen primarily by Dr Williams in Outpatients.</p> <p>The Department is supportive of traditional learning through the apprenticeship method where the Junior Doctor is given the opportunity to improve their skills under supervision.</p> <p>Opportunities exist for supervised learning in the form of structured ward rounds, outpatient clinics, and elective and trauma surgeries. JMOs are encouraged to participate in all these activities, as well as daily trauma triaging, weekly clinical and topic presentations, a structured tutorial programme and the unit's clinical audit.</p>			
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>Requirements:</p> <ul style="list-style-type: none"> - Satisfactory completion of MBBS, BMBS or equivalent - Limited registration with the Australian Health Practitioner Regulation Agency - Will be required to undertake a health assessment prior to commencement - Appointment will be subject to a satisfactory Offender History Check - Will be required to participate in MPH's Individual performance review and development program. - Comply with the principles of the code of fair information practice adopted by the Department of Human Services, which regulate the collection, use, disclosure, storage and transfer of all personal patient / client information within the department and throughout its funded service providers. - Knowledge of Equal Employment Principles and capacity to implement Equal Employment Opportunity Policies. - Capacity to implement Quality Assurance Practices 			
<p>ORIENTATION <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 junior doctor.</i></p>	<p>At the start of the attachment the JMO will receive an introduction to the Department from the Senior Registrar and will be introduced to the Term Supervisor. The JMO will be instructed on his functions and responsibilities, and will be given information about protocols pertaining to unit</p> <p>A handover document containing essential information is also given out to each JMO at the start of their term by the Dept. Secretary, who also provides any other relevant information</p> <p>.</p>			
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p>RMO CLINICAL DUTIES</p> <p>RMOs would be responsible for general clinical ward management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up-to-date clinical and investigational findings on ward rounds, writing discharge summaries and organising discharge medications, organising follow-up appointments for</p>			

patients, performing minor procedures on the ward and being available to assess patients when requested by nursing staff.

Pre/post operative care of patients. In particular:

- DVT prophylaxis (see below)
- Pre/post op bloods as required
- Wound monitoring/dressings
- IVT /blood transfusion if required
- Maintenance of adequate bowel function (especially in immobile patients and patients taking opioid analgesia)
- Pressure area care
- Correct patient positioning (i.e. prevention of pneumonia)
- Clarification of NFR status (may be in consultation with registrar)
- Ensuring correct consent and surgical site marking

Discharge planning

- Liaise with physio/OT/social worker/discharge planning nurse RE appropriate destination +/- supports
- OPD + x-ray booking
- Discharge medications
- Letter to GP (Note that unless the GP is added to the summary distribution section the notes will be sent back to the office as if the summary has not been done.)
- Medical/workcover/centrelink certificates

Ward Round

- Be involved with daily teaching during triaging of Emergency Dept. referrals
- Presentation: organise weekly consultant ward round on powerpoint presentation (NB. Best to organise on Tuesday as x-rays invariably go missing and have to be located / reprinted. Power-point presentation template is on left hand computer in RMO room under generic log-in). This presentation will need to be put on USB and given to Unit Secretary prior to Ward Round to prepare paperwork.
- Elective cases: the registrars will present the upcoming elective cases and some x-rays/investigations may need to be organised by RMOs
- Educational presentation: every RMO is expected to present at least once during their rotation on a topic of relevance to orthopaedics. Trish has a list of past topics if you need any ideas – alternatively the Senior Registrar may allocate a suitable topic.

Pre-operative assessment clinic (every Friday AM)

Outpatients clinic

- RMOs would be allocated to clinics and encouraged to attend as a valuable teaching resource

DVT prophylaxis

Each consultant has a unique post-operative regime for DVT prophylaxis (and sutures/dressings). This should be well documented in the op note. Here is a guide:

BEAMOND knee

WB Status	WBAT
Suture removal	Absorbable

DVT Prophylaxis	Clexane 40mg daily for inpatient SCDs 24/24 TEDS Rivoroxaban up to day 21 post op
OPD Follow Up	6/52, 12/52 XOA, 1 year XOA, 2 years XOA

ALLEN knee

WB Status	WBAT with physio. 90 degree Knee Flexion
Suture removal	
DVT Prophylaxis	Clexane 40 mg daily Rivoroxaban from day of discharge for 2 weeks
OPD Follow Up	6/51, 12/52 XOA, 1 Yr XOA

ALLEN hip

WB Status	WBAT
Suture removal	
DVT Prophylaxis	Clexane 40 mg S/c
OPD Follow Up	-6/52 XOA – wound check + clinical r/v -3/12 XOA -12/12 XOA, the 2 yearly

All anticoagulants should be held if wounds ooze post-operatively. You will be guided by the registrars on this during morning round.

ORGANISATIONAL DUTIES

RMO's are expected to attend the Department meeting on Wednesday at 11.00am in your office on 2 East and Mr Greg Bain's Breakfast Meeting on Thursday at 7.30 am in the Theatre Tea Room. They are expected to provide at least one presentation on the Wednesday 11am Ward Round in their term .

RMO's would be encouraged to attend Outpatients and Operating Theatre

RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT

When making clinical assessments and management decisions, the RMO should report to the Senior Registrar or, if not available, the on-call Registrar. If neither of these are available the RMO should report to the clinic Consultant or on-call Consultant. In medico-legal issues the Chairman should report to the Medical Administration as well as the Consultant Orthopaedic Surgeon involved. Where important clinical decisions are made these should be documented clearly in the notes.

RMOs are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the RMO may contact the Consultant directly at any time of the day.

ADMISSION PROTOCOLS

An RMO would be expected to write-up regular medicines and perform any basic tests requested by the admitting Registrar. They would not be responsible for the assessment and /or admission note for an orthopaedic emergency patient.

WARD ROUNDS

RMO's should check with their Registrar and Consultant as to when they are expected to do ward rounds.

	<p>RMO's should take the opportunity to present cases and be involved in decision making.</p> <p><u>COMMUNICATION RESPONSIBILITIES</u> Where directed by the Consultant or Registrar, an RMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When referring patients to another clinic an adequate written referral with appropriate results should be made and verbal contact made where appropriate.</p> <p><u>INVESTIGATION ORDERING</u> RMO's may order basic investigations where appropriate and more detailed investigations at the advice of a Registrar or Consultant.</p> <p><u>OUTPATIENT ATTENDANCES</u> RMO's would be encouraged to attend Outpatients and Operating Theatre, but these are not requirements.</p> <p><u>CONSENT FOR PROCEDURES</u> RMO's are not expected to provide consent for orthopaedic procedures. RMO's and/or Registrars are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the RMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary, providing all information.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS Senior Registrar then Head of Service</p> <hr/> <p>AFTER HOURS On-call Registrar then On-call consultant</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <ul style="list-style-type: none"> - learn to accept clinical responsibility - develop an understanding of ethical and medico-legal issues - to learn how to adequately document a patient's history, examination and investigation findings in the clinical record (under supervision and relevant to their level of training) - to learn to perform or assist in surgical procedures (under supervision and relevant to their level of training) - clinical presentation skills with current clinical and investigational findings - writing quality discharge summaries, and organising discharge medications - organising follow-up appointments and/or referrals for patients - to develop clinical management skills by encompassing diagnostic, technical, analytical, interpersonal and communication skills in a learning environment - to undertake the initial assessment and day to day management of inpatients under their care - to assess and manage outpatients under the supervision of consultant staff - to organise and co-ordinate any investigations and procedures needed for patients as requested by consultant staff - clear and concise documentation of daily events in the case record and methods of communication appropriate to ongoing care - assist with the preparation and organisation of any unit meetings, case presentations as required by the unit (under supervision and in collaboration with Registrars on the unit) <p>At the end of your time in the Unit we expect you should be able to diagnose and manage the following disorders :</p>

	<ol style="list-style-type: none"> 1. Minor fractures of the upper and lower limbs. 2. Degenerative joint disease. 3. Spinal disc disease. <p>At the end of your time in the Unit we expect you should be competent in the resuscitation and management of the following acute presentations :</p> <ol style="list-style-type: none"> a. Septic arthritis and osteomyelitis. b. Fractures, for example, fractured neck of femur. c. Post-operative joint replacement complications, for example haemorrhage. <p>At the end of your time in the Unit we expect you should be able to independently perform the following procedures :</p> <ol style="list-style-type: none"> 1. Intravenous therapy. 2. Minor traction and splintage. 3. Joint aspiration. <p>At the end of your time in the Unit we expect you should feel confident in interpreting the following tests :</p> <ol style="list-style-type: none"> a. Musculo-skeletal x-rays. b. Musculo-skeletal bone scan. c. Haematological investigations associated with musculo-skeletal pathology.
	<p>COMMUNICATION</p> <ul style="list-style-type: none"> - to consolidate their skills in communication and counselling - to foster working relationships with collaborative teams - liaise with other departments and other clinical and para-clinical staff as directed - writing quality discharge summaries - communicate with general practitioners whose patients are under their care - clear and concise documentation of daily events in the case record and methods of communication appropriate to ongoing care - assist with the preparation and organisation of any unit meetings, case presentations as required by the unit (under supervision and in collaboration with Registrars and RMOs on the unit).
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> - develop appropriate professional attributes - to foster working relationships within collaborative teams - to assess and manage outpatients under the supervision of consultant staff - liaise with other departments and other clinical and para-clinical staff as directed - assist with the preparation and organisation of any unit meetings, case presentations as required by the unit (under supervision and in collaboration with Registrars and RMOs on the unit)
<p>EDUCATION <i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>The Department is supportive of traditional learning through the apprenticeship method where the Junior Doctor is given the opportunity to improve their clinical skills under supervision.</p> <p>Opportunities exist for supervised learning in the form of structured ward rounds, outpatient clinics, and elective and trauma surgeries.</p> <p>RMOs are encouraged to participate in all these activities, as well as daily trauma triaging, weekly clinical and topic presentations, a structured tutorial programme and the unit's clinical audit.</p> <ul style="list-style-type: none"> - Tuesday 7:30, training session by Mr. Bain for RMOs – with practical exercises and equipment use - Wednesday, Consultant supervised ward round where all elective cases are reviewed. A quarterly audit takes place of this ward round and is kept on file. During this time there is a specific learning

opportunity with a surgical rep. also RMOs are expected to make at least one presentation to the team and consultants on surgical issues relevant to Orthopaedics.

