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.

<table>
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<tr>
<th>FACILITY</th>
<th>Lyell McEwin Hospital</th>
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<tbody>
<tr>
<td>TERM NAME</td>
<td>Paediatrics (PGY2+)</td>
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<tr>
<td>TERM SUPERVISOR</td>
<td>Dr Michael Smiley</td>
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<tr>
<td>CLINICAL TEAM</td>
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<tr>
<td>Include contact details of all relevant team members</td>
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<tr>
<td><strong>Staff Paediatricians</strong></td>
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<tr>
<td>Dr Michael Smiley 0.8 FTE (Currently Head of Unit)</td>
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<tr>
<td>Dr Lizelle Weber 1.0 FTE</td>
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<td>Dr Yumin Chan 1.0 FTE</td>
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<td>Dr Maya Thomas 1.0 FTE</td>
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<tr>
<td>Dr Mark Thesinger 0.8 FTE</td>
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<td>Dr Afdal Ibrahim 0.5 FTE</td>
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<td>Dr Josie Nozza 0.4 FTE</td>
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<td>Dr Peter Petek 0.4 FTE</td>
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<tr>
<td>Dr Rishi Agrawal 0.2 FTE</td>
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<tr>
<td><strong>Visiting Paediatricians</strong></td>
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<tr>
<td>Dr Tony Sabato 3 sessions</td>
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<td><strong>Nursing Staffing</strong></td>
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<tr>
<td>Ms Meredith Hobbs CND, Women and children’s division</td>
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<tr>
<td>Ms Lynne Fairley CSC, Special care neonatal nursery</td>
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<tr>
<td>Ms Michele Howard CSC, Paediatric Ward 1C</td>
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<tr>
<td>Ms Colleen Panario Acting CSC, Birthing and Assessment</td>
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<tr>
<td>Ms Lyn Bastian CSC, Birthing and Assessment Unit High</td>
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<tr>
<td>Ms Linda Campbell CSC, Birthing and Assessment Unit Low</td>
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<tr>
<td>Ms Rosie Beaven CSC, Family Clinics</td>
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<tr>
<td><strong>Clerical Staff</strong></td>
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<tr>
<td>Ms Michelle Vigar Ward Clerk, Neonatal Nursery</td>
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<tr>
<td>Ms Denise Mahlo Secretary, Paediatric Department</td>
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<tr>
<td>Ms Sebine Smith Receptionist, Women and Children’s</td>
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</tbody>
</table>

Term description for [name term] developed on [insert date]
Management
Ms Vicki Robertson  Business Consultant, Women and Children’s Division

Members of staff are contactable through switchboard and via their health email address.

<table>
<thead>
<tr>
<th>ACCREDITED TERM FOR</th>
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<tbody>
<tr>
<td>NUMBER</td>
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<tr>
<td>PGY2+</td>
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</table>

OVERVIEW OF UNIT OR SERVICE
Include outline of the role of the unit, range of clinical services provided, case mix etc.

The paediatric department consist of the following wards (which encompasses Women’s and Children’s Health)

- Paediatric ward
- Special Care Neonatal Nursery (SCN)
- Women’s Health Unit (Post Natal) (WHU)
- Birthing and Assess Unit (Delivery Suite) (BAU)

The department is part of the Women’s and Children’s Division, which is headed by Dr Martin Ritossa. Currently Dr Michael Smiley heads the Paediatric Department.

The term provides an RMO with an ideal opportunity to learn skills in assessment and management of Paediatric issues from neonates to adolescents with good teaching opportunities and supervision. RMO’s rotate through all sections of the unit so they get a broad experience. They are always on call with a Registrar and have good Consultant support.

Paediatric care is provided for inpatients with conditions such as asthma, bronchitis, gastroenteritis, pneumonia, febrile convulsions and other acute medical issues. Most admissions are of short duration.

