Lyell McEwin 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 Assessment processes with the junior doctor.

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>Lyell McEwin Hospital</th>
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<tbody>
<tr>
<td>TERM NAME</td>
<td>Paediatrics (PGY2+ Resident Medical Officer - RMO)</td>
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<tr>
<td>TERM SUPERVISOR</td>
<td>Dr Michael Smiley</td>
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<tr>
<td>CLINICAL TEAM</td>
<td></td>
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<tr>
<td><strong>Include contact details of all relevant team members</strong></td>
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<tr>
<td>Staff Paediatricians</td>
<td></td>
</tr>
<tr>
<td>Dr Michael Smiley</td>
<td>0.8 FTE (Head of Unit)</td>
</tr>
<tr>
<td>Dr Yumin Chan</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>Dr Maya Thomas</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>Dr Lizelle Weber</td>
<td>1.0 FTE</td>
</tr>
<tr>
<td>Dr Mark Thesinger</td>
<td>0.8 FTE</td>
</tr>
<tr>
<td>Dr Afdal Ibrahim</td>
<td>0.5 FTE</td>
</tr>
<tr>
<td>Dr Josie Nozza</td>
<td>0.4 FTE</td>
</tr>
<tr>
<td>Dr Peter Petek</td>
<td>0.4 FTE</td>
</tr>
<tr>
<td>Dr Rishi Agrawal</td>
<td>0.2 FTE</td>
</tr>
<tr>
<td>Visiting Paediatricians</td>
<td></td>
</tr>
<tr>
<td>Dr Tony Sabato</td>
<td>3 sessions</td>
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<tr>
<td>Nursing Staffing</td>
<td></td>
</tr>
<tr>
<td>Ms Meredith Hobbs</td>
<td>Divisional Director, Nursing &amp; Midwifery</td>
</tr>
<tr>
<td>Ms Lynne Fairley</td>
<td>CSC, Special Care Nursery</td>
</tr>
<tr>
<td>Ms Michele Howard</td>
<td>CSC, Children’s Ward</td>
</tr>
<tr>
<td>Ms Colleen Panario</td>
<td>CSC, Women’s Health Unit</td>
</tr>
<tr>
<td>Ms Lyn Bastian</td>
<td>CSC, Birthing and Assessment Unit High</td>
</tr>
<tr>
<td>Ms Linda Campbell</td>
<td>CSC, Birthing and Assessment Unit Low</td>
</tr>
<tr>
<td>Ms Rosie Beaver</td>
<td>CSC, Family Clinics</td>
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<tr>
<td>Clerical Staff</td>
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<tr>
<td>Ms Michelle Vigar</td>
<td>Ward Clerk, Special Care Nursery</td>
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<tr>
<td>Ms Danielle Coad</td>
<td>Divisional Administration Assistant</td>
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<tr>
<td>Ms Sebine Smith</td>
<td>Divisional Administration Assistant</td>
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<td>Management</td>
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<tr>
<td>Ms Vicki Robertson</td>
<td>Business Consultant - WCD</td>
</tr>
<tr>
<td>Ms Anastasia Tjombanakis</td>
<td>Medical Management Facilitator - WCD</td>
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Term description for LMH – PAEDIATRICS – PGY2+ last reviewed May 2016
Members of staff are contactable through switchboard and via their health email address.

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<tr>
<th>ACCREDITED TERM FOR</th>
<th>NUMBER</th>
<th>CORE/ELECTIVE</th>
<th>DURATION</th>
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<tr>
<td>PGY2+</td>
<td>4*</td>
<td>Elective</td>
<td>13 weeks</td>
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* including 1 x PGY2 from TQEH

OVERVIEW OF UNIT OR SERVICE

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

The Paediatric Department consists 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. Dr Michael Smiley heads the Paediatric Department.

Paediatric care is provided for inpatients with conditions such as asthma, bronchitis, gastroenteritis, pneumonia, febrile convulsions and social issues. At times, respite care is provided for children with chronic illnesses. Most admissions are of short duration.

Patients who require High Dependency or Intensive Care or surgical conditions under 16 years of age 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.

Neonatal patients are cared for in a Level 5 Nursery. Babies of more than 31 weeks gestation or greater can be delivered here and cared for in the Nursery. Transferal or retrieval should be considered for respiratory distress requiring more than head box oxygen of 40% to a Neonatal Intensive Care Unit (NICU). Many pre-term infants are delivered at Women’s and Children’s Hospital or Flinders Medical Centre at gestations less than 31 weeks gestation and transferred to our Nursery when stable for ongoing care. We offer CPAP +/- surfactant therapy and also high Flow Nasal Cannula Oxygen to neonatal inpatients who require such care with support from neonatologists at WCH.