- Thursday 12:30 **In-service tutorial** run by MEU, the Dept. encourages RMOs to attend
- Wednesday 12:30 **Grand Round** – the Dept. encourages RMOs to attend.
- Orthopaedic **journals** are regularly received by the Dept. Secretary from the library. They are formally circulated amongst RMOs and interns.

There is an **RMO lounge**, with two computers and internet access exclusively for their use.

The term supervisor offers **Research Projects** to RMOs who are interested, and some of these have received much critical acclaim and have been published.

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.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	0800 Ward Round (Registrar + RMO)		0800 Ward Round (Registrar + RMOs)	0800 Ward Round (Registrar + RMOs)	0800 Ward Round (Registrar + RMOs)	0730 - 0830 Upper Limb teaching – Breakfast Meeting (Bain) Theatre Doctors Room	0800 Ward Round (Registrar + RMOs)
			0830 - 1230 Elective List (Munt / Fassina)	OPD / Elective List Beamond, alt. weeks)	OPD (Beamond / Allen, alt. weeks) 1030 / 11am - 1200 Dept. Meeting – Ward Round, 12:30 Grand Round Auditorium	0830 Ward Round (Registrar + RMOs) Elective list (Chabrel / Bain, alt. weeks) 1230 -1330 Intern Tutorial, Level 5 Education	0900 - 1200 Pre-operative Assessment Clinic Elective list (Allen fortnightly)
PM			1300 - 1600 OPD ((Munt / Fassina)	1300 - 1600 OPD / Elective List Beamond, alt. weeks)	1300 - 1600 OPD (Beamond / Allen, alt. weeks)	1300 - 1700 OPD (Chabrel / Bain, alt. weeks)	

PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i>	1-15	
OVERTIME <i>Average hours per week</i>	ROSTERED Basic hours of duty are 38 hours. RMOs are expected to be present each morning from 0800 hours Monday – Friday and to be included in a rotating cover weekend roster organised by Medical Admin.	UNROSTERED
ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	<p>JMOs will receive two assessments during the rotation:</p> <p>Mid-term Appraisal The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.</p> <p>End-term Assessment The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.</p> <p>JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.</p> <p>The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.</p> <p>Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.</p> <p>Continuous Feedback While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. <u>Ask</u> for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.</p> <p>JMO Evaluation of Clinical Rotation JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.</p>	
ADDITIONAL INFORMATION		
TERM DESCRIPTION DEVELOPED ON	June 2011	
TERM DESCRIPTION VALID UNTIL	Document reviewed October 2013	
DUE FOR REVIEW ON	January 2014	

National Term Description

Orthopaedics

(MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation

- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia

- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	General Medicine (PGY2+)		
TERM SUPERVISOR	Assoc Prof Julian McNeil Dr. Bianca Wong(0.5) Dr. Mark Morton (0.5) Dr. Jem Ninan (0.47) Dr. Wing Cheung (0.47)		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Head of Unit – Assoc Prof Julian McNeil (University Dept of Medicine) Staff Specialists – <ul style="list-style-type: none"> • Dr Wing Cheung (diabetes) • Dr Mark Morton (obstetric medicine) • Assoc Prof Julian McNeil (rheumatology) • Dr Graham Norton (neurology) • Dr Jem Ninan (rheumatology) • Dr Bianca Wong (geriatrics) Registrars - 2 x Modbury Hospital, 4 x rotating from RAH, 2 x rotating from QEH, 2 x rotating from LMH Junior Medical Officers/Interns - Rotating roster (5) Junior Medical Officers/RMOs - Rotating roster (5) Department Secretary - Lindsey Millikan		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1	5	Core
	PGY2	5	13 Weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit,</i>	The provision of services in internal medicine is based on 5 teams headed by general physicians.		

range of clinical services provided, case mix etc.

The University of Adelaide Department of Medicine is represented by Associate Professor Julian McNeil.

Each general physician has a subspecialty interest viz:

- ◆ Assoc Prof J McNeil (Head of University Department of Medicine) General Medicine and Rheumatology;
- ◆ Dr W Cheung, General Medicine and Diabetes;
- ◆ Dr M Morton, General Medicine and Obstetric Medicine.
- ◆ Dr L Palmer, Hospice and Palliative Care
- ◆ Dr B Wong Geriatrics and General Medicine

- ◇ Cardiology services are provided by Dr Luan Hyunh
- ◇ Oncology services are available via an outreach clinic from the Royal Adelaide Hospital, supplemented by Dr. Tan
- ◇ Neurology services are provided by Dr G R Norton.
- ◇ Nephrology services are provided by an outpatient session and consultations by Dr Kym Bannister / Dr C Peh as an outreach service from the Royal Adelaide Hospital.
- ◇ Rheumatology services are provided jointly by Assoc Prof J McNeil, and Dr J Ninan.
- ◇ Respiratory Medicine services are provided by Dr R Antic as an outreach from Royal Adelaide Hospital.
- ◇ Palliative Care (Hospice) services are provided by Dr L Palmer, Dr. T. Silakong and Dr M Kain (General Practitioner).
- ◇ Infectious Diseases services are provided by Dr P C Lee of Gribbles Pathology.
- ◇ Geriatrics services are provided by GEM unit consultants, Dr J Maddison, Dr P Bastian, Dr C Haylock, Dr S Johns, Dr B Wong and Dr J Rodwell and Dr T Ho
- ◇ Haematology services are provided through IMVS Pathology which provides laboratory services under contract to the hospital.
- ◇ Gastroenterology services are provided are provided by the on-call Gastroenterologist at the Royal Adelaide Hospital

In Summary

Care of medical patients is based on 5 general medicine clinics with ready access to a near complete range of medical subspecialties provided by contract (eg Cardiology) by outreach from Royal Adelaide Hospital (eg Nephrology) or by various combinations (eg Respiratory Medicine, Rheumatology, Geriatrics).

Philosophy

The Unit seeks to provide timely and appropriate care of an excellent standard to all patients with due regard to the emotional needs of both patients and relatives. At the same time we seek to avoid waste, reduplication and extravagance by choosing the most cost effective use

	<p>of resources.</p> <p>There has always been an emphasis on continuity of care (for example by readmission under the same physician as previously) and on liaison with general practitioners.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>It is expected that the RMO will have a basic understanding of the principles of medicine, consistent with the level attained at the completion of successful Intern I training.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<p>There is a comprehensive manual called Introduction and Handbook for Interns RMOs and Medical Registrars which is updated by the Dept. Secretary every term and given to all interns.</p> <p>The first session of the 'Lunch and Learn' Tutorial is an orientation, which takes place on the first Tuesday after the Medical Registrars term commences. The venue is the Student Library on 5 East. Dr Wing Cheung oversees these sessions, with Dr Graham Norton as proxy.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p><u>CLINICAL DUTIES</u> JMO's are responsible for general clinical management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up-to-date clinical and investigational findings on ward rounds, writing discharge summaries and organising discharge medications, organising follow-up appointments for patients, performing minor procedures on the ward and being available to assess patients when requested by nursing staff.</p> <p><u>EDUCATIONAL DUTIES</u> JMO's are expected to help in supplying scans and x-rays of interest for the Radiology Teaching Session held on Tuesday 900-930 in the Benson Conference Room, They are also expected to attend the Medical / Paediatric Short Case Meeting held at 11.30am on Wednesdays (Seminar room 5 West). This is a good forum in which to gain experience in case presentation.</p> <p>JMO's are expected to assist in directing medical students to patients with histories, physical signs and test results of educational interest (meetings are held weekly from February to November inclusive).</p> <p><u>RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT</u> When making clinical assessments and management decisions, the JMO should report to their clinic Registrar or, if not available, the on-call Registrar. If neither of these are available the RMO should report to the clinic Consultant or on-call Consultant. In medico-legal issues the JMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.</p> <p>Junior Medical Officers are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the Junior Medical Officer may contact the Consultant directly at any time of the day.</p>

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol.

In the case of a Registrar, the Registrar should notify the appropriate Consultant, again following clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.

WARD ROUNDS

JMO's should check with their Registrar and Consultant as to when they are expected to do ward rounds. The current roster is included.

JMO's should take the opportunity to present cases and be involved in decision making.

LIAISON MEETINGS

Interdisciplinary discharge planning meetings are held weekly by agreement between the Unit Manager (Nursing) and the Physicians. Paramedical support makes your life easy. They are your colleagues and peers and mutual respect and discussion is vital for all concerned, including the patient.

COMMUNICATION RESPONSIBILITIES

Where directed by the Consultant or Registrar, a JMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When advised to refer patients to another clinic an adequate written referral to the Head of Clinic should be made and verbal contact made where appropriate.

INVESTIGATION ORDERING

JMO's may order basic investigations where appropriate and more detailed investigations on the advice of a Registrar or Consultant. In the interest of economy when repeating investigations a component of a test may suffice rather than a complete test (eg Hb rather than repeat CBP, K⁺ and urea rather than repeat general chemistry).

OUTPATIENT ATTENDANCES

JMO's are not expected to attend Outpatients but are encouraged to attend when their ward duties allow.

CONSENT FOR PROCEDURES

JMO's are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.

MEDICAL COVER

◆ Approximately every 5th day (1630 – 2100 weekdays, 1100 – 2100

weekends) you will be rostered as “medical cover.” This means you take care of all new medical admissions and deal with any problems arising in any medical patients. This means writing up any necessary medication/fluid orders, inserting jelcos/IDCs/NGTs etc, doing admissions and dealing with patients who become acutely unwell. If you need help, the medical registrar on call is in the hospital.

- ◆ When on cover, you need to pick up pager 0018 – this is an arrest pager, and will notify you if a ‘code blue’ has been called. If you are alerted to a code blue, attend as quickly as possible. The medical/anaesthetic registrars will generally take charge of the situation, but you will often be required to insert jelcos, take blood etc.

If you are the first on the scene, do not panic. Remember AIRWAY, BREATHING, CIRCULATION.