Patients with meningitis, diabetic keto-acidosis, severe asthma, epileptics, surgical conditions or orthopaedic acute problems, or any patients requiring cardio-respiratory monitoring are not usually admitted and are transferred to Women’s and Children’s Hospital.

There is a daily Paediatric Outpatients Clinic (5/7).

The Paediatric Department provides a consultative service to the Emergency Department. The Department also staffs the Paediatric section of Emergency with a Registrar and Resident to cover the peak evening shift from 1330 - 2200.

Neonatal patients are cared for in a Level 2 Nursery. Babies of more than 32 weeks gestation or greater can be delivered here and cared for in the Nursery. The Special Care Nursery now provides CPAP airway support to babies who need such care in consultation with the Neonatologists at WCH. Many pre-term infants are delivered at Women’s and Children’s Hospital or Flinders Medical Centre at gestations less than 32 weeks gestation and transferred to our Nursery when stable for ongoing care.

Term description for [name term] developed on [insert date]
The Neonatal Service provides a support service for the Delivery Suite, Birthing Unit and Maternity Ward, as well as the Domiciliary Midwifery Service.

**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*

BLS skills are required for commencement of this term. It is expected that the JMO will have fulfilled this requirement through the LMH hospital wide orientation program.

Neonatal resuscitation training will be provided within the first 2 weeks of commencement on this rotation. This training is provided through an accredited training program run in-house. Certificates of competence are generated after successful progress through the training program.

It’s expected that the JMO have proficient communication and professional skills. We place particular importance and attention on their ability to write discharge summaries, GP letters and provide meticulous details in case note documentation.

**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.*

Prior to commencing the rotation the JMO will receive the Department of Paediatrics, Registrar and RMO Procedure Manual. The Procedure Manual outlines:
- Departmental General information
- Ward information
- Staffing
- General Hospital information
- Working schedules
- Teaching and educational opportunities
- Case note, admission history, investigation etc documentation and requirements
- Departmental Policies and Guidelines

Furthermore on the first day of the new rotation the JMO will undertake orientation with the Senior Registrar or Registrar. The orientation program includes a half day introduction which outlines patient flows and geographical location and orientation of wards, equipment, facilities etc. The JMO will also receive an introduction to administration and IT systems.

**JUNIOR DOCTOR’S CLINICAL RESPONSIBILITIES AND TASKS**
*List routine duties and responsibilities including clinical handover*

There is scheduled Clinical handover for 30 minutes before every shift –
- 0800 – 0830 Nursery and Children’s Ward every day
- 1600 – 1630 Nursery and Children’s Ward Monday to Friday
- 2400 – 0030 Nursery and Children’s Ward Monday to Friday
- 2000 – 2030 Nursery and Children’s Ward Saturday and Sunday

A Consultant attends all the morning handovers with the round immediately following handover.

**Commence duties SCN**
- 0800 – 1630 Monday – Friday.
- Long cover 0800 – 2030 Saturday.

Liaise with Neonatal Registrar to prepare for business round.

**Business Round:** 
As per Registrar. Resident to participate in round and write notes. Assist in obtaining results of
### Consultant Round

A Consultant round will occur on a daily basis. The Consultant will usually review each patient with you. You should be prepared to present a summary of the patient’s history, findings, results and management. The usual schedule for Consultant rounds is:

<table>
<thead>
<tr>
<th>Day</th>
<th>Consultant</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Dr Weber</td>
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<tr>
<td>Tuesday</td>
<td>Dr Thesinger</td>
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<tr>
<td>Wednesday</td>
<td>Dr Agrawal</td>
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<tr>
<td>Thursday</td>
<td>Dr Weber</td>
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<tr>
<td>Friday</td>
<td>Dr Thomas</td>
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</tbody>
</table>

### Delivery Suite:

Be prepared to attend deliveries to resuscitate babies after forceps, Ventouse, breech deliveries etc. Usually this will be in support of Registrar.

### Caesarean Sections:

Routinely done on Tuesday and Friday am. Resident and/or Registrar to attend to provide resuscitation and check baby. As the Unit becomes busier, may occur on any day.