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 COMMENCEING THE TERM:

Identify the knowledge or skills required by the IMO 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 RMO will have fulfilled this requirement through the LMH hospital wide orientation program.

Neonatal resuscitation training will be provided within the first weeks of commencement on this rotation. This training is provided through clinical skills training sessions. Successful candidates through this program will receive certification of competence.

It’s expected that the RMO 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.

Term description for LMH – PAEDIATRICS – PGY2+ last reviewed May 2016
**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 RMO 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 RMO 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 RMO will also receive an introduction to administration and IT systems.

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**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 – 00830 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

Commence duties SCN
0800 – 1700 Monday – Friday.
Long cover 0800 - 2030 Saturday/Sunday.

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 previous day’s investigations.

**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 Weber
- Tuesday Dr Thesinger
- Wednesday Dr Agrawal
- Thursday Dr Weber
- Friday Dr Thomas

**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:**
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...
Discharge Medications:
Discharge Summaries:
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 in the afternoon or evening pre discharge. This is especially important on Friday, as the weekends can be very busy.

Please order at least 24 hours before discharge To be completed on OACIS within 48 hours of discharge. Review and sign pathology and neonatal screening test results.

There is also a dedicated Resident who assists the Registrar in the emergency department which allows exposure to undifferentiated Paediatric cases presenting to the Hospital to be seen with Registrar and Consultant support. This position is 7 days per week in the afternoon and evening which is the peak time for children to present to Emergency.

In addition the Department supports the training of Residents in GP training who are working across NAHLN in Emergency in Modbury as well as LMHS in Paediatrics.

### Commence duties on Children’s Ward
0800 – 1700 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 Chan / Petek
- Tuesday: Dr Chan / Thomas
- Wednesday: Dr Smiley / Weber
- Thursday: Dr Theisinger / Thomas
<table>
<thead>
<tr>
<th>Discharge:</th>
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<tr>
<td>Discharge planning, including ordering medication, should commence the day of admission.</td>
</tr>
<tr>
<td>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. <em>Your compliance with this standard is monitored.</em></td>
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<tr>
<th>Pathology:</th>
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<tr>
<td>Review and sign pathology reports.</td>
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<tr>
<td>Discuss abnormal results with Consultant.</td>
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<tr>
<td>Review patients in the Emergency Department as directed by the Ward Registrar.</td>
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### 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 Ward 1C or Neonatal Nursery.
- Finish work (2330 approximately).

**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 Paediatric 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 RMO should never hesitate to contact their seniors should they have any concerns about their patients – day or night

**AFTER HOURS**

The JMO will work alongside the evening 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 ACJID.

*Generic term objectives should also be noted on the attached ACJID 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 RMO 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 RMO 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 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.

**MONDAY**

*Monthly* Dysmorphology Meeting in the: Women & Children’s Division Tutorial Room @ 0845 hours, second Monday in month.

Tutorial Program in Paediatrics 1230 -1330 (all Paediatricians)

**TUESDAY**

Paediatric Journal Club 1230 -1330

Paediatric and Neonatal APLS Scenarios 1330 -1430

**WEDNESDAY**

*Monthly* Perinatal Mortality and Morbidity Meeting in the: O&G and Paed’s Conference Room @ 0815 hours.

Neonatal Tutorial 1230 – 1330 (all Paediatricians)

**THURSDAY**

*High Risk Complex Pregnancy Multidisciplinary Meeting in*
the:
Women & Children’s Division Tutorial Room (Alternate Thursdays) @ 0800 hours
Neonatal Grand Rounds with Allied Health input 0900 -1100
Neonatal Journal Club 1230 -1330
Alternate Thursdays – PMEU RMO tutorial; 1400 – 1500
(protected time)

Weekly Paediatric Department Meeting in the:
Women & Children’s Division Tutorial Room 12.30 -1330
Varies between case presentations, journal clubs and invited speakers.
Paediatric Radiology meeting 1330 -1400 every 2 weeks
Telelink FRACP Teaching from WCH 1430 -1630

FRIDAY

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.