- ◆ **It is not your responsibility to change non-urgent orders, nor discuss patient progress with relatives if the patient is not usually under your care. This is best left until the following morning for the home team to decide upon.**

- ◆ Medical cover is often busy so prioritise the calls and take care of the most urgent calls first. When it is quiet, prepare discharge summaries for any of your own patients who will be discharged soon.
- ◆ Beware when giving medication orders over the phone - remember that the nursing staff do not know all the indications and contraindications of medications they are requesting.
- ◆ To assist whoever is medical cover for the day, try to write up enough fluid orders, analgesia and temazepam to last until the next morning, then night cover is not bothered by “nuisance” calls.
- ◆ Try to minimise the number of test results to be followed up by medical cover as well as the number of bloods needing to be taken.

DAY STAY UNIT

Many medical patients attend the hospital as day patients if they require regular IV medication or other treatment.

Examples include:

- ◆ Cardioversion - AF
- ◆ Blood transfusion - myelofibrosis/cancer
- ◆ Methylprednisolone - interstitial lung disease
- ◆ Gold Injection - rheumatoid arthritis
- ◆ Regular BSLs - stabilisation of diabetes
- ◆ Hospice day care - terminal cancer
- ◆ Endoscopy / colonoscopy - investigation of GIT

Most of the patients do not require a formal admission, but will need their therapy prescribed. The DSU staff will usually page you the day prior to admission.

	<p>Handover (Night – Day – Night) Is MANDATORY and should be</p> <ul style="list-style-type: none"> • Face to Face • Include <ul style="list-style-type: none"> ▪ Emergency Department ▪ HDU ▪ CCU <p>At the beginning and end of your shift. This will minimise the chance of delayed calls to Emergency.</p> <p>The Night Medical Registrar must acquaint him or herself with ALL potential medical problems in HDU , including any acutely ill surgical and orthopaedic patients.</p> <p>These rules apply with respect to the duties of the Taking Medical Registrar and the Night Medical Registrar. They are commonsense rules based on professional behaviour and direct communication and are mandatory for all medical officers whilst working in the Dept of Medicine at Modbury Hospital.</p> <p>Do NOT delegate hand over or communication to your junior staff or the nursing staff – this is most unprofessional and leads to mistakes and misunderstanding.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS Registrar And the Consultant, who makes it clear that they are happy to be contactable and encourages the JMOs to do so.</p> <hr/> <p>AFTER HOURS Registrar And the Consultant, who makes it clear that they are happy to be contactable and encourages the JMOs to do so.</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <p>At the end of your time in the Unit we expect you should be able to diagnose and manage the following disorders:</p> <ul style="list-style-type: none"> • Acute Myocardial Infarction; • Left Ventricular Failure; • Acute Asthma; • Infective Exacerbation of Chronic Airways Disease; • Deep Vein Thrombosis (± Pulmonary Embolism); • Pneumonia. <p>You should feel competent in the resuscitation and management of the following acute presentations :</p> <ul style="list-style-type: none"> • Hypoglycaemia; • Diabetic Ketoacidosis; • Cardiac Arrest. <p>You should be able to perform independently the following procedures:</p> <ul style="list-style-type: none"> • Venesection; • Lumbar Puncture;

	<ul style="list-style-type: none"> • Abdominal Paracentesis; • Pleural Tap; • Insertion of Intravenous Line. <p>You should feel confident in interpreting the following tests :</p> <ul style="list-style-type: none"> • Complete Blood Picture; • General Biochemistry; • Thyroid Biochemistry; • Mid Stream Urine Report; • ECG showing Ischaemia, Infarction, Atrial Fibrillation; Tachycardias (various), Heart Block (various) • Chest X-ray showing COAD, Pneumonia, Pulmonary Oedema, Cardiomegaly.
	<p>COMMUNICATION</p> <p>Communicate</p> <ul style="list-style-type: none"> - Spoken & written - Patients & peers - Always say if you don't know! Don't make up explanations - You are allowed to apologise ("sorry") - Document what you say and do - use your STAMP - Case notes are to be detailed and legible – always consider every entry a serious legal document - Instruction to colleagues and peers are to be extremely clear – i.e. sufficiently concrete to reduce room for unintended and inappropriate interpretation that can cause distortion and confusion
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> - Be responsible – perform one's duty as required in an ethical manner - Patient's care and interests are of the highest importance – indeed it is the sole purpose of the intern's employment - Looking after one's colleagues and peers with understanding - Challenge the thoughts of one's superior when required but in an acceptable and courteous way - be sympathetic and empathic to patients and their family – and have to ability to demonstrate one's empathy – e.g. showing genuine concern and interests in words and gestures
<p>EDUCATION</p> <p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>In addition to attending the regular meetings detailed, Junior Medical Officers are expected to attend:</p> <ul style="list-style-type: none"> - Lunch and Learn Sessions, Tuesdays 12.30pm, Seminar Room 5 West - Inservice Tutorials, Fridays 1.00 pm, Seminar Room 5 West - Grand Rounds, Wednesdays 1.00 pm, Auditorium, Education Centre. <p>Formal tutorials/teaching</p> <ul style="list-style-type: none"> • 'Lunch and Learn' weekly lunch time interactive tutorials with trainees and a consultant physician on rotation Tuesdays 12.30 till 1300 hrs. Food provided • Radiology reviews of abnormal radiology – Tuesdays 9:00am-9:30am, Benson Radiology. • Clinical Case presentations, weekly discussion of cases and/ or abnormal investigations -combined meeting with Paediatrics Dept Wednesdays, 11.30am, Seminar Room 5 West.

- Grand Rounds Wednesdays 12.45 with Lunch

Training Sessions

- Short Cases in Neurology weekly from April to August each year
- Additional short cases are possible depending on the level of training of the residents at the hospital

Other teaching sessions

- Video conference sessions with Royal Adelaide Hospital Basic Trainees (Land Line) - being developed
- MKSAP 13 on PC in Registrar Office
- Video teaching tapes on "Investigations in Medicine," produced by the Dept of Medicine, Austin Health University of Melbourne. Ask at Library.
- Access to on line journals and clinical review and Medline databases via Library and other PC – password required see Librarian
- "UpToDate" CD ROM in library

Library

Librarian: Jillian Small

Hours

Monday 8.30am – 1.30pm
 Tuesday 8.30am – 1.30pm
 Wednesday at RAH 8.30am – 5pm, but may be called on 8222 4163
 Thursday 8.30am – 1.30pm
 Friday at RAH 8.30am – 5pm, but may be called on 8222 4163

Contact at Modbury – Ext 2356 or 8161 2356, Fax – 8161 2161

Email – jillian.small@health.sa.gov.au (both Modbury and RAH)

Literature Searches

If you require help with locating specific information for patient care, a presentation, research or study purposes, just speak to Jillian, or fill in a Literature Search form which is available in the library or on IntraPOL.

Resources and Services

Access to online databases via SALUS Online Full text journals	InterLibrary loans – books
Literature searches	Photocopying
Document delivery – Articles	Print journals
Book collection	Seminar Room bookings
Internet access	Video collection
Audio-Visual equipment bookings	
Quiet study area	

Instruction on use of online databases and journals and the Internet to small groups or individuals (see Jillian to make a time for her to visit your group or work with you in the Library)

Document Delivery and Interlibrary Loans

The Library is part of a network of Aust Health Libraries (GratisNet) which enables us to obtain copies of articles from journals to which we don't subscribe; ask Jillian about this service. The Document Delivery/InterLibrary Loan form is available in the library or on IntraPOL. If you need some information urgently for patient care, we will endeavour to obtain it in 2 hours.

Audiovisual Equipment

Lorraine Coward in the Staff Development Unit handles bookings for the following, for use in the hospital:

Overhead Projectors
Computer projector
TV and video
facilities

Laptop
Slide projector
Video Conferencing

Book by phoning, emailing or coming to book them personally. Contact details are as follows:

Lorraine Coward – ext 2382, or email lorraine.coward@health.sa.gov.au

Journal – Table of Contents

If you wish to be notified of the Table of Contents of a particular print journal when it is has been received by the Library, just let Jillian know. If a particular article is of interest to you, either you can come and photocopy it or you can fill in a Photocopy Request form from the library or on Intranet. Jillian can also demonstrate how you can set up electronic Tables of Contents to be received at your own email address at work, home or rooms.

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.

HOURS OF DUTY

38 hours /week from 0830. Regular half day off. Negotiate times with your colleagues and consultant.
Rosters currently under review.

Each RMO is allocated to one consultant for the duration of the Rotation.

Ward Rounds

- Cheung – Monday morning (late) > OPD, Tuesday, Wednesday morning (late) >OPD, Friday morning
- Morton - Monday 0900 Thursday 0900, Saturday 0900
- McNeil - Monday, Wednesday & Fridays at 10.00
- Norton - As required
- Wong – Monday am, Wed pm and Friday am unless post take on Thursday, OPD Wed am (Consultant clinic) and Registrar clinic remains on Tuesday morning.
- Ninan – Tuesday morning and Friday morning.

DR MORTON HAS A WARD ROUND ON SATURDAY AT 0900

DOCTOR	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	am	pm	am	pm	am	pm	am	pm	am	pm
CHEUNG	OPD3 / WARD ROUND)	WARD ROUND 0830-1130	University	OPD3 / WARD ROUND		WARD ROUND	Wakefield	OPD3 / WARD ROUND	
WONG	MPH Ward round		OPD 0830- 1200/Ward round (MPH)			MPH Ward round		Ward round if needed	MPH OPD/Ward round	
MCNEIL	M/Students 0930 WR 1000 - 1230	OPD 3 1400- 1700	OPD 5E 0900-1300		WR 1000 1130 CASE MEETING	1300 GRAND ROUNDS OPD 1340- 1700	tutorial (m/stud) 1000	OPD 3 1400 (hand) bimonthly	WR 1000 (2nd Friday each month at Mt Gambier)	
NINAN	LMH OPD		WR 0830		OPD am case presentations 1130-1230	Grand round 1300 OPD 1400		AAU WR	Ward round 0730	
MORTON	WR 0900- 1200	WCH	WCH		OPD 2 (pte) 0845	GRAND ROUNDS 1300 WCH	WR 0900- 1100 OPD 1 1100	Modbury Hospital	WCH	OFF
NORTON	Modbury	LMHS	OPD 3 0830-1100	Lunch & Learn 1230-1330 OPD pte to 1500 (EEG/NCS)	Modbury	LMHS	Gawler 1 st Thurs/mth Otherwise OPD pte 1000- 1700	OPD pte to 1700	LMHS am (or Barmera /Port Pirie 2 mthly)	Modbury / RAH

Take Days

- The Taking Medical Registrar is responsible for assessing and deciding admissions via the Emergency Department.
- After hours, the Medical Registrar is the most SENIOR medical officer on site. If there are any complications or dilemmas that are not easily solved, contact your consultant or the Medical Director at home.