### Neonatal Discharge Checks:

Be available to assist with these after nursery business round if there are a large number to process. Liaise with baby check Medical Officer.

A full head to toe naked examination of each neonate is conducted before discharge. This examination should include inspection of red reflexes, palate, auscultation of heart and palpation of femoral pulses, checking of hips and checking of anus and genitals.

The passage of urine and faeces by the neonate should be confirmed. The examination is to be recorded in the hospital case notes on the specific sheet for the purpose, as well as in the blue Personal Health record of each baby. Any concerns about the baby are to be discussed with the Registrar and Consultant before discharge is permitted.

Wherever possible the discharge checks should be performed as soon as the patient arrives on the post-natal ward if a Paediatric examination has not been done.

### Discharge Medications:

Please order at least 24 hours before discharge.

### Discharge Summaries:

To be completed on Oacis within 48 hours of discharge.

Review and sign pathology and neonatal screening test results.

There is now a dedicated RMO position for discharge checks from 0800 -1630 Monday to Friday and 0800 -1430 on Saturday/ Sunday. Any issues of concern should be discussed with Dr Emma Bennett on Tuesday/ Wednesday / Friday or with the SCN Registrar.

There is also a dedicated position for a Neonatal resuscitation RMO who attends LSCS and any deliveries in Labour ward needing a Paediatric presence. This RMO should assist the Discharge check RMO if they require assistance with managing their workload.

### Commence duties on Children’s Ward

0800 – 1630 hours Monday – Friday.

Long cover 0800 – 2030 hours.
Obtain hand over from Night RMO.

Registrar Round: Assist Ward Registrar in reviewing each patient. All patients should have their percentiles plotted, BP checked and urine checked. Check and record immunisation status of each patient. Arrange catch up where needed.

Consultant Round: A Consultant round will occur on a daily basis. The Consultant will usually review each patient with you. You should be prepared to present a summary of the patient’s history, findings, results and management. The usual schedule for Consultant rounds is:
- Monday: Dr Petek/ Chan
- Tuesday: Dr Chan/ Thomas
- Wednesday: Dr Smiley/ Weber
- Thursday: Dr Theisinger
- Friday: Dr Nozza/Sabato

For problems arising after the ‘round’ Consultant has finished, liaise with one of the in-house Staff Specialists.

Discharge: Discharge planning, including ordering medication should commence the day of admission. Discharge summaries are to be typed via OACIS package on an ongoing basis and faxed to the GP once finalised and patient is discharged. You will need to be trained in this when you first arrive, so please clarify this with the Paediatric Secretary and she will organise this for you. Your compliance with this standard is monitored.

Pathology: Review and sign pathology reports. Discuss abnormal results with Consultant.

Emergency Reviews: Review patients in the Emergency Department as directed by the Ward Registrar.

Evening Shift duties
Commence work 1600 – 0030 hours Monday – Friday.
- Assist evening Registrar with care of all Paediatric and Neonatal inpatients.
- Check and admit patients from Emergency Department as directed by Registrar.
- Attend emergency calls to Delivery Suite or Birthing Unit, to assist Registrar as appropriate and as a learning experience.
- Attend WHU to perform newborn baby health checks (discharge checks). Following examination, the form in the baby’s blue Personal Health Record should be completed and the white copy removed and pasted in the hospital’s case notes.
- If time permits, when work load quiet, complete any discharge summaries from backlog in Children’s Ward or Neonatal Nursery.
- Finish work (0030 approximately).

Emergency Shift duties
Commence work 1330 - 2200 in Paediatric area of Emergency. This area is staffed by a Paediatric Resident, a Paediatric Registrar and an Emergency appointed Resident in General Practice training meeting their training requirement for Paediatric training for metropolitan practice.
- See Paediatric patients coming to Emergency. Seek advice from registrar if needed. Concerns should be discussed with Emergency Consultants in the first instance but Paediatric Consultants are available for further advice.