Nursery Discharge Check RMO
Saturday/Sunday 0800 – 1630, Monday – Friday 0830 - 1630

Nursery Day RMO
Monday – Friday 0800 – 1700, Long cover 0800 – 2030

Children’s Ward RMO
Monday – Friday 0800 – 1700, Long cover Sunday 0800 – 2030

Evening RMO
Monday – Friday 1600 – 0030

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<tr>
<th>SAT</th>
<th>SUN</th>
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Term description for LMH – PAEDIATRICS – PGY2+ last reviewed May 2016
**Patient Load:**

<table>
<thead>
<tr>
<th>Varying</th>
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</table>

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

<table>
<thead>
<tr>
<th>Overtime</th>
<th>Rostered</th>
<th>Unrostered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average hours per week</td>
<td>Rarely. Following schedule is a general idea of shifts.</td>
<td>Only to cover sick leave or annual leave</td>
</tr>
</tbody>
</table>

**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. |

<table>
<thead>
<tr>
<th>Each Resident is allocated a Term Mentor at the start of the term. Informal feedback may be sought anytime during the term from the Registrar or Consultant, nursing staff and from other RMOs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should any problem areas arise during the term these are discussed and resolved without delay. The Unit plans to introduce a log book so all essential areas of Paediatrics will be covered during the course of the term.</td>
</tr>
<tr>
<td>A mid-term assessment is encouraged – this enables a review of progress so far, with areas that need improvement being identified and plans established as to how this can be achieved.</td>
</tr>
<tr>
<td><strong>End of term assessment.</strong> 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. It provides an opportunity for the supervisor to discuss the RMO’s learning objectives and how well they have been met. It also provides an opportunity to review the term description and to provide constructive feedback on it and it’s mapping to the Australian Curriculum Framework for junior doctors. RMOs are emailed the forms by the PMEU or they are available on OTIS. They are mandatory. Paper copies are to be returned to the PMEU.</td>
</tr>
<tr>
<td>It is the responsibility of the RMO to ensure that the assessments are completed and returned to the Postgraduate Medical Education Unit (PMEU). Reminders are emailed out 2 weeks prior to the end of term by the PMEU.</td>
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<tr>
<td>RMOs are encouraged to complete a JMO appraisal form (Jafa) of their experience on this rotation. The forms are emailed by the PMEU or are available online via OTIS.</td>
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</table>

**Additional Information**

<table>
<thead>
<tr>
<th>Dr Michael Smiley 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 Smiley.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For further information regarding your role, responsibilities, policies and guidelines refer to the Department of Paediatrics Registrar and RMO procedure manual.</td>
</tr>
</tbody>
</table>

**Term Description Developed On**

| Last reviewed April 2016 |

**Due For Review On**

| April 2017 |
**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_ 

<table>
<thead>
<tr>
<th>Personal Learning Objectives</th>
<th>Mid-term Assessment</th>
<th>End of term Assessment</th>
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<tbody>
<tr>
<td>Ex. Increased knowledge of medical management of hypertension, increased skills and confidence in nasogastric tube insertion</td>
<td>Met</td>
<td>Unmet</td>
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<td>Met</td>
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</table>

**Comments:**
Clinical Management

- **Patient Assessment**
  - **Patient identification**
    - x Follows the stages of a verification process to ensure the correct identification of a patient.
    - x Complies with the organisation’s procedures for avoiding patient misidentification.
    - x Confirms with relevant others the correct identification of a patient.
  - **History & Examination**
    - x Recognises how patients present with common acute and chronic problems and conditions.
    - x Undertakes a comprehensive & focused history.
    - x Performs a comprehensive examination of all systems.
    - x Elicits symptoms & signs relevant to the presenting problem or condition.
  - **Problem formulation**
    - x Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process.
    - x Discriminates between the possible differential diagnoses relevant to a patient’s presenting problems or conditions.
    - x Regularly re-evaluates the patient problem list.

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

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

Safe Patient Care

- **Systems**
  - x Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient.
  - x Uses mechanisms that minimise error e.g. checklists, clinical pathways.
  - x Participates in continuous quality improvement e.g. clinical audit.

- **Risk & prevention**
  - x Identifies the main sources of error & risk in the workplace.
  - x Recognises and acts on personal factors which may contribute to patient & staff risk.
  - x Explains and reports potential risks to patients & staff.

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

Public health

- x Knows pathways for reporting notifiable diseases & which conditions are notifiable.
- x x 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**
    - x Practices correct hand-washing & aseptic techniques.
    - x Uses methods to minimise transmission of infection between patients.
    - x Rationales prescribes antimicrobial / antiviral therapy for common conditions.