PATIENT LOAD:

Average number of patients looked after by the junior doctor per day

12

OVERTIME

Average hours per week

ROSTERED

At least 6 hours rostered

NON-ROSTERED

Approximately 6 non-rostered

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.

Mid-term Appraisal with the Supervisor (i.e. Consultant; or Registrar in the event that the Consultant is on leave)

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.

End-term Assessment with the Supervisor (i.e. Consultant; or Registrar in the event that the Consultant is on leave)

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.

JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.

The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.

Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.

Continuous Feedback

While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. Ask for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.

JMO Evaluation of Clinical Rotation

JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.

ADDITIONAL INFORMATION**TERM DESCRIPTION DEVELOPED ON**

April 2013

TERM DESCRIPTION VALID UNTIL

Dec 2015

DUE FOR REVIEW ON

January 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

General Medicine

Modbury PGY2

CLINICAL MANAGEMENT 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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

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

National Term Description

investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment
- Neurological**
- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application

- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Psychiatry PGY2		
TERM SUPERVISOR	Dr. Catherine Ye		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Head of Unit And Clinical Director for NE Mental Health	Dr. Naz Barbato	
	Staff Specialist consultant	Dr. Singh Dr. Naso Dr. Ye Dr. Watson	
	Department Secretaries	Angela Rehn	
	Unit Manager	David Lindsay.	
	3 x Registrars		
	2 x RMOs	Rotating Roster	
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY1		
	PGY2	2	Elective
			13 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Psychiatric Services at Modbury Public Hospital are based in Woodleigh House, a purpose built facility providing 20 in-patient beds.</p> <p>Medical Officers attached to the Department of Psychiatry will work directly under the supervision of a Consultant but will have the opportunity to assess and manage patients in their own right. They will be involved in the assessment and management of new and ongoing</p>		

patients with a wide range of psychiatric presentations covering late adolescence to old age. Clinical exposure will include work within the inpatient setting, as well as emergency work with the regional Mental Health team, liaison psychiatry and outpatient and day patient situations.

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

Although previous experience in Psychiatry is an advantage, there is no specific assessment of knowledge or skills prior to commencement of the term.

ORIENTATION

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 junior doctor.

RMOs are allocated to a consultant as Term Supervisor.

On the first day, they have a face to face meeting with the Term Supervisor and Registrar to discuss the term, their role and function and learning opportunities. They also meet with the Unit Manager Mr. David Lindsay.

Clinical Handover of patients is handled between RMOs.

JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS

List routine duties and responsibilities including clinical handover

CLINICAL DUTIES

JMO's are responsible for general clinical management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up to date clinical and investigational findings on ward rounds, writing discharge summaries on the electronic OACIS system and organising discharge medications, organising follow up appointments for patients and being available to assess patients when requested by nursing staff. They are also rostered to cover ED mental health presentations as required.

RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT

The RMO works with the consultant and is under their direct supervision. When making clinical assessments and management decisions, the RMO should report to their Consultant. If they are not available the RMO should report to the on-call Consultant. In medico-legal issues the RMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.

Junior Medical Officers are expected to notify their Consultant if an inpatient has a potentially life threatening illness or test result.

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the Consultant. This should be done in a timely fashion and according to individual clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.

INVESTIGATION ORDERING

RMO's may order basic investigations where appropriate and more detailed investigations at the advice of a Registrar or Consultant.

CONSENT FOR PROCEDURES

RMO's are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the RMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.

MEETINGS

Ward rounds and teaching sessions occur as scheduled on the roster.

SUPERVISION

Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.

IN HOURS

Consultant for direct clinical supervision.
Senior Registrar for group teaching/supervision.

AFTER HOURS

On-call Registrar or Consultant (weekends)

UNIT SPECIFIC TERM

OBJECTIVES*

The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.

**Generic term objectives should also be noted on the attached ACFJD document.*

Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.

- 1 **Psychiatric assessment** - By the completion of the term the RMO should be able to extract and document a comprehensive psychiatric assessment including all aspects of history and mental state examination and should be able to do so whilst establishing and maintaining a therapeutic alliance and addressing issues of safety.
- 2 **Phenomenology and Familiarity** - By the end of the attachment the RMO should be familiar with the specialised vocabulary used to describe a wide range of psychiatric signs and symptoms and should feel familiar enough with these symptoms and behaviours to be able to work comfortably with patients exhibiting them.
- 3 **Psychopharmacology** - The RMO will gain facility in the appropriate use of all standard psychotropic medication with particular reference to the strengths and limitations of biological approaches, the advantages and disadvantages of new and old classes of antidepressants and antipsychotics and the role of mood stabilisers in the management of a variety of psychiatric conditions.
- 4 **ECT** - The RMO will be exposed to the practice of ECT and may occasionally be included in formal training programmes for its use. More importantly the RMO will have the opportunity of seeing the benefits of this treatment modality demonstrated.
- 5 **Psychotherapy** - By individual observation of colleagues and screened and supervised interviews the RMO will gain skills in psychotherapy in a variety of basic skills including supportive psychotherapy, cognitive behavioural psychotherapy and psychodynamic therapy. The RMO is likely to have exposure to family work and where opportunity arises will be included in formal tuition in that area.
- 6 **Mental Health Act** - By the completion of the attachment the RMO should be familiar with both the letter and the spirit of the Mental Health Act, and with the philosophical dilemmas associated with coercion in psychiatric care.

- 7 **Mental Health Systems** - By the completion of the attachment the RMO will be familiar with the National Mental Health Strategy and the local implementation of that strategy with respect to state psychiatric services, regionalisation of care and the range of facilities and services available.
- 8 **Integration** - Perhaps most importantly, the RMO will see demonstrated and gain experience in “integrated” care: that is to see team-based hospital and clinic care co-ordinated with community services, the patient’s own GP and other associated agencies.

COMMUNICATION

Where directed by the Consultant or Registrar, an RMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When referring patients to another clinic an adequate written referral with appropriate results should be made and verbal contact made where appropriate.

PROFESSIONALISM

- Always uphold the highest professional standards regardless of workplace stresses and fatigue.
- Develop time – management skills and how these relate to personal well-being.

EDUCATION

Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.

Journal Club – Every Friday. RMOs are expected to present.

Case Presentation Sessions – Alternating Thursdays 1-2 with Dr. Naso.

RMO Tutorial – Friday afternoons with Senior Reg.

RMO Hospital-wide Tutorials – Thursdays 12.30 Seminar Room 1

Grand Rounds - Wednesdays at 1.00 pm in Seminar Rooms 2&3.

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.

HOURS OF DUTY

Basic hours of duty are 0900 - 1700. JMO’s doing day duty are expected to be present each morning from 0900 Monday to Friday and one day on alternating weekends.

After hours work is scheduled according to the ‘Psych / Palliative Care / GEM After-hours Roster’.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	One weekend half-day on alternating weeks		Ward Duties	Ward Round	Ward Duties	Ward Round Dr. Ye	Ward Duties
					Grand Round 12.30	Case Presentations 12.30	Journal Club 12
PM			Ward Duties	Ward Duties	Ward Duties	Case Presentations 1	Senior Reg Tute 3
After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster'.							

PATIENT LOAD: 5

Average number of patients looked after by the junior doctor per day

OVERTIME

Average hours per week

ROSTERED

38 + 4 on half day on alternating weekends + some on after-hours roster which varies

UNROSTERED

4 rostered on half day on alternating weekends + 4 extra unrostered depending on need

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.

RMOs will receive two assessments during the rotation:

Mid-term Appraisal with allocated Consultant

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the RMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.

End-term Assessment with allocated Consultant

The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the RMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the RMO next to their signature.

RMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.

The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.

Term Supervisors will feedback to the Director of Clinical Training concerns regarding any RMO that they feel needs additional assistance with their development. RMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.

Continuous Feedback

While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then

please speak to your Consultant or Term Supervisor. Ask for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.

RMO Evaluation of Clinical Rotation

RMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of RMO rotations.

ADDITIONAL INFORMATION

TERM DESCRIPTION DEVELOPED ON June 2011

TERM DESCRIPTION VALID UNTIL Document reviewed October 2013

DUE FOR REVIEW ON January 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description

Psychiatry

(MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation

- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia

- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

Modbury Hospital

TERM DESCRIPTION

Revised April 2014



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Rehabilitation Unit – Modbury Hospital			
TERM NAME	Resident Medical Officer			
TERM SUPERVISOR	Dr Venugopal Kochiyil			
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>Dr Venugopal Kochiyil Dr Vrushali SANAP One Rehabilitation Registrar (on six month rotations) One Resident Medical Officer Multidisciplinary team of nursing and allied health - Rehabilitation nursing, physiotherapy, occupational therapy, speech therapy and rehabilitation social work</p> <p>Dr Venugopal Kochiyil Medical Education Building, Modbury Hospital Smart Road, Modbury, South Australia 5092 Mobile: 0467 767 671 Phone: 08 73214047 Venugopal.kochiyil@health.sa.gov.au</p> <p>Dr Vrushali SANAP GP Plus Superclinic, Modbury 77 Smart Road, Modbury, South Australia 5092 Mobile 0477720418 Phone 08 74258767</p>			
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE	DURATION

