

TERM DESCRIPTION

Version 4.1 June 2013

Boston Bay

General Practice and Port Lincoln Hospital



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: Boston Bay General Practice and Port Lincoln Hospital	
TERM NAME: GP Anaesthetics PGY2	
TERM SUPERVISOR: Dr Janssen Ang and Dr Hayden Baillie	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	ANAESTHETICS GP Anaesthetists: Dr Hayden Baillie, Dr Janssen Ang Other Port Lincoln Hospital Anaesthetists: Dr Sam Olaiya, Dr Kris Bascomb Location: Port Lincoln Hospital GENERAL PRACTICE <i>Boston Bay General Practice</i> Dr Angela "Kris" Bascomb – Obstetrics and Anaesthetics only Dr Janssen Ang – Anaesthetics & General Practice GP Registrars – 3 Medical Students: 1 Junior Doctors: intern 1 Practice Manager: Sally Bascomb and Nursing team: 8 practice nurses <i>Investigator Clinic General Practice</i>

	<p>Dr Hayden Baillie</p> <p>9 GPs</p> <p>GP Registrars – 4</p> <p>Interns - 1</p> <p>Medical Students 6</p> <p>Practice Manager Nicky Meredith and 10 Practice Nurses</p>								
<p>ACCREDITED TERM FOR :</p>	<table border="1" data-bbox="501 591 1390 701"> <thead> <tr> <th data-bbox="501 591 678 629"></th> <th data-bbox="678 591 916 629"><i>Number</i></th> <th data-bbox="916 591 1153 629"><i>Core/Elective</i></th> <th data-bbox="1153 591 1390 629"><i>Duration</i></th> </tr> </thead> <tbody> <tr> <td data-bbox="501 629 678 701">PGY2</td> <td data-bbox="678 629 916 701">One</td> <td data-bbox="916 629 1153 701">Click here to enter text.</td> <td data-bbox="1153 629 1390 701">12 weeks</td> </tr> </tbody> </table>		<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY2	One	Click here to enter text.	12 weeks
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<p>OVERVIEW OF UNIT OR SERVICE</p> <p><i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>Port Lincoln, at the southern tip of Eyre peninsula. (ASGC RA4). This small rural city of 15,000 people is the seafood capital of Australia, is located 800km from Adelaide by road and is 270km south west of Whyalla.</p> <p>The <i>Port Lincoln Hospital</i> and Health Service is part of the Eyre and Western Health Services. The hospital includes a modern 50 bed complex complete with high dependency unit, renal dialysis and operating facilities. There is one resident physician, one resident general surgeon and 22 GPs in Port Lincoln. Anaesthetic, Emergency Department, Obstetric and Paediatric services are provided by resident General Practitioners. There are about 350 deliveries per year at PLH. There are 2 theatre suites and 2 day case theatres in Port Lincoln Hospital; approximately 3000 anaesthetics are given each year in the theatre suite. The QEH provides a visiting surgical specialist service.</p> <p>There are a number of visiting specialist services including ENT, Geriatrics, Ophthalmology, Urology, Vascular, Renal, Orthopaedics, Reproductive medicine, Dermatology, Oral surgery and dentistry. There is a High Dependency Unit but no ICU or facility to ventilate patients other than awaiting transfer to Adelaide.</p> <p>Anaesthetic services are provided by the General Practitioners and cover all specialist and GP related Surgical, Obstetric and Emergency services. There are no visiting Specialist Anaesthetic services. Pre-anaesthetic visits are provided in General Practice and anaesthetics are provided in Port Lincoln Hospital. A small number of dental extractions are performed under sedation in a local dental surgery.</p> <p><i>General Practice</i></p> <p>Boston Bay Family Health Practice is a rural general practice which aims to improve patient quality of life through whatever medical, health or counselling measures are deemed appropriate. The practice is currently staffed by 2 General practitioners and 4 GP Registrars. The Principal GP provides services in obstetrics, anaesthetics, mental health, adolescent health and surgery.</p> <p>The practice has a young patient demographic and high family patient attendance.</p>								

