

RELIEVING Intern / PGY2 TERM DESCRIPTION

Version 1.0– November 2018

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
- 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 NAME: Mount Gambier & Districts Health Service															
TERM NAME: Relieving Intern/PGY2															
TERM SUPERVISOR NAME AND POSITION: Allocated Home Unit Supervisor or Unit Term Supervisor of unit where Intern/PGY2 is relieving Please refer to Term Description of Unit where Intern/PGY2 will be relieving.															
CLINICAL TEAM: <i>Include the names and contact details of consultants, registrars and other clinical staff on unit.</i>	For Consultant, Registrar, RMO and other clinical staff , please refer to the Term Description of the relevant ward or unit where the Intern/PGY2 is relieving														
ACCREDITED TERM FOR :	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>1</td> <td>Elective</td> <td>10-11 Weeks</td> </tr> <tr> <td>PGY2+</td> <td>1</td> <td>Elective</td> <td>12-14 weeks</td> </tr> </tbody> </table>				Number	Core/Elective	Duration	PGY1	1	Elective	10-11 Weeks	PGY2+	1	Elective	12-14 weeks
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PGY2+	1	Elective	12-14 weeks												
OVERVIEW OF UNIT OR SERVICE <i>Provide a short overview of the role of the unit, the range of clinical services provided including general information such as bed capacity, casemix and patient catchment area</i>	<p>The Relieving Intern/PGY2 allocated to work on a Unit or Cover shift will be expected to assume the roles and responsibilities as described in the Term Description for the Unit or cover shift they are covering.</p> <p>The duration of the allocation will vary, from part of a day to several weeks.</p> <p>The Relieving Intern/PGY2 will only be placed on a Unit that is accredited for internship or PGY2 and where the Relieving Intern or PGY2 assumes the roles and responsibilities of an intern or PGY2. Placement as a reliever occurs under the following circumstances and conditions:</p> <ul style="list-style-type: none"> • The Unit Intern or PGY2 is on planned or unplanned leave, or 														

	<ul style="list-style-type: none"> • The Unit Intern or PGY2 requires assistance with managing the workload, or • The Unit Intern or PGY2 is on a mandatory break to comply with the enterprise agreement (e.g. after completion of a night shift or term). <p>When relieving is not required, the Relieving PGY2 is allocated to one of the following Units which will be the default Unit for the term (known as the “Home” Unit);</p> <ul style="list-style-type: none"> • General Medicine • General Surgery • Emergency Medicine • Anaesthetics <p>It is critical that the Relieving Intern/PGY2 participates in a handover of duties and patient care at the commencement and at the conclusion of a placement. The Relieving Intern/PGY2 should refer to and be familiar with the relevant Term Description prior to relieving a Unit.</p> <p>Placement may be to any accredited Intern/PGY2 position within MGDHS.</p> <p>The rostered time spent on the Unit by the Relieving Intern/PGY2, when taking into account the time worked preceding the relieving period, should comply with the recommended hours and days worked as outlined in the enterprise agreement.</p> <p>Allocation to a Unit or shift is approved and directed by Medical Administration prior to commencing a new relieving period.</p>
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<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><i>If there are separate requirements for PGY1 and PGY2, these must be clearly distinguished.</i></p>	<p>Essential skills include :</p> <p>Basic Life Support; pain management; fluid and electrolyte management; medication prescribing; recognition of acutely ill / deteriorating patients; patient assessment; venepuncture; IV cannulation; urethral catheterisation; nasogastric intubation; effective collaboration and communication in a team; clinical handover; written and electronic documentation.</p>
<p>ORIENTATION:</p> <p><i>Detail specific arrangements for orientation to the term. Who is responsible for providing orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the TMO.</i></p>	<p>Relieving Interns/PGY2s are provided with a list of term descriptions to refer to. Where appropriate, the relieving Intern/PGY2 covering for planned leave should contact the intern or PGY2 they will be relieving, prior to the placement to discuss the requirements of the role. Orientation to the unit is performed by the term supervisor or delegate.</p>
<p>TMOs CLINICAL RESPONSIBILITIES AND TASKS:</p>	<ul style="list-style-type: none"> ▪ Familiarity with relevant term description