	PGY 1			
	PGY2	1 (to be confirmed)		13 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Northern Adelaide rehabilitation service is a recently established service to cater rehabilitation needs of the clients living in Northern suburbs. Our services include 8 bed inpatient rehabilitation ward, 20 bed equivalent rehabilitation in the home (RITH) and outpatient clinics based at Modbury GP plus super clinic and Elizabeth GP plus (prosthetic clinic and general rehabilitation/musculoskeletal rehabilitation clinic)</p> <p>Our clients are mainly from Modbury and Lyell McEwin Hospitals and occasionally from Royal Adelaide Hospital if they live in northern suburbs. We take clients with active rehabilitation goals. Typical case mix include strokes, other neurology, orthopaedic rehab and reconditioning.</p>			
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the Term and how the term supervisor will determine competency</i>	<ul style="list-style-type: none"> - Basic knowledge of clinical examination and diagnosis - Ability to identify problems and clinical worsening - Management skills of common medical problems - Male urinary catheterisation, venupuncture - Ability to relate to multidisciplinary team - Good communication skills <p>Discussion with the JMO</p>			
ORIENTATION <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 junior doctor.</i>	<p>On the first day of the term JMO will be given an orientation by the Advanced trainee of Rehabilitation Medicine (Registrar). Also will get an orientation on ward policies by the CSC. We are developing a document on clinical policies and guidelines for JMO working in the rehabilitation ward</p>			
JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i>	<p>Attending multidisciplinary patient hand over daily (ISBAR format) Daily ward round to identify any clinical problems Attending medical ward rounds and documenting plan – twice a week Organising necessary investigations Admitting patients and documenting admission notes Documentation of progress Medication charts Discharge summaries – All discharge summaries will be reviewed by the Registrar prior to finalising Participation in multidisciplinary team meetings – Tuesdays and Fridays Participating family meetings – RMO is encouraged to assist with family meetings for non complex situation under supervision of the registrar or consultant Weekend ward rounds (for 3 hours) as per duty list</p>			

	<p>Participation of after hour and weekend roster covering Geriatrics/Palliative care/Psychiatry/Rehabilitation – currently 1 in 7</p> <p>Attending emergency problems of our rehab in the home patients when presented in emergency (when rehabilitation registrar is not available onsite)</p> <p>Attending department journal clubs – on alternate weeks. Resident Medical officer is allotted to present a topic/journal as per the roster.</p> <p>Encouraged to multidisciplinary teaching/learning programs organised by the department – various schedules available</p> <p>Encouraged to attend ward and department business meetings</p> <p>Encouraged to attend medical junior doctor teaching and learning programs organised in Modbury Hospital</p> <p>Attending Modbury Hospital Medical grand rounds on Wed</p> <p>Medical student teaching – Adelaide University 3rd year medical students.</p> <p>Currently we are looking at ways RMO can involve with patients admitted to Rehab in the Home.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS</p> <p>Venugopal Kochiyil – Rehabilitation Medicine specialist through office email and office phone</p> <p>Vrushali SANAP - Office email and office phone</p> <p>Rehabilitation Registrar – usually an advanced trainee of Australasian faculty of rehabilitation Medicine – on six month rotations – office email and office phone</p> <p>AFTER HOURS</p> <p>Dr Venugopal Kochiyil – office phone</p> <p>Dr Vrushali SANAP – office phone</p> <p>On call Medical Registrar – through Modbury switch</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <ul style="list-style-type: none"> - Clinical examination and diagnosis especially neurological and musculoskeletal - Management of common clinical issues <p>COMMUNICATION</p> <ul style="list-style-type: none"> -Multidisciplinary hand over -multidisciplinary team meeting Communicating with patient, family and other team members Family meetings (supervised) <p>PROFESSIONALISM</p> <p>Training to become a clinical leader</p>
<p>EDUCATION <i>Detail learning and education opportunities and resources available to the junior doctor during the Term.</i></p>	<ul style="list-style-type: none"> - Rehabilitation updates, recovery in stroke

Formal education opportunities should also be included in the unit timetable below.

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.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	Ward round as per duty list (3 hours)		Clinical hand over	Ward round and multidisciplinary meeting	Clinical handover	Clinical hand over	Ward round and multi D meeting
		On call (1:7) 0830 to 2030	Ward round		Ward round	Ward round	
PM	On call (1 in 7) till 2030				Medical grand round Journal club	Once a fortnight afternoon off (rotating with registrar)	Routine ward work
			Routine ward activities	Routine ward activities	Routine ward activities		

PATIENT LOAD:

Average number of patients looked after by the junior doctor per day

8 inpatients. Average 4 admission and discharges per week. Occasional review of Rehab in the Home patient in the Modbury emergency if Rehab Registrar is not available

OVERTIME

Average hours per week

ROSTERED 38 hours + 3 hours alternate Saturdays + participation of after hour and weekend on call roster of GEM/pall care/ rehab/ psychiatry (currently one in seven) – weekdays 1700 to 2030, 1100 to 2030 on Saturday and 0830 to 2030 on Sundays and public holidays

UNROSTERED

Not anticipated to do unrostered hours

ASSESSMENT AND FEEDBACK

Detail the arrangements for formal assessment and feedback provided to

First week of starting term – face to face discussion to identify needs
Mid term (after 6 weeks)

<i>junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	End of the term
ADDITIONAL INFORMATION	
TERM DESCRIPTION DEVELOPED ON	10 th October 2012 /Reviewed April 2013
TERM DESCRIPTION VALID UNTIL	
DUE FOR REVIEW ON	January 2014

National Term Description

Rehabilitation

Modbury PGY2

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use

- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
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- Uses the health record to ensure continuity of care
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- Describe the importance and features of handover that ensure patient safety and continuity of care
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Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination

Modbury Hospital

Term Description



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital			
TERM NAME	Relieving (PGY2+)			
TERM SUPERVISOR	Relieving Unit Term Supervisor			
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	Term Supervisor:	Relieving Unit Term Supervisor		
	Consultants:	Relieving Unit Consultants		
	Registrars & RMO's:	Relieving Unit Registrars &/or RMO's		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE	DURATION
	PGY2+	8-9	Elective	12 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>The Relieving JMO allocated to work on a Unit or Cover shift will be expected to take on the roles and responsibilities as described in the Term Description for the Unit they are covering.</p> <p>The duration of the allocation will vary, and may be several days to several weeks.</p> <p>The Relieving JMO should familiarise themselves with the relevant Term Description prior to commencing the relieving period.</p> <p>The Relieving JMO is allocated to a clinical Unit under the following circumstances and conditions:</p> <ul style="list-style-type: none"> • The Unit JMO is on leave (eg annual, sick, study), or • The Unit JMO requires assistance with managing the workload, or • The Unit JMO is on a mandatory break following completion of a 			

	<p>night rotation.</p> <ul style="list-style-type: none"> • The Unit has SA IMET accreditation for JMO training. <p>The roles and responsibilities for the Relieving JMO are those that are defined in the JMO Term Description for the Unit.</p> <p>The rostered time spent on the Unit by the Relieving JMO, when taking into account the preceding relieving period, complies with the recommended hours and days worked as outlined in the enterprise agreement.</p> <p>Allocation to a Unit or shift is approved and directed by Medical Administration prior to commencing a new relieving period.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>Essential skills include : Basic Life Support; Pain Management; Fluid and Electrolyte Management; Prescribing & specifically :</p> <ul style="list-style-type: none"> • Recognition of acutely ill / deteriorating patients • Basic Life Support • Patient assessment including history & physical examination • Venepuncture, insertion and maintain IV cannulae • Able to recognise, assess & treat pain using a variety of methods • Able to assess patient hydration status and fluid losses
<p>ORIENTATION <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 junior doctor.</i></p>	<p>As per unit orientation.</p> <p>Please refer to the relevant Term Description.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p>Whilst relieving another staff member you are required to fully cover that person's shift hours and on-call responsibilities.</p> <p>You are responsible for finding out what staff member you are relieving and obtaining handover prior to commencing cover.</p> <p>During periods of non-cover you are required to sign in each morning and night with Medical Administration. Medical Administration will be advised of where you should report for work each day.</p> <p>Timesheets should be dual signed by a divisional supervisor and the Director of Medical Services (via Medical Administration).</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS Immediate supervision is provided by the Unit Registrar, Resident or Consultant. Assistance should be called upon in any circumstance where a Relieving JMO is unsure of his/her ability to manage a particular situation.</p> <hr/> <p>AFTER HOURS Please refer to the relevant Term Description.</p>

<p>UNIT SPECIFIC TERM OBJECTIVES*</p> <p><i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <p>Please refer to the relevant Term Description.</p> <hr/> <p>COMMUNICATION</p> <ul style="list-style-type: none"> • Communication skills with peers, health care personnel , patients and carers (verbal & non-verbal) • Ability to establish rapport and be empathetic with patients • Documentation standards which are authentic, timely, structured, relevant & legible • Able to use information technology to access key information, clinical practice guidelines & evidence based medicine • Presents cases effectively to senior medical staff & other health professionals • Competency with clinical & administrative procedures • Contributes effectively within a team of health care personnel • Aware of responsibilities associated with Clinical Handover <hr/> <p>PROFESSIONALISM</p> <ul style="list-style-type: none"> • Demonstrates non-discriminatory approach to patient care • Behaves in ways which acknowledges social, economic & political factors in patient illness • Maintains appropriate standard of professional practice & works within personal capabilities • Development of prioritisation and effective time management strategies • Recognises that the emergency patient is best cared for by a coordinated team • Prioritises workload to maximise patient outcomes and health service function. • Actively seeks opportunities to learn from clinical practice • Commitment to self-assessment and continuing medical education • Able to demonstrate the principles of self-care and aware of duty of care for colleagues
<p>EDUCATION</p> <p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>Relieving JMOs must contact the Term Supervisor of the Unit to ensure that learning objectives for the relieving period are discussed. This is most applicable when the relieving period is of several weeks duration. The learning objectives are outlined in the Term Description for the Unit. The Term Supervisor is required to monitor the Relieving JMO's performance for the time the JMO is on the Unit.</p> <p>Additionally there is opportunities to participate in the term for which you are relieving education sessions.</p> <p>Please refer to the relevant Term Description.</p>

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.

Rostered Hours of Duty : Minimum 76 hours per fortnight, if you have worked in excess of 8 days straight, it is your responsibility to inform medical administration so a day off can be arranged.

It is the responsibility of the Relieving JMO to be familiar with the timetable of the Unit or cover shift.

Where the number of hours and days worked is expected to exceed the requirements as set out in the enterprise agreement, taking into account the preceding relieving period, the Relieving JMO is required to negotiate the appropriate amount of time off with the Unit or with Medical Administration.

Approval must be sought from Medical Administration to exceed the hours or days worked in excess of the enterprise agreement.