	<p>The practice has 1.75 FTE practice nurse support and 0.75 FTE Midwifery support, additionally we have 3.2 FTE administration support.</p> <p>Investigator Clinic is a large group General Practice consisting of 9 GPs. The nursing staff and administrative team are led by a practice manager. The practice has eleven dedicated consulting rooms and a modern well equipped multi-room emergency treatment area in a purpose built facility. The practice nurses are responsible for triaging patients and assisting doctors with procedures. The practice has a vertically integrated teaching approach, training fifth year ARCS medical students doing their rural community longitudinal clerkship for a full year, and is a GPEx/RACGP accredited training practice, with four GP registrars in training. Dr Susan Baillie is a highly experienced educator and GP supervisor, who has been involved in teaching junior doctors and students with the Adelaide rural clinical school in Pt Lincoln for 15 years. There is a large team of highly experienced doctors who provide excellent teaching, supervision and training opportunities</p> <p>The practice and GP's also provide after-hours emergency care, 24 hours per day, every day to the wider Pt Lincoln community through a shared on-call roster in the emergency department of Pt Lincoln hospital. This includes surgical, medical, paediatric, anaesthetics and obstetrics inpatient, on-call and emergency services.</p> <p>The Port Lincoln Aboriginal Health Service is a community based service which provides comprehensive services to local people. It has visiting medical officers and a registrar.</p> <p>The Port Lincoln Community Health Service works in partnership with the acute services and other providers to promote, maintain and restore the health and wellbeing of residents of Port Lincoln and the surrounding area.</p> <p>The accident and emergency department is open 24-hours a day with medical services provided by local GPs.</p> <p>Adelaide University Rural Clinical School, with the Eyre regional training hub and Whyalla hospital medical education unit provides the educational and pastoral support for accredited PGY2 positions in this regional program.</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 Trainee will have an understanding of the principles of Anaesthesia and Emergency medicine, consistent with the level expected of an PGY2.</p> <p>It is expected that the Trainee will have a basic understanding of the principles of airway management, consistent with the level attained at the completion of undergraduate medical training.</p> <p>The trainee will be expected to perform basic clinical skills with competency i.e. history taking and physical examination, have a sound knowledge of basic and advanced life support and iv line insertion (basic).</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</i></p>	<p>At the beginning of your PGY2 rotation in Port Lincoln you will visit the Boston Bay GP who will provide you with orientation of the Port Lincoln Hospital facility. You will receive a formal orientation to this term with your term supervisor at the start of the term. They will explain the responsibilities and expectations of your role and discuss your individual learning plan.</p>

<p><i>additional resource documents such as clinical policies and guidelines required as reference material for the TMO.</i></p>	<p>Handover facilitated by the Eyre Regional Training Hub 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>Anaesthetics</p> <p>You will work under supervision as part of a clinical team of GP anaesthetists. Duties will include:</p> <ul style="list-style-type: none"> • Assessment of patients prior to surgery with regards to their anaesthetic and pain management requirements, including organisation and follow-up of investigations. • Supervised management of aspects of anaesthesia in the operating theatre, including induction, airway maintenance, maintenance and reversal of anaesthesia and regional anaesthesia. Care of patients during their immediate post-surgery and recovery phase. • Management of post-operative issues including fluid requirements and pain relief. • Education of patients and their families about their anaesthetic and pain management. • 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 anaesthetic assessments, interventions and management as required by hospital policy. • Participation in the training and education opportunities provided, including case presentations on wards, videoconference education session and attendance at junior doctor tutorials. <p>General Practice</p> <p>You will work under supervision in General Practice with an emphasis on Emergency care. You should have opportunities to be the first clinician to assess patients with undifferentiated problems who present for acute care either in General Practice or at the PLH Emergency Department. This assessment should include taking a history, performing a physical examination, developing a management plan, ordering initial investigations and making referrals, all under appropriate supervision.</p> <p>Duties will include:</p> <ul style="list-style-type: none"> • Initial assessment and management of patients in the GP duty clinic or Emergency Department in consultation with other medical staff. • Organisation and follow-up of appropriate investigations and interventions, if required, formulation of problem list and management plan and initiation of a therapeutic plan to be discussed with supervising doctor. • Observe and perform a range of basic clinical and minor surgical procedures as outlined in the ACFJD. • Education of patients and their families regarding their medical condition