<p><i>Detail the routine duties and clinical responsibilities that the TMOs will be required to undertake during the term, including clinical handover.</i></p>	<ul style="list-style-type: none"> ▪ Participate in handover of administrative and clinical duties at start and end of placement ▪ Frequent and regular interaction with registrar, consultant and team members to ensure continuity of safe patient care <p>Assume the specified roles and responsibilities of the unit Intern/PGY2 as outlined in the relevant term description</p>
<p>SUPERVISION:</p> <p><i>Indicate how the supervision of the TMO is being provided and by whom. In order to develop competencies required for the sustained care of patients, as well as for episodes of acute care, the TMO must be supervised by a more senior clinician who is responsible for the progress of the patient's care. The term supervisor must still have sufficient contact with the TMO to assess their progress across the activities of the term.</i></p> <p><i>Please identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours.</i></p>	<p>IN HOURS:</p> <p><i>As outlined in relevant term description.</i></p> <hr/> <p>AFTER HOURS:</p> <p><i>As outlined in relevant term description.</i></p>
<p>STANDARD TERM OBJECTIVES:</p> <p>The term supervisor should identify the knowledge, skills and experience that the TMO should expect to acquire during the term in relations to clinical management, communication and professionalism training aspects. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of term assessments.</p>	
<p>CLINICAL MANAGEMENT:</p> <p><i>Common conditions, procedures and routine work the TMO will be exposed to during the term.</i></p>	<p><i>As outlined in relevant term description.</i></p> <p>Recognise the acutely unwell or deteriorating patient.</p>
<p>COMMUNICATION:</p> <p><i>Patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management.</i></p>	<p><i>As outlined in relevant term description.</i></p> <p>Undertake appropriate handover of administrative and clinical duties.</p> <p>Collaborate effectively with members of the unit.</p> <p>Interact frequently and regularly with team members.</p> <p>Ensure adequate contemporaneous documentation of patient management and progress.</p> <p>Seek clarification and assistance</p>
<p>PROFESSIONALISM:</p> <p><i>Communicate and participate effectively in a multidisciplinary clinical team. Develop skills in the setting of personal learning goals and achievements through self-directed medical education and supervised practice. Develop skills in information</i></p>	<p><i>As outlined in relevant term description.</i></p> <p>Rapidly adapt to the requirements of the unit.</p>

<p><i>technology, collection and interpretation of clinical data and understanding the principles of evidence-based practice of medicine and clinical quality assurance techniques. Develop increased understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</i></p>	
<p>TIMETABLE:</p> <p><i>As outlined in relevant term description.</i></p> <p>Note: Placement during relieving will be monitored by medical administration to ensure compliance with the EBA.</p>	

<p>PATIENT LOAD:</p> <p><i>Facilities should indicate how many patients a TMO is expected to manage each day and specify the patient load for the unit as a whole. It is also useful to provide an indication of patient complexity and turnover as this is considered when determining the optimal patient load to support education and training.</i></p>	<p>As outlined in relevant term description.</p>	
<p>AVERAGE PATIENTS:</p> <p><i>Specifically, the average number of patients per day that the TMO is responsible for.</i></p>	<p>As outlined in relevant term description.</p>	
<p>OVERTIME:</p>	<p>AVERAGE HOURS PER WEEK:</p>	<p>To comply with EBA and as outlined in relevant term description</p>
	<p>ROSTERED HOURS:</p>	<p><i>As outlined in relevant term description</i></p>
	<p>UNROSTERED HOURS:</p>	<p><i>As outlined in relevant term description.</i></p>

<p>EDUCATION:</p> <p><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>	<p>Relieving Interns/PGY2s must contact the Term Supervisor of the Unit to ensure that learning objectives for the relieving period are discussed. This is most applicable when the relieving period is of several weeks duration. The learning objectives are outlined in the Term Description for the Unit. The Term Supervisor is required to monitor the Relieving Intern/PGY2's performance for the time the Intern/PGY2 is on the Unit.</p> <p>The Medical Education Unit provides weekly JMO education opportunities through Flinders University Rural Health SA.</p> <p>Contact Medical Education for copies of the topics schedule, guideline as below;</p> <table border="1" data-bbox="529 544 1517 707"> <thead> <tr> <th>COHORT</th> <th>FREQUENCY</th> <th>DAY</th> </tr> </thead> <tbody> <tr> <td>Intern Educational Tutorials</td> <td>Weekly</td> <td>Wednesdays</td> </tr> <tr> <td>All Junior Drs Case Based Discussions</td> <td>Weekly</td> <td>Thursdays</td> </tr> </tbody> </table>	COHORT	FREQUENCY	DAY	Intern Educational Tutorials	Weekly	Wednesdays	All Junior Drs Case Based Discussions	Weekly	Thursdays
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<p>ASSESSMENT AND FEEDBACK:</p> <p><i>Details the formal mid and end-of-term assessment process as well as identifying TMOs' opportunities to receive feedback throughout the term.</i></p>	<p>The Mid and End of Term Assessments for Intern/PGY2s will be completed by the nominated supervisor who has had most contact with the Intern/PGY2 during the relieving term.</p> <p>Any unsubmitted assessments will promptly be followed up by the MEU.</p> <p>Mid-Term Assessment</p> <p>The Intern/PGY2 will receive an email reminder from the Medical Education Unit requesting they make arrangements to meet with their Term Supervisor or nominated person to discuss progress.</p> <p>The Junior Doctor is encouraged to reflect on performance and make comments on the Assessment.</p> <p>Once the Supervisor and JMO have completed the assessment, the MEU will secure the completed Assessment.</p> <p>End-Term Assessment</p> <p>Interns/PGY2s will receive an email reminder from the Medical Education Unit requesting they make arrangements to meet with their Term Supervisor or nominated person to discuss progress and complete the End of Term Assessment via OTIS.</p> <p>The Junior Doctor is encouraged to reflect on performance and make comments on the Assessment.</p> <p>Once the Supervisor and JMO have completed the assessment, the MEU will secure the completed Assessment.</p>									
<p>ADDITIONAL INFORMATION:</p> <p><i>Please include any additional information that the facility considers relevant to the term.</i></p>	<p>For requirements relating to supervision, feedback, assessment and performance improvement, please contact the TMU.</p> <p>For information on the ACF please go to:</p> <p>http://www.cpmec.org.au/Page/acfjd-project</p>									

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

☒ 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
- 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 & PGY2et, 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