Please refer to the relevant Term Description.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM							
PM							

<p>PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i></p>	<p>Please refer to the relevant Term Description.</p>	
<p>OVERTIME <i>Average hours per week</i></p>	<p>ROSTERED</p>	<p>UNROSTERED Must seek permission from medical administration.</p>
<p>ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i></p>	<p>Informal feedback can be sought from members of the Unit.</p> <p>RMOs undertaking a relieving term are not expected to complete an assessment. However, where the RMO in a relieving term spends an extended period of time in a particular area, the RMO may request the supervisor to complete an assessment.</p>	
<p>ADDITIONAL INFORMATION</p>		
<p>TERM DESCRIPTION DEVELOPED ON</p>	<p>Last reviewed August 2011</p>	
<p>DUE FOR REVIEW ON</p>	<p>September 2011</p>	

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Surgical Night Duty (RMO)		
TERM SUPERVISOR	DMS		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>After hours night cover at Modbury will be the responsibility of a team</p> <p><u>In hospital</u> Medical Registrar Surgical RMO Medical intern. Anaesthetics registrar Paediatrics RMO ED medical officers Clinical nurse manager (nights)</p> <p><u>Remote call</u> General surgery registrar (remote call) Orthopaedic registrar (remote call) ENT registrar (remote call)</p> <p>Oncall Consultants (various services) Head of Service General Surgery (Mr Scott Watkin) Director of Clinical Training</p>		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1		
	PGY2+	2	Elective
			13 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	The after hours night cover at Modbury team at Modbury Hospital is responsible for the admission of patients from the ED to the hospital and for attending to the acute needs of inpatients overnight in the Hospital.		
REQUIREMENTS FOR	The RMO must have completed a recognised medical degree and be		

<p>COMMENCING THE TERM: <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>registered with the Medical Board. RMOs will be expected to have completed an orientation to Modbury Hospital and be familiar with hospital procedures including prescribing medications, ordering relevant investigations and accessing results via the hospital IT network. It is expected that RMOs will have be aware of common general surgical presentations and their management as well as familiar with general medical conditions that may arise in surgical patients.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<p>The designated surgical supervisor for the surgical night RMO rotation will be the Head of General Surgery. The night RMO should introduce themselves to the surgical supervisor at the beginning of their term. The RMO is also under the supervision of the DMS for the duration of their nights/relieving term. The DMS should arrange for the medical and surgical night cover MO to meet at the beginning of their rotations to discuss their expected roles. The RMO can also access written unit information regarding their role.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p>The night RMO is a PGY2+ position which provides cover to all surgical inpatients including general surgery and surgical specialties as well as psychiatric (Woodleigh House), GEM and palliative care (Hospice) inpatients. Cover duties include clerking all surgical patients admitted from the ED, writing up any necessary medication/fluid orders, inserting jelcos /IDCs /NGTs etc, assisting in theatre for emergency cases and managing patients who become acutely unwell.</p> <p>The night RMO must attend all code blue and code black calls.</p> <p>When RMOs require assistance they should initially contact the relevant on call surgical registrar. If a surgical patient is experiencing serious acute medical problems eg chest pain, the on-call medical registrar should be contacted for assistance. Where the surgical RMO as been unable to establish IV access (2 attempts) and IV access is considered essential then the surgical RMO should contact the medical registrar or anaesthetic registrar for assistance.</p> <p>The night cover RMO should receive a formal handover from the oncall/ward cover intern at the commencement of their shift and should handover to the day staff at 0730 in the Intern office on ward 2E. At the morning handover information about significant events from overnight should be passed on the treating team.</p> <p>The night RMO should report to the on-call general surgery registrar regarding any concerns with general, urology or plastic surgery inpatients and to the orthopaedic and ENT on-call registrars regarding these inpatients. Where these are unavailable then the night RMO can contact the treating specialist or consultant on-call for the appropriate service. Concerns regarding psychiatric and palliative care inpatients should be reported to the relevant on call medical officer for these services.</p> <p>JMO's on night duty are expected to function as a team with the Intern having primary responsibility for the care of Medical patients and the RMO being responsible for Surgical calls as well as covering Hospice, GEM and Woodleigh House. This suggested division of responsibility is a guide only and it is expected that there will be mutual support and equitable distribution of work load amongst the team. There should be clear communication between members of the night duty team to</p>

	<p>ensure all calls are handled in as timely a manner as possible. All patient contacts should be clearly documented in the Clinical Record.</p> <p>JMO's are expected to explain to patients the risks and benefits of procedures that they perform (eg IDC/NGT insertion/Blood product transfusion) and obtain informed verbal or written consent from patients prior to that procedure being performed as required. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with the relevant Registrar or Consultant as necessary.</p> <p>Relieving RMOs will perform clinical duties appropriate to the position which they are relieving.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS N/A</p> <p>AFTER HOURS DMS</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <p>At the end of your time in the Unit we expect you should be able to diagnose and manage under supervision:</p> <ul style="list-style-type: none"> • The acute abdomen • Other common surgical conditions including renal colic, appendicitis, gall bladder disease • Urinary retention • Low urine output • Chest pain • Shortness of breath <p>You should demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Management of post-op fluid balance • Indications for transfusion • Antibiotic usage <p>You should be able to independently perform the following procedures:</p> <ul style="list-style-type: none"> • Urinary catheterisation • Arterial blood gas • Intravenous therapy initiation • Insertion of naso-gastric tube <p>COMMUNICATION</p> <ul style="list-style-type: none"> • Communication with patients / family members. • Communication with nursing staff / allied health • Case note record of clinical interactions • Handover to home team at morning handover <p>PROFESSIONALISM</p> <ul style="list-style-type: none"> • Punctual attendance • Courtesy to colleagues • Ethical behaviour towards patients and colleagues
<p>EDUCATION</p>	<p>No formal education activities are scheduled. When rostered on night</p>

<p><i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<p>surgical RMOs may choose to attend Thursday morning General Surgery unit meetings from 0800-0900 which involve student case presentations, and radiology and pathology clinical meetings on a rotating roster.</p> <p>During relieving terms the RMO is welcome to attend teaching sessions for the relevant units.</p> <p>RMOs have access via internet to online educational resources and clinical resources including Medline, Uptodate, MIMS.</p>
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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.

HOURS OF DUTY

Rostered hours of duty for night rotations are 2030 – 0900. To meet the SA Salaried Medical Officers Agreement requirements RMOs may be rostered on a four nights on, three nights off, three nights on, four nights off roster. Where RMOs enter into a voluntary agreement with the hospital this may be varied to a week on week off roster without the hospital incurring additional salary penalties. When relieving the rostered hours of duty will be those of the relevant position being relieved.

NON ROSTERED HOURS

JMO's should list their reasons for working non-rostered hours on their time sheet and have this signed by their Consultant. There is adequate allowance for overlap to allow morning handover such that regular non rostered overtime should not be required.

<p>PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i></p>		
<p>OVERTIME <i>Average hours per week</i></p>	<p>ROSTERED 44</p>	<p>UNROSTERED</p>
<p>ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i></p>	<p>No formal paper-based assessment. If unsatisfactory performance is observed during the rotation that information will initiate a meeting between the DMS and the RMO to identify changes that need to be made.</p> <p>JMO Evaluation of Clinical Rotation JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.</p>	
<p>ADDITIONAL INFORMATION</p>		
<p>TERM DESCRIPTION DEVELOPED ON</p>	Feb 2013, revised Sept 2013	
<p>TERM DESCRIPTION VALID UNTIL</p>		
<p>DUE FOR REVIEW ON</p>	Feb 2014	

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description

Surgical Nights

MOD – PGY2

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation

- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES**General***Diagnostic*

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia

- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Womens' Health		
TERM SUPERVISOR	Located at LMH – Local supervisor Dr Anna Limgenco		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>Head of Unit - Professor Gus Dekker</p> <p>Staff Specialists Professor Gus Dekker, Anna Limgenco, Alphonse Roex, John Taylor,</p> <p>Senior Visiting Medical Officers - Drs Marin, Onuma, Rasekhi</p> <p>Registrars – x 2 FTE</p> <p>Junior Medical Officers – Rotating roster (currently 3)</p> <p>Department Secretaries – Sebine Smith</p>		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1		
	PGY2	2	Elective
			DURATION
			12 Weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>The Dept. provides OPD Obstetric and a full range of Gynaecological services to the North Eastern community, including inpatient and outpatient consultations, as well as elective and emergency surgery. Currently the RMO's are doing 6-12 month positions at the LMH and rotate through Modbury to gain extra gynaecological experience.</p>		
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before</i>	<p>There is no specific assessment of knowledge or skills prior to commencement of the term.</p> <p>JMO's allocated to the term will have had their credentials verified by</p>		

<p><i>commencing the Term and how the term supervisor will determine competency</i></p>	<p>the hospital.</p>
<p>ORIENTATION <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 junior doctor.</i></p>	<p>Registrars rotate though the LMH and will have a medical and administrative orientation at the LMH.</p> <p>Welcome by the Gynae Unit secretary; tour of RMO room, relevant paperwork.</p> <p>On arrival the will have a welcome and Orientation to OPD by Local supervisor including relevant documents.</p> <p>Orientation by midwives in OPD to proper documentation required.</p>
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p><u>CLINICAL DUTIES</u> JMO's are responsible for general clinical management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up-to-date clinical and investigational findings on ward rounds, writing discharge summaries and organising discharge medications, organising follow-up appointments for patients, performing minor procedures on the ward and being available to assess patients when requested by nursing staff.</p> <p><u>ORGANISATIONAL DUTIES</u> JMO's are expected to attend the regular Department meetings. They will be expected to participate in this meeting and will be directed to present topics for discussion or case histories from time to tome as directed by the Senior Registrar.</p> <p><u>ADMINISTRATIVE DUTIES</u> JMO's are responsible for doing patient separation summaries on the OACIS system. These need to be completed within 48 hours of patient discharge.</p> <p><u>RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT</u> When making clinical assessments and management decisions, the JMO should report to their clinic Registrar or, if not available, the on-call Registrar. If neither of these are available the JMO should report to the clinic Consultant or on-call Consultant. In medico-legal issues the JMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.</p> <p>Junior Medical Officers are expected to notify their Registrar if an inpatient has a potentially life threatening illness or test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the Junior Medical Officer may contact the Consultant directly at any time of the day.</p> <p><u>ADMISSION PROTOCOLS</u> When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol.</p> <p>In the case of a Registrar, the Registrar should notify the appropriate</p>

