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| **TERM DESCRIPTION**  *Version 4.1 June 2013* | T:\Clinical Systems\SA IMET\Company Data\TEMPLATES\Logos\SA MET\logo_forWhiteBG_sml.png |

**TERM DESCRIPTION TEMPLATE**

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

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

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

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| **FACILITY: Whyalla Hospital and Health Service** | |
| **TERM NAME: General Medicine 2016** | |
| **TERM SUPERVISOR: Dr Ferdous Alam**  Term supervisors position. | |
| **CLINICAL TEAM:**  *Include contact details of all relevant team members* | Physicians  Dr Ferdous Alam – 1.0 FTE, General Physician with subpeciality in cardiology.  Dr Aslan – 1.0 FTE, General Physician with subspeciality in geriatrics.  Dr Peter Windsor – Available one week in six, General Physician.  Basic Physician Trainee on rotation from The Royal Adelaide Hospital (Accredited training position with RACP)  PGY2+ - Employee of Whyalla Hospital and Health Service.  Visiting Specialists:  Dr. Margaret Arstall – Cardiology  Dr. David Di Fiore – Cardiology  Dr. Ivan Straznicky – Cardiology  Dr. Stephen McDonald – Nephrology  Dr. James Gray – Haematology  Dr. Ken Pittman – Haematology/Oncology  Dr. Dagmara Poprawksi – Oncology  Dr. Farooqi – Rehabilitation  Dr. Perera – Rehabilitation  Dr. Gupta – Rehabilitation  Dr. Shibu – Rehabilitation  Dr. Adikari – Rehabilitation  Dr. Litwin – Rheumatology  Dr. Ral Antic – Respiratory Physician  Registrar – Respitatory Medicine  Dr. Jan Liebelt – Geneticist  Dr. Lesley McGregor – Geneticist  Dr. Chris Barnett – Geneticist  Dr. Ruth Marshall – Spinal Rehabilitation  Number of other clinical staff on unit. |
| **ACCREDITED TERM FOR :** | |  |  |  |  | | --- | --- | --- | --- | |  | ***Number*** | ***Core/Elective*** | ***Duration*** | | **PGY1** | Click here to enter text. | Click here to enter text. | Click here to enter text. | | **PGY2+** | **1** | **Core** | **12 -24 weeks** | |
| **OVERVIEW OF UNIT OR SERVICE**  *Include outline of the role of the unit, range of clinical services provided, case mix etc.* | The catchment area for the Whyalla Hospital and Health Service varies depending on the service type, elective or emergency nature of treatment, distance and transport links and the developing roles of health units (including Whyalla Hospital and Health Service) within clinical networks.  The core catchment area is considered to be the Eastern Eyre Peninsula, where Whyalla Hospital and Health Service supports the smaller health units with the provision of more complex services.  The Whyalla Hospital and Health Service also supports a broader catchment area for more specialised services such as mental health, orthopaedic surgery, specialised cancer services and specialist rehabilitation services and with a focus on developing cardiology and geriatric services for the broader region.  This larger catchment area includes the wider Eyre Peninsula Port Augusta, Flinders Rangers and the Far North. For some specilaised services such as orthopaedic surgery, cancer services and cardiology, the catchment extends more broadly.  The core catchment includes a population of approximately 28,000 people whilst the larger catchment has a population of over 84,000 people. 3.7% of people in the core catchment and 7.0% of people in the broader catchment identify as Aboriginal and Torres Strait Islander.  Whyalla Hospital and Health Service has 75 multi-day inpatient beds, including an 8 bed high dependency unit, 4 renal chairs, 6 chemotherapy chairs, 21 same-day recovery beds, 2 operating and 1 endoscopy theatre and 9 Emergency department bays.  Low acuity inpatient care and routine after-hours emergency services at Whyalla Hospital and Health Service are provided by local GP’s. the Medical Unit provides 24/7 high acuity care for patietns in the High Dependency Unit (8 beds increasing to 11-12 in winter); consultations as requested for in-patients; outpatient clinics for general medicine, cardiology and geriatrics; handles all retrievals; provides advice and care for for high acuity presentations through the ED and also provides in-patient medical care for patients admitted to the psychiatric unit as well as in-patients from ‘out-of-town’ who are not aligned to a local general practice. The Medical unit – in conjuction with Drug and Alcohol Services – also care for patients undergoing high risk alcohol withdrawal. There are already significant cardiology services provided in Whyalla and these are expanding, plus a start-up of geriatric services. There is an interest in developing a role for the Medical Team in the pre and post-operative care of orthopaedic patients with multiple co-morbidities, most typically those undergoing hip replacements. The Medical Team attends all ‘Code Blue’ (or MET) calls in the hospital. The Medical Team also carries our thrombolysis for Stroke Patients. |
| **REQUIREMENTS FOR COMMENCING THE TERM:**  *Identify the knowledge or skills required by the TMO* **before** *commencing the term and how the term supervisor will determine competency* | The TMO must have successfully completed the intern year and be eligible for full registration. |
| **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 TMO.* | The TMO reports to Medical Administration at the commencement of term  There is a 1 day orientation which consists of ½ day orientation with HR and includes Manual Handling, Fire Training, Handwashing etc. There is an orientation with the DMS and Amanda Semark where the TMO is introduced to various relevant policies and procedures relevant to his/her practice at Whyalla Hospital plus administrative details such as how to fill in a time sheet, make an application for PD, annual leave and so on. The TMO then joins the departing TMO for orientation to their Clinical Department, meeting the senior clinicians and nursing staff, tour of the hospital and patient handover. |
| **TMOs CLINICAL RESPONSIBILITIES AND TASKS:**  *List routine duties and responsibilities including clinical handover* | The (PGY2+) TMO, together with the basic physician trainee, will be an integral part if the Medical Team, participating under supervision and commensurate with the TMO’s skills and abilities, in all the roles outlined above.  The TMO will be expected to:   * Integrate and apply knowledge in the day to day management of patients in the HDU and the other activities of the Medical Team as outlined above. * Expand and refine clinical knowledge and skills in common medical problems and increase experience in using these skills in patient evaluation, clinical diagnosis and management. * Increase proficiency in specific procedural skills including venepuncture, IV therapy, ABG, bladder catheterisation, insertion and management of nasogastric tubes, ECG recording and interpretation, management of central arterial lines, management of patients on BiPAP and occasionally ventilated patients in the HDU. * Become proficient in patient resuscitation. * Ensure appropriate clinical handover to the overnight duty RMO.   The Medical rotation is part of a hospital wide programme for training and eduation of TMO’s. All TMO’s will participate in a remote-call roster to provide the hospital with after hours junior doctor cover. |
| **SUPERVISION:**  *Identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours. Contact details* | **IN HOURS:**  **The TMO is being supervised clinically at any point in time by the duty Physician.**  **The duty Physician can be contacted 24/7 through the Whyalla Hopsital switchboard.**  **The TMO is also professionally responsible to the DMS. The DMS can be contacted at any time on 0427 398 309.** |
|  | **AFTER HOURS:**  See above |
| **STANDARD TERM OBJECTIVES:**  *The term supervisor should identify the knowledge, skills and experience that the TMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.* | **CLINICAL MANAGEMENT:**  The TMO will have the opportunity to consolidate skills and knowledge in common presentations amongst medical patients such as chest pain, falls, dehydration, syncope, PUO, jaundice and so on. There is a wide range of pathology available at Whyalla Health Service in which the TMO will become involved. Working with the physicians in the HDU the TMO will have the opportunity to manage patients with acute presentations, multiple co-morbidities and complex conditions. In addition to routine procedures such as venepuncture, IV cannulation, IV medication/fluids, ABG, NG tube insertions etc the TMO will be involved in patient resuscitation and retrievals under the superivison of a phsycian.  Please refer to ACFJID for more details. |
|  | **COMMUNICATION:**  **The TMO will be expected to:**   * **Work effectively as part of a team involving health professionals from various disciplines.** * **Appreciate the hospital as an episode in a continuum of care, and liaise with general practitioners and other health professionals regarding the ongoing management and care in the community.** * **Demonstrate good communication skills with patients, their families, hospital staff and other professions.** |
|  | **PROFESSIONALISM:**  **The TMO will be expected to:**   * **Develop skills in setting personal learning goals and their achievement through self-directed continuing medical education.** * **Increase understanding of the ethical and medico-legal involvement within medical practice.** |
| **INSERT TIMETABLE** *(the timetable should include term specific education opportunities, facility wide education opportunities e.g TMO 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 TMO should participate in during the week)*   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | | **AM** | **8:30am ward round with case presentations** | **8:30am ward round with case presentations** | **8:30am ward round with case presentations** | **8:30am ward round with case presentations** | **8:30am ward round with case presentations** | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | **PM** | Click here to enter text. | **Journal Club** | **Grand Round** | **Junior Doctor Tutorial** | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Outpatients | Outpatients | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| **PATIENT LOAD:**  *Average number of patients looked after by the TMO per day* | 8 – 12 patients per day. |
| **OVERTIME**  *Average hours per week* Click here to enter text.  **ROSTERED: 38 Hours per week. Also rostered on remote call 1 in 3. Rate of call-in varies but is low, averaging 1-2 afterhours call-ins per week.**  **UNROSTERED:** Click here to enter text. | |
| **EDUCATION:**  *Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.* | Early in placement you will meet with the Director of Clinical Training and develop a learning portfolio for the year. This will allow you to document your major learning achievements throughout the year and plan for specific educational opportunites.  Formal teaching sessions include:   * Orientation workshop at commencement of placement. * Weekly Grand Round * Weekly Journal Club * Weekly Junior doctor tutorial * Skills laboratory session at least twice per annum. |
| **ASSESSMENT AND FEEDBACK:**  *Detail arrangements for formal assessment and feedback provided to TMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the TMO with the opportunity to address any short-comings prior to the end-of-term assessment.* | There will be 2 formal opportunites for assessment and evaluation, with the consultant Term Supervisor in consultation with other medical and nursing staff. These assessments are discussed with the term supervisor and signed by both supervisor and TMO. The assessments are also then viewed and signed by The Director of Clinical Training/DMS. The mid-term assessment will be formative and allow for goal setting and the discussion of learning objectives for the remainder of the term. The end of the term will be summative and give final evaluation for the clinical attachement. |
| **ADDITIONAL INFORMATION:** | The Director of Clinical Training is Dr. Nes Lian-Lloyd /DMS for Flinders & Upper North. |