DO NOT FORGET TO GIVE EMERGENCY PAGER 6065 TO PAEDIATRIC WARD
REGISTRAR.
NB: There is an overnight rest room on the floor above the Nursery behind the Lecture Theatre.

Weekend/Public holiday
Commence 0800.
• Assist weekend Registrar with daily round of Children’s Ward and Neonatal Nursery patients.
• It may be permissible to take one ward each, depending on experience and ability. If you do a ward round on your own, be sure to identify all patients about whom there are management questions. Clearly identify these patients to the Registrar prior to leaving the hospital.
• Complete any outstanding well baby checks prior to leaving hospital.
• If the unit is very busy you will be expected to assist until you and the Registrar feel the ongoing work can be accomplished by the Registrar alone.

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 and registrar supervision is given during the day. The JMO should never hesitate to contact their seniors should they have any concerns about their patients – day or night

AFTER HOURS
The JMO will work along side the night registrar. Any concerns or discussions about patients should be with the Night Registrar in the first instance for public patients or the relevant Paediatrician for private patients.

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
During the paediatric rotation the JMO should develop skills in a number of areas. In particular:
• History and examination
• Problem formulation – synthesise information ranking problems and regularly re-evaluates the patients problem list as part of clinical reasoning
• Investigation – selection of investigations, interpretation of investigations and providing succinct information when ordering investigations
• Assessment – Recognises abnormal physiology and clinical manifestations of critical illness and recognises and effectively assesses the acutely ill patient
• Management options – Identifies and can justify the patient management options
• Discharge planning – Identifies the elements of effective discharge planning

COMMUNICATION
Because of the sensitive nature of our patients communication is an essential quality. The JMO should develop skills in the following areas:
• Context – Arranges and appropriate environment for communication e.g. private, no interruptions.
• Meeting with families or carers – Identifies the impact of the family dynamics on effective communication, ensure relevant family/carers

Term description for [name term] developed on [insert date]
are included appropriately in meeting and decision-making
- Health records – Uses the health record to ensure continuity of care
- Handover – Describe the importance and features of handover that ensure patient safety and continuity of care and performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

**PROFESSIONALISM**
- Professional responsibility – Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- Health promotions – Advocates for healthy lifestyles and explains environmental and lifestyle risks to health
- Culture, Society and health care – Behaves in ways which acknowledge the social, economic and political factors in patient illness
- Electronic systems – Complies with policies regarding information technology e.g. passwords, email and internet

**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.

<table>
<thead>
<tr>
<th>DAY</th>
<th>Activity</th>
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<tbody>
<tr>
<td>MONDAY</td>
<td><strong>Monthly Dysmorphology Meeting in the:</strong></td>
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<tr>
<td></td>
<td>Women &amp; Children’s Division Tutorial Room @ 0845 hours, second Monday in month.</td>
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<td></td>
<td>TMO Teaching 1230 General Paediatrics with Staff Paediatricians</td>
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<tr>
<td>TUESDAY</td>
<td>Weekly Journal Club with Dr Sabato 1230 -1330</td>
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<td></td>
<td>APLS Scenarios with Dr Bennett</td>
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<td>WEDNESDAY</td>
<td><strong>Monthly Perinatal Mortality and Morbidity Meeting in the:</strong></td>
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<tr>
<td></td>
<td>O&amp;G and Paed’s Conference Room @ 0815 hours.</td>
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<td></td>
<td>TMO teaching 1230 Neonatology with Staff Paediatricians</td>
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<td></td>
<td>Registrar Presentation to Children’s Ward Nursing Staff 1400</td>
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<tr>
<td>THURSDAY</td>
<td><strong>High Risk Complex Pregnancy Multidisciplinary Meeting in the:</strong></td>
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<td></td>
<td>Women &amp; Children’s Division Tutorial Room (Alternate Thursdays) @ 0800 hours</td>
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<td></td>
<td>Nursery Registrar Presentation to SCN Nursing Staff 1400</td>
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<tr>
<td>FRIDAY</td>
<td><strong>Weekly Paediatric Department Meeting in the:</strong></td>
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<tr>
<td></td>
<td>Women &amp; Children’s Division Tutorial Room @ 12.30pm</td>
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<td>Format as per postal schedule.</td>
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<td>Varies between case presentations, journal clubs and invited speakers. Every 2 months there is either a Neonatal or Paediatric Mortality/ Morbidity meeting</td>
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<td></td>
<td>Radiology Meeting fortnightly 1330 - 1400</td>
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<td>Videolink FRACP teaching from WCH 1430 -1630</td>
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</tbody>
</table>

**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.

Term description for [name term] developed on [insert date]
<table>
<thead>
<tr>
<th></th>
<th>SAT</th>
<th>SUN</th>
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<td>Ward Round Nursery/ Children’s Ward 0800 - 1130</td>
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<td>PATIENT LOAD:</td>
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<td></td>
<td>Average number of patients looked after by the junior doctor per day</td>
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<td></td>
<td>Varies – Hospital currently has 3500 + deliveries per year, 2000 + admissions to Children’s Ward and sees ~ 15000 children per year in Emergency</td>
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<td>OVERTIME</td>
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<td>Average hours per week</td>
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<td></td>
<td>Rarely. Following schedule is a general idea of shifts.</td>
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<td></td>
<td>Nursery Discharge Check RMO Saturday/Sunday 0800 – 1430 Monday – Friday 0800 – 1630</td>
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<td></td>
<td>Nursery Day RMO Monday – Friday 0800 – 1630 Long cover 0800 – 2030</td>
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<td>Saturday Children’s Ward RMO</td>
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<td>Only to cover sick leave or annual leave</td>
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<td>UNROSTERED</td>
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</table>

Term description for [name term] developed on [insert date]
| Monday – Friday 0800 – 1630  
| Long cover Sunday 0800 – 2030  
| **Evening RMO**  
| Monday – Friday 1600 – 0030  
| **Emergency RMO**  
| Monday – Friday 1330 –2230  
| Saturday/Sunday 2130 – 0900  
| **Neonatal Resuscitation RMO**  
| Monday – Friday 0800 – 1630 |

### 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.

Formal feedback and assessment is provided by the Term Supervisor at the end of the term. The assessment is then sent to medical admin for filing. Each RMO is allocated a mentor from the Staff Paediatricians for their term. They are expected to meet with their mentor to establish term goals early in their term and then to meet during the term to discuss their progress in achieving those goals.

Informal feedback may be sought anytime during the term from the Registrar or Consultant, nursing staff and from other JMOs.

Should any problem areas arise during the term these are discussed and resolved without delay.

### ADDITIONAL INFORMATION

Dr Mark Thesinger co-ordinates the roster. Any requests for changes should be made well in advance, except in unforeseen emergencies. A lack of planning on your part will result in changes or leave being denied. No informal changes of duty are to take place without approval of Dr Thesinger or the Head of Unit.

For further information regarding your role, responsibilities, policies and guidelines refer to the Department of Paediatrics Registrar and RMO procedure manual.

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**TERM DESCRIPTION DEVELOPED ON**

**TERM DESCRIPTION VALID UNTIL**

**DUE FOR REVIEW ON**

*******ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION*******
### 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
  - Compiles 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

Term description for [name term] developed on [insert date]
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)

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- 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
- 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**

Term description for [name term] developed on [insert date]
Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
Completes appropriate medico-legal documentation
Assigns 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 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

Term description for [name term] developed on [insert date]
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
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
Compiles with policies regarding information technology e.g. passwords, e-mail & internet

Health Records
Compiles 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
Thromboembolic 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

Term description for [name term] developed on [insert date]
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
Deltium
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
Anomalous menstruation
Contraception
Cysuria &/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)

Term description for [name term] developed on [insert date]
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

Term description for [name term] developed on [insert date]
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/plint 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