	<p>Consultant, again following clinic protocol.</p> <p>It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.</p> <p><u>WARD ROUNDS</u> JMO's should check with their Registrar and Consultant as to when they are expected to do ward rounds.</p> <p>JMO's should take the opportunity to present cases and be involved in decision making.</p> <p><u>COMMUNICATION RESPONSIBILITIES</u> Where directed by the Consultant or Registrar, a JMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When referring patients to another clinic an adequate written referral with appropriate results should be made and verbal contact made where appropriate.</p> <p><u>INVESTIGATION ORDERING</u> JMO's may order basic investigations where appropriate and more detailed investigations at the advice of a Registrar or Consultant.</p> <p><u>OUTPATIENT ATTENDANCES</u> JMO's are expected to attend Outpatient clinics.</p> <p><u>CONSENT FOR PROCEDURES</u> Where appropriate the JMO's are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the JMO must discuss all cases with their Registrar or Consultant as necessary. Consent should be taken by the doctor booking the operation in OPD.</p>
<p>SUPERVISION <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>IN HOURS There is a general reporting chain, JMOs report to Registrars, Registrars to consultants. This is flexible.</p> <p>AFTER HOURS N/A</p>
<p>UNIT SPECIFIC TERM OBJECTIVES* <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term</i></p>	<p>CLINICAL MANAGEMENT</p> <ul style="list-style-type: none"> • Carry out pre-pregnancy and early ante natal counselling and care. • Counsel the patient with an unplanned pregnancy. • Assess and manage the woman with lower abdominal or pelvic pain.. • Assess and manage the woman with dysmenorrhoea, menstrual irregularity, or menorrhagia. • Assess and manage the couple with infertility. • Assess and manage the woman with urinary incontinence. • Assess and manage the woman with vaginal discharge. • Assess and manage the woman with D.U.B. • Perform a reliable pelvic examination in a sensitive fashion.

assessments.

- Perform a reliable cervical smear test.
- Perform a pregnancy test.
- Manage the woman with perimenopausal symptoms.
- Perform routine tests for STDs.

COMMUNICATION

- Openly communicate with patients and team members in a timely, caring and professional manner..
- Develop an ability to work as part of a team involving health professionals from various disciplines

PROFESSIONALISM

- Always uphold the highest professional standards regardless of workplace stresses and fatigue.
- Develop time – management skills and how these relate to personal well-being.

EDUCATION

Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.

- Regular case discussions and advice in Gynae OPD
- Gynae RMO tutorial (every fortnight)
- RMO Tutorials, Thursday at 12.30 pm in Seminar Room 1
- Grand Round, Wednesday at 12.30 pm in Seminar Rooms 2-3.

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.

HOURS OF DUTY

Basic hours of duty are 38 hours. JMO's doing day duty are expected to be present each morning from 0830 hours Monday to Friday. After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster', rotating through 8 positions.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	Off	Off	WR ANC	WR ANC	WR ANC	WR ANC	WR ANC
				Gynae RMO tutorial (every fortnight)	12:30 Grand Round (Seminar Rm 2-3)	12:30 RMO Tutorial (Seminar Rm 1)	
PM			Preadmission Clinic	Gynae clinic	Gynae Clinic	Gynae Clinic	
	After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster'.						

PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i>	4-6 in average in Gynae OPD, excluding in-patients	
OVERTIME <i>Average hours per week</i>	ROSTERED Some irregular hours, see above.	UNROSTERED 0
ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	<p>JMOs will receive two assessments during the rotation:</p> <p>Mid-term Appraisal with Dr. Limgenco The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.</p> <p>End-term Assessment with Dr. Limgenco The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.</p> <p>JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.</p> <p>The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.</p> <p>Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.</p> <p>Continuous Feedback While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. <u>Ask</u> for supervision whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.</p> <p>JMO Evaluation of Clinical Rotation JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.</p>	
ADDITIONAL INFORMATION		
TERM DESCRIPTION DEVELOPED ON	June 2011 Reviewed Feb 2014	
TERM DESCRIPTION VALID UNTIL		
DUE FOR REVIEW ON	Feb 2015	

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description

Women's Health

(MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

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

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing

MODBURY HOSPITAL

TERM DESCRIPTION



This document is designed to provide important information to junior doctors regarding a particular rotation. It is 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 junior doctor.

FACILITY	Modbury Hospital		
TERM NAME	Palliative Care		
TERM SUPERVISOR	Dr. Lawrie Palmer		
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>Head of Unit - Dr Lawrie Palmer Pager 40118</p> <p>Consultant – Dr. Teena Silakong Senior Visiting Medical Officers - Dr M Kain Dr G Grove</p> <p>Registrars –Drs L Gilligan, E Waran, S George, M Chan, F Martinez, M Horsfall, R Ramos</p> <p>RMO – Rotating Roster – Pager 40074</p> <p>Advanced Clinical Service Coordinator: Karen Puvogel</p> <p>Associate Clinical Service Coordinator: Julie Gannon</p> <p>Nurse Practitioner Candidate: Linda Masefield</p> <p>Clinical Practice Consultants (Community): Dianne Ollino, Carol Newton, Annie McHugh, Marianne Langes</p> <p>Clinical Nurse (inpatients): Jane Grigson</p> <p>Department Secretaries - Julie Holyhrim (1.0), Nicky Keal (1.0)</p> <p style="text-align: right;"><i>Pager numbers available through switch</i></p>		
ACCREDITED TERM FOR		NUMBER	CORE/ELECTIVE
	PGY 1	0	
			DURATION

	PGY2	1	Elective	12 – 13 weeks
<p>OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>We are a service that covers the whole Northern Eastern region (see list of suburbs) and provides support to patients in a range of settings - at home, during acute hospital admissions in both public and private hospitals, and in long term care. We also provide support and back up for GPs who manage terminally ill patients. Admissions may be arranged for symptom management during a crisis, for respite, or for terminal care. Patients will be known to the service but some will be referred late and may come in with little information in an emergency situation. (See Admission Policy).</p> <p>The Modbury Palliative Care Service In-Patient Unit (Modbury Hospice) expanded from a 12 bed unit to an 18 bed unit in December 2009 with the transfer of 6 beds from the Lyell McEwin Hospital. It now has 20 bed spaces. This increased workload is reflected by 328 admissions in 2006, and 539 admissions in 2010. At times the unit has 19-20 inpatients. The inpatient consultant is available to see patients every day. Formal ward rounds happen twice a week for all patients. This is usually done for 'A End' Monday and Thursday, and 'B end' Tuesday and Friday. More unstable or complex patients are seen by the consultant as needed.</p>			
<p>REQUIREMENTS FOR COMMENCING THE TERM: <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>Registered and accepted by Modbury Hospital. No previous experience necessary. Preferred to have interest and enthusiasm in palliative care.</p>			
<p>ORIENTATION <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 junior doctor.</i></p>	<p>The unit maintains an up-to-date 'Modbury Hospital Palliative Care Service - INFORMATION BOOKLET FOR INCOMING RESIDENTIAL MEDICAL STAFF and MEDICAL STUDENTS' which is given to every RMO on commencement of their term.</p> <p>This information booklet includes sections on:</p> <ul style="list-style-type: none"> • Welcome • The Palliative Care Team • Admissions • Symptom Management • Discharges • Modbury Hospital Palliative Care Service Activities ... • Useful Resources • Tips for Admissions & Short Calls for Covers • Additional Information for RMOs <p>The RMO meets with the Term Supervisor or the consultant on duty. Registrars orientate them to the unit.</p>			
<p>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS <i>List routine duties and responsibilities including clinical handover</i></p>	<p>CLINICAL DUTIES JMO's are responsible for general clinical management including the adequate documentation of a patient's history, examination and investigation findings in the clinical record, presenting up-to-date clinical and investigational findings on ward rounds, writing discharge summaries and organising discharge medications, organising follow-up appointments for patients, performing minor procedures on the ward</p>			

and being available to assess patients when requested by nursing staff.

The Medical Officer:

- must not hesitate to ask for help or to talk things through
- needs to use own judgement, but always listen, and, if disagree, explain and discuss, or call the Consultant.
- needs to be accessible to deal with nursing concerns.
- solves problems when the patient issues are particularly intense.
- is expected to see all patients under their care each rostered day and document visit.
- is expected to have a complete working knowledge of each patient under their care, ie physical, social, emotional, spiritual and family.
- is to attend regular ward rounds with the Senior Nurse and Palliative Care Consultant.
- must discuss plan of management with Consultant after seeing new patients.
- must discuss any urgent problem with the Consultant by phone.
- should prescribe a range of doses for the experienced staff to use. (Palliative Care Unit refer to Prescribing Guidelines).
- should be aware that PRN orders left are important.
- makes use of the experienced staff by asking advice until comfortable with own decision making.
- takes part in the activities of the Unit, NB Tuesday morning meeting is compulsory. (Refer Multi-disciplinary Team Meeting Policy).
- seeks out assistance if debriefing required.
- Liaison with General Practitioner. This is a very important part of our Unit's role in co-ordinating patient care. We act as a consultative service to the General Practitioner looking after that patient. It is very important that the GP is notified, if not already aware, of admission of their patients to the Unit. Communication with the General Practitioner is also required if the patient is transferred to another hospital, if undergoes significant decline, on discharge from hospital and at time of death.

EDUCATIONAL DUTIES

Unit Education meetings are held on Thursdays at 2:00 p.m.

JMO's are expected to assist in directing medical students to patients with histories, physical signs and test results of educational interest.

RESPONSIBILITY FOR DECISIONS/NOTIFYING CONSULTANT

When making clinical assessments and management decisions, (the JMO should report to the RMO or Registrar), the RMO should report to the Registrar. If neither of these are available the JMO should report to the on-call Consultant. In medico-legal issues the JMO should report to Medical Administration. Where important clinical decisions are made these should be documented clearly in the notes.

Junior Medical Officers are expected to notify their Registrar if an inpatient has a significant unexpected change in their condition or significant test result and the Registrar is expected to notify the Consultant. If the Registrar is not available then the Junior Medical Officer may contact the Consultant directly at any time of the day.

ADMISSION PROTOCOLS

When a patient is admitted to the Unit on an emergency basis, in general terms the Medical Officer admitting the patient should notify the next person in the chain of command of that admission. This should be done in a timely fashion and according to individual clinic protocol.

In the case of a Registrar, the Registrar should notify the appropriate Consultant, again following clinic protocol.

It is important that the taking Consultant is notified in a timely fashion of all emergency admissions. If the Consultant is not available for any reason, then an alternative Consultant should be notified, or the Head of Service.