**Whyalla Hospital and Health Service Medicine**

**Clinical Management**

**Patient Assessment**

**Patient identification**

Follows the stages of a verification process to ensure the correct identification of a patient

Complies with the organisation’s procedures for avoiding patient misidentification

Confirms with relevant others the correct identification of a patient

**History & Examination**

Recognises how patients present with common acute and chronic problems and conditions

Undertakes a comprehensive & focussed history

Performs a comprehensive examination of all systems

Elicits symptoms & signs relevant to the presenting problem or condition

**Problem formulation**

Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process

Discriminates between the possible differential diagnoses relevant to a patient’s presenting problems or conditions

Regularly re-evaluates the patient problem list

**Investigations**

Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation

Follows up & interprets investigation results appropriately to guide patient management

Identifies & provides relevant & succinct information when ordering investigations

**Referral & consultation**

Identifies & provides relevant & succinct information

Applies the criteria for referral or consultation relevant to a particular problem or condition

Collaborates with other health professionals in patient assessment

**Safe Patient Care**

**Systems**

Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient

Uses mechanisms that minimise error e.g. checklists, clinical pathways

Participates in continuous quality improvement e.g. clinical audit

**Risk & prevention**

Identifies the main sources of error & risk in the workplace

which may contribute to patient & staff risk

Explains and reports potential risks to patients and staff

**Adverse events & near misses**

Describes examples of the harm caused by errors & system failures

Documents & reports adverse events in accordance with local incident reporting

systems

Recognises & uses existing systems to manage adverse events & near misses

**Public health**

Knows pathways for reporting notifiable diseases & which conditions are notifiable

Acts in accordance with the management plan for a disease outbreak

Identifies the key health issues and opportunities for disease and injury prevention in the community

**Infection control**

Practices correct hand-washing & aseptic techniques

Uses methods to minimise transmission of infection between patients

Rationally prescribes antimicrobial / antiviral therapy for common conditions

**Radiation safety**

Minimise the risk associated with exposure to radiological investigations or procedures to patient or self

Rationally requests radiological investigations & procedures

Regularly evaluates his / her ordering of radiological investigations & procedures

**Medication safety**

Identifies the medications most commonly involved in prescribing and administration errors

Prescribes, calculates and administers all medications safely mindful of their risk profile

Routinely reports medication errors and near misses in accordance with local requirements

**Acute & Emergency Care**

**Assessment**

Recognises the abnormal physiology and clinical manifestations of critical illness

Recognises & effectively assesses acutely ill, deteriorating or dying patients

Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

**Prioritisation**

Applies the principles of triage & medical prioritisation

Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

**Basic Life Support**

Implements basic airway management, ventilatory and circulatory support

Effectively uses semi-automatic and automatic defibrillators

**Advanced Life Support**

Identifies the indications for advanced airway management

Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation

Participates in decision-making about and debriefing after cessation of resuscitation

**Acute patient transfer**

Identifies when patient transfer is required

Identifies and manages risks prior to and during patient transfer

**Patient Management**

**Management Options**

Identifies and is able to justify the patient management options for common problems and conditions

Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

**Inpatient Management**

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

**Therapeutics**

Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used

Involves nurses, pharmacists and allied health professionals appropriately in medication management

Evaluates the outcomes of medication therapy

**Pain management**

Specifies and can justify the hierarchy of therapies and options for pain control

Prescribes pain therapies to match the patient’s analgesia requirements

**Fluid, electrolyte & blood product management**

Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products

Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient

Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use

Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

**Subacute care**

Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs

Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

**Ambulatory & community care**

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

**Discharge planning**

Recognises when patients are ready for discharge

Facilitates timely and effective discharge planning

**End of Life Care**

Arranges appropriate support for dying patients

Takes account of legislation regarding

Enduring Power of Attorney and Advanced Care Planning

**Skills & Procedures**

**Decision-making**

Explains the indications, contraindications & risks for common procedures

Selects appropriate procedures with involvement of senior clinicians and the patient

Considers personal limitations and ensures appropriate supervision

**Informed consent**

Applies the principles of informed consent in day to day clinical practice

Identifies the circumstances that require informed consent to be obtained by a more senior clinician

Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

**Performance of procedures**

Ensures appropriate supervision is available

Identifies the patient appropriately

Prepares and positions the patient appropriately

Recognises the indications for local, regional or general anaesthesia

Arranges appropriate equipment

Arranges appropriate support staff and defines their roles

Provides appropriate analgesia and/or premedication

Performs procedure in a safe and competent manner using aseptic technique

Identifies and manages common complications

Interprets results & evaluates outcomes of treatment

Provides appropriate aftercare & arranges follow-up

**Skills & Procedures**

Venepuncture

IV cannulation

Preparation and administration of IV medication, injections & fluids

Arterial puncture in an adult

Blood culture (peripheral)

IV infusion including the prescription of fluids

IV infusion of blood & blood products

Injection of local anaesthetic to skin

Subcutaneous injection

Intramuscular injection

Perform & interpret and ECG

Perform & interpret peak flow

Urethral catheterisation in adult females

& males

Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway

NG & feeding tube insertion

Gynaecological speculum and pelvic examination

Surgical knots & simple suture insertion

Corneal & other superficial foreign body removal

Plaster cast/splint limb immobilisation

**Clinical Symptoms, Problems & Conditions**

**Common Symptoms & Signs**

Fever

Dehydration

Loss of Consciousness

Syncope

Headache

Toothache

Upper airway obstruction

Chest pain

Breathlessness

Cough

Back pain

Nausea & Vomiting

Jaundice

Abdominal pain

Gastrointestinal bleeding

Constipation

Diarrhoea

Dysuria / or frequent micturition

Oliguria & anuria

Pain & bleeding in early pregnancy

Agitation

Depression

**Common Clinical Problems and Conditions**

Non-specific febrile illness

Sepsis

Shock

Anaphylaxis

Envenomation

Diabetes mellitus and direct complications

Thyroid disorders

Electrolyte disturbances

Malnutrition

Obesity

Red painful eye

Cerebrovascular disorders

Meningitis

Seizure disorders

Delirium

Common skin rashes & infections

Burns

Fractures

Minor Trauma

Multiple Trauma

Osteoarthritis

Rheumatoid arthritis

Gout

Septic arthritis

Hypertension

Heart failure

Ischaemic heart disease

Cardiac arrhythmias

Thromboembolic disease

Limb ischaemia

Leg ulcers

Oral infections

Periodontal disease

Asthma

Respiratory infection

Chronic Obstructive Pulmonary Disease

Obstructive sleep apnoea

Liver disease

Acute abdomen

Renal failure

Pyelonephritis & UTIs

Urinary incontinence & retention

Menstrual disorders

Sexually Transmitted Infections

Anaemia

Bruising & Bleeding

Management of anticoagulation

Cognitive or physical disability

Substance abuse & dependence

Psychosis

Depression

Anxiety

Deliberate self-harm & suicidal behaviours

Paracetamol overdose

Benzodiazepine & opioid overdose

Common malignancies

Chemotherapy & radiotherapy side effects

The sick child

Child abuse

Domestic violence

Dementia

Functional decline or impairment

Fall, especially in the elderly

Elder abuse

Poisoning/overdose

**Professionalism**

**Doctor & Society**

**Access to healthcare**

Identifies how physical or cognitive disability can limit patients’ access to healthcare services

Provides access to culturally appropriate healthcare

Demonstrates and advocates a non - discriminatory patient-centred approach to care

**Culture, society healthcare**

Behaves in ways which acknowledge the social, economic political factors in patient illness

Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health

Identifies his/her own cultural values that may impact on his/her role as a doctor

Indigenous patients

Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians

Behaves in ways which acknowledge Indigenous Australians’ spirituality & relationship to the land

Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

**Professional standards**

Complies with the legal requirements of being a doctor e.g. maintaining registration

Adheres to professional standards

Respects patient privacy & confidentiality

**Medicine & the law**

Complies with the legal requirements in patient care e.g. Mental Health Act, death

certification

Completes appropriate medico-legal documentation

Liaises with legal & statutory authorities, including mandatory reporting where applicable

**Health promotion**

Advocates for healthy lifestyles & explains environmental lifestyle risks to health

Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)

Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

**Healthcare resources**

Identifies the potential impact of resource constraint on patient care

Uses finite healthcare resources wisely to achieve the best outcomes

Works in ways that acknowledge the complexities & competing demands of the healthcare system

**Professional Behaviour**

**Professional responsibility**

Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role

Maintains an appropriate standard of professional practice and works within personal capabilities

Reflects on personal experiences, actions & decision-making

Acts as a role model of professional behaviour

**Time management**

Prioritises workload to maximise patient outcomes & health service function

Demonstrates punctuality

**Personal well-being**

Is aware of, & optimises personal health & well-being

Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress

Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

**Ethical practice**

Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes

Consults colleagues about ethical concerns

Accepts responsibility for ethical decisions

**Practitioner in difficulty**

Identifies the support services available

Recognises the signs of a colleague in difficulty and responds with empathy

Refers appropriately

**Doctors as leaders**

Shows an ability to work well with & lead others

Exhibits leadership qualities and takes leadership role when required

**Professional Development**

Reflects on own skills & personal attributes in actively investigating a range of career options

Participates in a variety of continuing education opportunities

Accepts opportunities for increased autonomy and patient responsibility under their supervisor’s direction

**Teaching, Learning & Supervision**

**Self-directed learning**

Identifies & addresses personal learning objectives

Establishes & uses current evidence based resources to support patient care & own learning

Seeks opportunities to reflect on & learn from clinical practice

Seeks & responds to feedback on learning

Participates in research & quality improvement activities where possible

**Teaching**

Plans, develops & conducts teaching sessions for peers & juniors

Uses varied approaches to teaching small & large groups

Incorporates teaching into clinical work

Evaluates & responds to feedback on own teaching

**Supervision, Assessment & Feedback**

Seeks out personal supervision & is responsive to feedback

Seeks out and participates in personal feedback and assessment processes

Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)

Adapts level of supervision to the learner’s competence & confidence

Provides constructive, timely and specific feedback based on observation of performance

Escalates performance issues where appropriate

**Communication**

**Patient Interaction**

**Context**

Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments

Uses principles of good communication to ensure effective healthcare relationships

Uses effective strategies to deal with the difficult or vulnerable patient

**Respect**

Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds

Maintains privacy & confidentiality

Provides clear & honest information to patients & respects their treatment choices

**Providing information**

Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand

Uses interpreters for non-English speaking backgrounds when appropriate

Involves patients in discussions to ensure their participation in decisions about their care

**Meetings with families or carers**

Identifies the impact of family dynamics on effective communication

Ensures relevant family/carers are included appropriately in meetings and decision-making

Respects the role of families in patient health care

**Breaking bad news**

Recognises the manifestations of, & responses to, loss & bereavement

Participates in breaking bad news to patients & carers

Shows empathy & compassion

**Open disclosure**

Explains & participates in implementation of the principles of open disclosure

Ensures patients & carers are supported & cared for after an adverse event

Complaints

Acts to minimise or prevent the factors that would otherwise lead to complaints

Uses local protocols to respond to complaints

Adopts behaviours such as good communication designed to prevent complaints

**Managing Information**

**Written**

Complies with organisational policies regarding timely & accurate documentation

Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries

Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters

Accurately documents drug prescription, calculations and administration

**Electronic**

Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information

Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

**Health Records**

Complies with legal/institutional requirements for health records

Uses the health record to ensure continuity of care

Provides accurate documentation for patient care

**Evidence-based practice**

Applies the principles of evidence-based practice and hierarchy of evidence

Uses best available evidence in clinical decision-making

Critically appraises evidence and information

**Handover**

Demonstrates features of clinical handover that ensure patient safety & continuity of care

Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

**Working in Teams**

**Team structure**

Identifies & works effectively as part of

the healthcare team, to ensure best patient care

Includes the patient & carers in the team decision making process where appropriate

Uses graded assertiveness when appropriate

Respects the roles and responsibilities of multidisciplinary team members

**Team dynamics**

Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise

Demonstrates flexibility & ability to adapt to change

Identifies & adopts a variety of roles within different teams

**Case Presentation**

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