- **Radiation safety**
  - x Minimises the risk associated with exposure to radiological investigations or procedures to patient or self.
  - x Rationales requests radiological investigations & procedures.
  - x Regularly evaluates his/her ordering of radiological investigations & procedures.

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

- **Acute & Emergency Care**
  - **Assessment**
    - x Recognises the abnormal physiology and clinical manifestations of critical illness.
    - x Recognises & effectively assesses acutely ill, deteriorating or dying patients.
    - x Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient.

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

- **Basic Life Support**
  - x Implements basic airway management, ventilatory & circulatory support.
  - x Effectively uses semi-automatic and automatic defibrillators.

- **Advanced Life Support**
  - x Identifies the indications for advanced airway management.
  - x Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual ventilation.
  - x Participates in decision-making about and debriefing after cessation of resuscitation.

- **Acute patient transfer**
  - x Identifies when patient transfer is required.
  - x Identifies and manages risks prior to and during patient transfer.

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

- **Inpatient Management**
  - x Reviews the patient and their response to treatment on a regular basis.
  - x Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used.
  - x Involves nurses, pharmacists and allied health professionals appropriately in medication management.
  - x Evaluates the outcomes of medication therapy.

- **Pain management**
  - x Specifies and can justify the hierarchy of therapies and options for pain control.
  - x Prescribes pain therapies to match the patient’s analgesia requirements.

- **Fluid, electrolyte & blood product management**
  - x Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products.
  - x Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient.
  - x Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte and blood product use.
  - x Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use.

- **Subacute care**
  - x Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs.
  - x Identifies common risks in older and complex patients e.g. falls risk and cognitive decline.

- **Ambulatory & community care**
  - x Identifies and arranges ambulatory and community care services appropriate for each patient.

- **Discharge planning**
  - x Recognises when patients are ready for discharge.
  - x Facilitates timely and effective discharge planning.

- **End of Life Care**
  - x Arranges appropriate support for dying patients.
  - x Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning.

- **Skills & Procedures**
  - **Decision-making**
    - x Explains the indications, contraindications & risks for common procedures.
    - x Selects appropriate procedures with involvement of senior clinicians and the patient.
    - x Considers personal limitations and ensures appropriate supervision.

- **Informed consent**
  - x Applies the principles of informed consent in day to day clinical practice.
  - x Identifies the circumstances that require informed consent to be obtained by a more senior clinician.
  - x 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**
  - x Ensures appropriate supervision is available.
  - x Identifies the patient appropriately.
  - x Prepares and positions the patient appropriately.
  - x Recognises the indications for local, regional or general anaesthesia.
  - x Arranges appropriate equipment.
  - x Arranges appropriate support staff and defines their roles.
  - x Provides appropriate anaesthesia and/or premedication.
  - x Performs procedure in a safe and competent manner using aseptic technique.
  - x Identifies and manages common complications.
  - x Interprets results & evaluates outcomes of treatment.
  - x Provides appropriate aftercare & arranges follow-up.

Clinical Symptoms, Problems & Conditions

- **Common Symptoms & Signs**
  - x Fever.
  - x Dehydration.
  - x Loss of Consciousness.
  - x Syncope.
  - x Migraine.
  - x Toothache.
  - x Upper airway obstruction.
  - x Chest pain.
  - x Breathlessness.
  - x Cough.
  - x Back pain.
  - x Nausea & Vomiting.
  - x Jaundice.
  - x Abdominal pain.
  - x Gastrointestinal bleeding.
  - x Constipation.
  - x Diarrhoea.
  - x Dysuria / or frequent micturition.
  - x Oliguria & anuria.
  - x Pain & bleeding in early pregnancy.
  - x Agitation.
  - x Depression.

- **Common Clinical Problems and Conditions**
  - x Non-specific febrile illness.
  - x Sepsis.
  - x Shock.
  - x Acute pain.
  - x Envenomation.
  - x Diabetes mellitus and direct complications.
  - x Thyroid disorders.
  - x Electrolyte disturbances.
  - x Malnutrition.
  - x Obesity.
  - x Red painful eye.
  - x Cerebrovascular disorders.
  - x Meningitis.
  - x Seizure disorders.
  - x Delirium.
  - x Common skin rashes & infections.
  - x Burns.
  - x Fractures.
  - x Abdominal Trauma.
  - x Multiple Trauma.
  - x Osteoarthritis.
  - x Rheumatoid arthritis.
  - x Gout.
Completes appropriate medicolegal documentation
X Liaises with legal & statutory authorities, including mandatory reporting where applicable