WARD ROUNDS

Formal Ward Rounds with a consultant are held on Monday and Friday mornings, or longer as needed. Ward rounds are also held on Tuesday and Wednesday.

Registrars and Consultants review all new admissions on a daily basis

JMO's should take the opportunity to present cases and be involved in decision making.

LIAISON MEETINGS

Multidisciplinary team meetings are held each Monday between 14:00 – 15:00

COMMUNICATION RESPONSIBILITIES

Where directed by the Consultant or Registrar, a JMO should be prepared to contact and communicate with patients, relatives, general practitioners and other medical practitioners to discuss clinical matters. When advised to refer patients to another clinic an adequate written referral to the Head of Clinic should be made and verbal contact made where appropriate.

INVESTIGATION ORDERING

JMO's may order basic investigations where appropriate and more detailed investigations on the advice of a Registrar or Consultant. In the interest of economy when repeating investigations a component of a test may suffice rather than a complete test (eg electrolytes and urea rather than repeat general chemistry).

OUTPATIENT ATTENDANCES

JMO's are not expected to attend Outpatients. JMOs are not expected to attend to community patients, but are encouraged to when their ward duties allow.

CONSENT FOR PROCEDURES

JMO's are expected to explain to patients the risks and benefits of procedures and obtain informed consent from patients prior to that procedure being performed. If the JMO has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Registrar or Consultant as necessary.

SUPERVISION

Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for

IN HOURS

Registrar and Consultant on duty as per Roster.

AFTER HOURS

<p><i>contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p>On-call Registrar and Consultant on duty as per Roster.</p> <p>(Palliative Care RMOs are included on the Psych / Palliative care / GEM after hours roster of 8 rotating RMOs covering evenings and weekends).</p>
<p>UNIT SPECIFIC TERM OBJECTIVES*</p> <p><i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the Term. This should include reference to the attached ACFJD.</i></p> <p><i>*Generic term objectives should also be noted on the attached ACFJD document.</i></p> <p><i>Both Unit specific and generic term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT</p> <p>At the end of your time in the Unit we expect you should be able to diagnose and manage the following disorders:</p> <ul style="list-style-type: none"> • Pain and other distressing symptoms e.g. nausea, dyspnoea, vomiting • Ischaemic Heart Disease; • Left Ventricular Failure; • Acute Asthma; • Infective Exacerbation of Chronic Airways Disease; • Deep Vein Thrombosis (± Pulmonary Embolism); • Pneumonia. <p>You should feel competent in the resuscitation and management of the following acute presentations :</p> <ul style="list-style-type: none"> • Hypo/ hyperglycaemia; • Hypercalcaemia; • Hyperkalaemia • hyponatraemia <p>You should be able to perform independently the following procedures:</p> <ul style="list-style-type: none"> • Venesection; • Insertion of IDC; • Insertion of NG tube; • Insertion of Intravenous Line • Administration of sub-cutaneous fluids. <p>You should feel confident in interpreting the following tests :</p> <ul style="list-style-type: none"> • Complete Blood Picture; • General Biochemistry; • Thyroid Biochemistry; • Mid Stream Urine Report; • ECG showing Ischaemia, Infarction, Atrial Fibrillation; Tachycardias (various), Heart Block (various) • Chest X-ray showing COAD, Pneumonia, Pulmonary Oedema, Pleural Effusion, Cardiomegaly. <p>You should feel experienced in</p> <ul style="list-style-type: none"> • Breaking bad news • Talking about issues around death and dying with patients and family • A greater appreciation of a holistic approach to medicine
	<p>COMMUNICATION</p> <ul style="list-style-type: none"> • sympathetically tell patients and family clinical updates. • Break bad news linked to life expectancy • The importance of working in a team
	<p>PROFESSIONALISM</p> <ul style="list-style-type: none"> • How to treat patients and families respectfully • Deal with death certificates, coroner etc.

	<ul style="list-style-type: none"> • Being on time
<p>EDUCATION <i>Detail learning and education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable below.</i></p>	<ul style="list-style-type: none"> • Palliative Care Unit Education meetings are held on Thursdays at 2:00 p.m. • RMO MEU Tutorial Thursdays 12:30 – 13:30 • Lunch and Learn Sessions held Tuesdays at 12.30pm in Seminar Room 1, • Grand Rounds held on Wednesdays at 12:30 pm in Seminar Rooms 2&3. • Friday Palliative Care Tutorials for RMOs and Registrars, combined with Lyell Macewin. Fridays 8:30 – 10:00

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.

HOURS OF DUTY

Basic hours of duty are 38 hours/week. JMO's are expected to be present each morning from 0830 hours Monday to Friday. RMOs will usually receive one afternoon off per week, and work one evening per week. After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster', rotating through 8 positions.

Weekday hours: 8.30am to 4.30 – 5.00 pm

Palliative care & psych cover:

- ~ 1 per week, 5 - 8.30pm
- Need to pick up pager 40017 from switch board, and hand over to night surgical RMO after your shift
- The night surgical RMO will cover palliative care and psych patients

1 week day half day off each week as discussed with registrars

Weekend ward rounds:

- normally will be on the day that you're rostered for pall care & psych cover. If not, you can leave when you've finished doing the rounds
- one of the consultants might come in to help you

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	Ward Round as rostered	Ward Round as rostered	0900 Handover 0930 Ward Round formal	Ward Round	Ward Round	Ward round	0830 – 10:30 Registrar tutorial 1000 Ward Round Formal (PC Unit)
				12:30 Lunch and Learn	1230 Grand Rounds	12:30 – 13:30 RMO In-Service	

				(Seminar Rm1)	(Seminar Rm 1-2)	Tutorial (Seminar Room 1)	
PM			14:00 – 15:00 Multi-disciplinary Team Meeting (PC Unit)			14:00 – 15:00 Unit Education Session (PC Unit)	
After hours work (Monday to Friday 17:00 – 20:30, Saturday 11:30 – 21:00 and Sunday 09:00 – 20:30) is scheduled according to the 'Psych / Palliative Care / GEM After-hours Roster'.							

PATIENT LOAD: <i>Average number of patients looked after by the junior doctor per day</i>	10
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OVERTIME <i>Average hours per week</i>	ROSTERED - 7	UNROSTERED - 0
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ASSESSMENT AND FEEDBACK <i>Detail the arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	<p>JMOs will receive two assessments during the rotation:</p> <p>Mid-term Appraisal with Dr. Lawrie Palmer The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. You – the JMO, should receive a copy of your Mid-Term feedback. The original will be forwarded to the MEU.</p> <p>End-term Assessment with Dr. Lawrie Palmer The Term Supervisor is sent this form to be filled-in by the Term Supervisor in conjunction with other senior staff. Each end of term assessment is sent out 1 ½ - 2 weeks prior to the end of the assessment period together with a covering letter. In the cover letter, it is indicated that the JMO should be involved in the Assessment process and should sign the Assessment. There is space on the form for comments from the JMO next to their signature.</p> <p>JMOs must meet with the Term Supervisor to receive their end-term feedback and must sight and sign the feedback form. This form is then sent to the Director of Clinical Training (DCT) for review and will be put into your personal file.</p> <p>The purpose of these assessments is to facilitate a positive, constructive method of assisting your career development and should be viewed as an educational tool to identify both your strengths and the areas where you may need further assistance to develop.</p> <p>Term Supervisors will feedback to the Director of Clinical Training concerns regarding any JMO that they feel needs additional assistance with their development. JMOs identified by either the formal assessment forms and/or by their Term Supervisors as needing additional assistance will meet with their Supervisor, the DCT and the Medical Education Officer and an improving performance action plan developed or other assistance arranged as needed. The DCT will carefully follow the progress of the JMO to ensure that they are making appropriate improvements.</p> <p>Continuous Feedback While the assessment forms are an important tool, your assessment and supervision is continuous. If you are not receiving feedback continuously, then please speak to your Consultant or Term Supervisor. <u>Ask</u> for supervision</p>
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	<p>whenever you are going near the boundaries of your level of competence eg procedures, counselling, consent, medico-legal, medications that are new to you, medications whose name you don't recognise.</p> <p>JMO Evaluation of Clinical Rotation JMOs will be expected to complete an "Evaluation of Clinical Rotation" which assists the Medical Education Unit to assess the quality of JMO rotations.</p>
ADDITIONAL INFORMATION	
TERM DESCRIPTION DEVELOPED ON	Feb 2013
TERM DESCRIPTION VALID UNTIL	
DUE FOR REVIEW ON	February 2014

*****ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*****

National Term Description Palliative Care (MOD - PGY2)

CLINICAL MANAGEMENT

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
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & 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 & manages adverse events & near misses (ADV)

Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection Control

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

Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

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 others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

Problem Formulation

- Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses
- Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions

- Regularly re-evaluates the patient problem list as part of the clinical reasoning process

Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and 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
- Collaborate with other health professionals in patient assessment

Emergencies

Assessment

- Recognises the abnormal physiology & 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

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

Basic Life Support

- Implements basic airway management, ventilatory & 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 & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

Patient Management

Management Options

- Identifies and can 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

Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

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 (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of 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 and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & Community Care

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

Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

- Arranges appropriate support for dying patients

Skills & Procedures

Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

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

Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

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 a non-discriminatory approach to patient 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 & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

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 (ADV)

Health Promotions

- Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

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 & 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 and health service function
- Demonstrates punctuality

Personal Well-being

- Is aware of and 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 which acknowledge the ethical complexity of practice & follow 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
- Refers appropriately & responds with empathy

Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

Teaching, Learning & Supervision

Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

COMMUNICATION

Patient Interaction

Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- 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 and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and 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

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and 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 and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

Working in Teams

Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

CLINICAL PROBLEMS & CONDITIONS

Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

Dermatological

- Skin conditions
- Skin malignancies

Endocrine

- Diabetes: new cases & complications

Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

Haemopoietic

- Anaemia

Immunology

- Anaphylaxis

Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

Mental State

- Disturbed or aggressive patient

Musculoskeletal

- Joint disorders

Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

Nutrition / Metabolic

- Weight gain
- Weight loss

Obstetric

- Pain and bleeding in pregnancy

Oncology

- Neoplasia

Oral Disease

- Oral Infections
- Toothache

Pharmacology / Toxicology

- Envenomation
- Poisoning

Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

SKILLS & PROCEDURES

General

Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

Measurement

- Blood pressure
- Pulse oximetry

Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing