

TERM DESCRIPTION - Intern & PGY2

Version 2 JANUARY 2019

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.

FACILITY: Mount Gambier & Districts Health Service																
TERM NAME: GENERAL SURGERY (Intern)																
TERM SUPERVISOR: Ass Prof Matthias Wichmann																
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>		General Surgeons: Associate Professor Matthias Wichmann, Mr Eben Beukes, Mr Tom Gunning, Mr Timothy McCullough Accredited Registrar PGY2 Intern														
ACCREDITED TERM FOR :		<table border="1"> <thead> <tr> <th></th> <th><i>Number</i></th> <th><i>Core/Elective</i></th> <th><i>Duration</i></th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>2</td> <td>Core</td> <td>10 to 11 weeks</td> </tr> <tr> <td>PGY2+</td> <td>2</td> <td>Elective</td> <td>12 weeks</td> </tr> </tbody> </table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	2	Core	10 to 11 weeks	PGY2+	2	Elective	12 weeks
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		<p>The Surgical Unit consists of a 27 bed ward including general surgery, orthopaedics, gynaecology, urology, ENT, gastroenterology, plastic surgery, ophthalmology and surgical rehabilitation, and a 12 chair Day Surgery Unit. There are 4 Operating Theatres with approximately 3,000 surgical procedures performed each year.</p> <p>The practice of surgery in a rural community encompasses a wide range of general surgical conditions without access to the subspecialisation which occurs in metropolitan areas, and requires broad skills in the assessment and management of patients. You will work with the other interns, resident and visiting surgeons, surgical registrar and salaried medical officers in providing care for surgical patients.</p> <p>This will be a 10 to 11 week term.</p> <p>Out of hours for this term is serviced by the Surgical Registrar and Consultants</p>														

	<p>although if staffing allows there may be an opportunity for Interns to participate in some out of hours care with Consultants. You will be rostered to work every alternate weekend.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the TMO before commencing the term and how the term supervisor will determine competency</i></p>	<p>It is expected that the Intern will have a basic understanding of the principles of General Surgery, consistent with the level attained at the completion of undergraduate medical training. The intern will be expected to perform basic clinical skills with competency i.e. history taking and physical examination.</p>
<p>ORIENTATION:</p> <p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the TMO.</i></p>	<p>You will expect a formal orientation to this term with your term supervisor at the start of the term.</p> <p>They will explain the responsibilities and expectations of your role and discuss your learning objectives for the term. A Handbook for the Surgical unit will be available to you to help throughout the term.</p> <p>Handover facilitated by the Flinders University Rural Health SA education staff will occur just prior to commencement of this term (usually the day before starting the new term). This will be accompanied by a setting of personal learning objectives for the term ahead.</p>
<p>TMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>You will work under supervision as part of a clinical team with the other Intern, resident and visiting surgeons, surgical registrar and salaried medical officers. Duties will include:</p> <ul style="list-style-type: none"> • Day to day management of surgical patients in consultation with other medical staff as necessary. • Planned admissions: inpatients for next day Surgery; initial admission including comprehensive history and examination, ordering and follow-up of investigations, formulation of a problem list and management plan and initiation of a therapeutic plan. • Emergency admissions: occur via the consultant from A&E. The consultant may request that the ward intern performs complete history – to therapeutic plan which will be reported to the supervising consultant. • Ongoing responsibility for surgical patients under your care, including ordering and follow-up of further investigations and interventions, execution of management plans and discharge planning. • Communication with medical and nursing staff, patients and their families, and other health professionals regarding patient care and concerns, while adhering to patient confidentiality guidelines. • Documentation of admission, interventions, subsequent progress and discharge as required by hospital policy. • Performing basic clinical and minor surgical procedures as necessary. • Opportunities for assisting at surgery in the Operating Theatre. <p>Communicating with the patient's General Practitioner.</p>
<p>SUPERVISION:</p> <p><i>Identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS:</p> <p>Surgical registrar, Ass Prof Wichmann and Supervising Consultant</p>
	<p>AFTER HOURS:</p> <p>Supervising consultant on call</p> <p>At weekends the consultant is always available by phone (maximum of 10 minutes away). This consultant and registrar is available for contact throughout the shift. At 4pm a handover of ward patients who may require review out of hours will be given to ED medical staff or the evening cover shift doctor. There is a book held in the Emergency department to record handover details including a patient sticker.</p>

	<p>There will be a rostered Supervising consultant on call afterhours. There are no after hour shifts for junior doctors on this unit. There is an on-site senior doctor always available based in the Emergency Department.</p>
<p>STANDARD TERM OBJECTIVES:</p> <p><i>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.</i></p>	<p>CLINICAL MANAGEMENT:</p> <p>To fulfill the national requirements for accreditation as outlined in the Australian Curriculum Framework for Junior Doctors</p> <ul style="list-style-type: none"> • To integrate and apply knowledge in the day to day management of a rural general surgical unit. • To expand and refine clinical knowledge and skills in general surgery and increase experience in using these skills in patient evaluation, clinical diagnosis and management. • To become confident in managing common post-operative complications including fever, low urine output, hypertension, hypotension, venous thrombosis. • To become proficient in specific procedural and minor surgical skills including venepuncture, IV therapy and fluid balance, arterial blood gas analysis, bladder catheterisation and insertion of nasogastric tubes. • To increase skills in managing perioperative problems including pain relief, fluid balance, antibiotics and anticoagulants. • To work effectively as part of a surgical team involving health professionals from various disciplines. • To gain experience in assisting with surgical procedures in the Operating Theatre.
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • To appreciate the hospital as an episode in a continuum of care, and to liaise with general practitioners and other health professionals regarding long term management and ongoing care. • To improve your skills in communication with patients, their families, hospital staff and other health professionals.
	<p>PROFESSIONALISM:</p> <ul style="list-style-type: none"> • To develop skills in setting personal learning goals and their achievement through self-directed continuing medical education. • To increase your understanding about the ethical and medico-legal environment in which you practice. <p>To develop an appreciation of the interaction of inpatient surgical care with sub-acute, community and ambulatory care facilities, including an appreciation of appropriate discharge destinations and follow up. Develop an understanding of resource allocation in surgical units</p>
<p>TIMETABLE <i>(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)</i></p>	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	8:00 am Ward Rounds Expected case presentations	8:00 am Ward Rounds Expected case presentations	8:00 am Ward Rounds Expected case presentations 1-2pm Journal club monthly	8:00 am Ward Rounds	8-8.20am Radiology meeting Weekly Teaching Ward Round from 8:30 am	8am Morning meeting with QEH	
PM		Theatre - GA	Multidisciplinary Cancer team meeting Fortnightly 1pm Grand Round monthly Junior Doctor Tutorial 4.30-5.30pm	Theatre - GA	Theatre - LA		

PATIENT LOAD: <i>Average number of patients looked after by the TMO per day</i>	12-25
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OVERTIME <i>Average hours per week</i>	ROSTERED: 38 Hour weeks, including every second weekend. UNROSTERED: Up to 3hrs/week
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EDUCATION: <i>Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.</i>	<p>Early in your placement you will be invited to develop a learning portfolio with support from the Director of Clinical Training and the Flinders University Rural Health SA education team. This will allow you to document your major learning achievements throughout the year and plan for specific educational opportunities.</p> <p>Formal teaching sessions include:</p> <ul style="list-style-type: none"> • Orientation workshop at commencement of your placement. • Intern tutorial weekly • Journal Club monthly • Grand Rounds monthly • Skills laboratory session at least three times in the year with acute skills training.
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ASSESSMENT AND FEEDBACK: <i>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.</i>	<p>There will be two formal opportunities 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 intern. The assessments are also then viewed and signed by The Director of Clinical Training. 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 term assessment will be summative and give a final score for the clinical attachment.</p> <p>In addition there are 3 formal general appraisals each year with the Director of Clinical Training and the Medical Education Officer. These are designed to enable the intern to develop a personal learning portfolio and reflect on their personal learning experiences.</p>
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ADDITIONAL INFORMATION:	
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Term description reviewed on:	Jan 2019
Due for review on:	Dec 2019

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

Recognises & acts on personal factors 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 an 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