**Health promotion**
X Advocates for healthy lifestyles & explains environmental lifestyle risks to health
X Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
X Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

**Healthcare resources**
X Identifies the potential impact of resource constraint on patient care
X Uses finite healthcare resources wisely to achieve the best outcomes
X Works in ways that acknowledge the complexities & competing demands of the healthcare system

**Professional Behaviour**

**Professional responsibility**
X Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
X Maintains an appropriate standard of professional practice and works within personal capabilities
X Reflects on personal experiences, actions & decision-making
X Acts as a role model of professional behaviour

**Time management**
X Prioritises workload to maximise patient outcomes & health service function
X Demonstrates punctuality

**Personal well-being**
X Is aware of, & optimises personal health & well-being
X Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
X Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

**Ethical practice**
X Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
X Consults colleagues about ethical concerns
X Accepts responsibility for ethical decisions

**Practioner in difficulty**
X Identifies the support services available
X Recognises the signs of a colleague in difficulty and responds with empathy
X Refers appropriately

**Doctors as leaders**
X Shows an ability to work well with & lead others
X Exhibits leadership qualities and takes leadership role when required

**Professional Development**
X Reflects on own skills & personal attributes in actively investigating a range of career options
X Participates in a variety of continuing education opportunities
X Accepts opportunities for increased autonomy and patient responsibility under their supervisor's direction

**Teaching, Learning & Supervision**

**Self-directed learning**
X Identifies & addresses personal learning objectives
X Establishes & uses current evidence based resources to support patient care & own learning
X Seeks opportunities to reflect on & learn from clinical practice

**Communication**

**Patient Interaction**

**Context**
X Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments
X Uses principles of good communication to ensure effective healthcare relationships
X Uses effective strategies to deal with the difficult or vulnerable patient

**Respect**
X Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
X Maintains privacy & confidentiality
X Provides clear & honest information to patients & respects their treatment choices

**Providing information**
X Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand
X Uses interpreters for non-English speaking backgrounds when appropriate
X Involves patients in discussions to ensure their participation in decisions about their care

**Meetings with families or carers**
X Identifies the impact of family dynamics on effective communication
X Ensures relevant family/carers are included appropriately in meetings and decision-making
X Respects the role of families in patient healthcare

**Breaking bad news**
X Recognises the manifestations of, & responses to, loss & bereavement
X Participates in breaking bad news to patients & carers
X Shows empathy & compassion

**Open disclosure**
X Explains & participates in implementation of the principles of open disclosure
X Ensures patients & carers are supported & cared for after an adverse event

**Complaints**
X Acts to minimise or prevent the factors that would otherwise lead to complaints
X Uses local protocols to respond to complaints

**Professionalism**

**Doctor & Society**

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

**Culture, society healthcare**
X Behaves in ways which acknowledge the social, economic political factors in patient illness
X Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
X Identifies his/her own cultural values that may impact on his/her role as a doctor
X Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
X Behaves in ways which acknowledge Indigenous Australians’ spirituality & relationship to the land
X Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

**Professional standards**
X Complies with the legal requirements of being a doctor e.g. maintaining registration
X Adheres to professional standards
X Respects patient privacy & confidentiality
X Medicine & the law
X Complies with the legal requirements in patient care e.g. Mental Health Act, death certification

**Written**
X Complies with organisational policies regarding timely & accurate documentation
X Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
X Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
X Accurately documents drug prescription, calculations and administration

**Electronic**
X Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
X Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

**Health Records**
X Complies with legal/institutional requirements for health records
X Uses the health record to ensure continuity of care
X Provides accurate documentation for patient care

**Evidence-based practice**
X Applies the principles of evidence-based practice and hierarchy of evidence
X Uses best available evidence in clinical decision-making
X Critically appraises evidence and information

**Handover**
X Demonstrates features of clinical handover that ensure patient safety & continuity of care
X 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**
X Identifies & works effectively as part of the healthcare team, to ensure best patient care
X Includes the patient & carers in the team decision making process where appropriate
X Uses graded assertiveness when appropriate
X Respects the roles and responsibilities of multidisciplinary team members

**Team dynamics**
X Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise
X Demonstrates flexibility & ability to adapt to change
X Identifies & adopts a variety of roles within different teams

**Case Presentation**
X Presents cases effectively, to senior medical staff & other health professionals