	<p>and appropriate management.</p> <ul style="list-style-type: none"> • 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 assessment, interventions, subsequent progress and discharge from the clinic or Emergency Department as required by hospital policy. • Active participation in the training and education opportunities provided by the GP Anaesthetists and the Eyre Regional Hub education program.
<p>SUPERVISION: <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>Anaesthetics GP Anaesthetists: Dr Janssen Ang and Dr Hayden Baillie</p> <ul style="list-style-type: none"> • Contact by face to face in theatre environment, through hospital switchboard, or by mobile phone. • There will always be a supervising Anaesthetist in theatre during procedures. • Contact details are available in the theatre office on the whiteboard. <p>General Practice Dr Janssen Ang and Dr Kris Bascomb</p> <ul style="list-style-type: none"> • Contact within General Practice or by mobile phone
	<p>AFTER HOURS:</p> <p>With GP supervisor</p>
<p>STANDARD TERM OBJECTIVES: <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> <ul style="list-style-type: none"> • To fulfill the national requirements for accreditation as outlined in the Australian Curriculum Framework for Junior Doctors. • To increase skills in the management of all aspects of anaesthesia and pain medicine including induction, intubation, maintenance and reversal of anaesthesia, recover and regional anaesthesia. • To expand and refine clinical knowledge and skills in general medicine and surgery and increase experience in using these skills in patient assessment and management. • To become proficient in specific procedural skills including venipuncture, IV cannulation, intubation and possibly more invasive procedures. • To increase skills in the assessment of the undifferentiated patient. • To expand and refine knowledge and skills in the management of common acute medical, surgical and psychiatric presentations to General Practice and the Emergency Department. • To gain experience in the emergency management of life-threatening medical conditions. Ideally this should include some exposure to management of trauma, either in an Emergency Department setting or in a high fidelity clinical skills laboratory. • To become proficient in specific procedural skills and minor surgical procedures including venepuncture, IV therapy, arterial blood gas analysis, bladder catheterisation, insertion of nasogastric tubes, ECG

	<p>recording and interpretation, skin suturing, use of the slit lamp, xray interpretation and plaster application, and other procedural skills as outlined in the ACFJD</p>
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • To work effectively as part of a team involving health professionals from various disciplines. • 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. • To understand the challenges faced by rural medical practitioners in patient management. • To gain an appreciation of the interaction of emergency medicine with community and ambulatory care facilities, including an appreciation of appropriate discharge destinations and follow up.

INSERT TIMETABLE *(the timetable should include term specific education opportunities, facility wide education opportunities e.g TMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the TMO should participate in during the week)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	9am-1pm theatre	9am-1pm theatre	9am-1pm theatre	9am-1pm theatre	9am-1pm theatre		Click here to enter text.
PM	1-5pm General Practice	1-5pm General Practice	1-4pm General Practice Tutorial 4-5pm weekly	Click here to enter text. 1-5pm General Practice	Click here to enter text. 1-5pm General Practice	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

run by ARCS Eyre Regional Hub	
PATIENT LOAD: <i>Average number of patients looked after by the TMO per day</i>	5 sessions in General Practice dependent on clinical presentations 5 sessions in Anaesthetics
OVERTIME <i>Average hours per week</i>	<p style="text-align: center;">ROSTERED:</p> <p style="text-align: center;">UNROSTERED: Up to 4 hours depending on patient load</p>
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 Term Supervisor and the Director of Clinical Training. 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. • Trainee workshops • Journal Club and Grand Round monthly • Skills laboratory session with acute skills and airways training. • Intern tutorial weekly 4-5pm on site or videoconference <p>The trainee will be encouraged to attend Emergency Medicine Education and Training (EMET) and Advanced Life Support training during the 12 PGY2 rotations. Port Lincoln GP supervisors will provide opportunistic teaching in General Practice and ED.</p> <p>It is anticipated that GP Anaesthetists will provide a weekly teaching session. The series of tutorials each term may cover:</p> <ul style="list-style-type: none"> • Respiratory Physiology: <ul style="list-style-type: none"> o Lung Volumes, Capacities as well as Dead Space versus Shunt o Airway Resistance and Pulmonary Vascular Resistance • Cardiovascular Physiology <ul style="list-style-type: none"> o Types of Shock and Management o Determinants of Cardiac Output and $(BP = SV \times HR \times TPR)$ • Fluid and Acid Base <ul style="list-style-type: none"> o Determinants and regulation of Extracellular Fluid Volume o Arterial Blood Gases • Renal Physiology: <ul style="list-style-type: none"> o Concept of Clearance including GFR o Renin Angiotensin Systems • Haematology <ul style="list-style-type: none"> o Physiology of Coagulation and Anticoagulation o RBCs, Platelets, FFPs, Cryoprecipitate and Factor 7

	<ul style="list-style-type: none"> • Maternal and Foetal <ul style="list-style-type: none"> o Maternal Cardiovascular and Pulmonary changes in pregnancy o Foetal Circulation
<p>ASSESSMENT AND FEEDBACK:</p> <p><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>	<p>There will be two formal opportunities for assessment and evaluation with the consultant Term Supervisor in consultation with other medical and nursing staff; individual learning objectives will be discussed. These assessments are discussed with the term supervisor and signed by both supervisor and trainee. 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 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 three formal general appraisals each year with The Director of Clinical Training and The Medical Education Officer. These are designed to enable the trainee to develop a personal learning portfolio and reflect on their personal learning experiences.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Term descriptor developed February 2019</p>

Official name of term.

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
- 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 & focussed 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
- Regularly re-evaluates the patient problem list

Investigations

- x Judiciously 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

- 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
- Participates in continuous quality improvement e.g. clinical audit

Risk & prevention

- x 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

- x 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

- x Knows pathways for reporting notifiable diseases & which conditions are notifiable
- x Acts in accordance with the management plan for a disease outbreak
- x 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 Rationally prescribes antimicrobial / antiviral therapy for common conditions

Radiation safety

- x Minimise the risk associated with exposure to radiological investigations or procedures to patient or self
- x 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
- x 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
- x 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
- 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 and circulatory support
- x 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

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

Patient Management

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

- 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

- 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
- 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
- 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
- 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

- 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
- 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
- Arranges appropriate support staff and defines their roles
- x Provides appropriate analgesia 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

- x Venepuncture
- x IV cannulation
- x Preparation and administration of IV medication, injections & fluids
- x Arterial puncture in an adult
- x Blood culture (peripheral)
- x IV infusion including the prescription of fluids
- IV infusion of blood & blood products
- x Injection of local anaesthetic to skin
- x Subcutaneous injection
- x Intramuscular injection
- x Perform & interpret and ECG
- x Perform & interpret peak flow
- x Urethral catheterisation in adult females & males
- x Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- x NG & feeding tube insertion
- x Gynaecological speculum and pelvic examination
- x Surgical knots & simple suture insertion
- x Corneal & other superficial foreign body removal
- x Plaster cast/splint limb immobilisation

Clinical Symptoms, Problems & Conditions

Common Symptoms & Signs

- x Fever
- x Dehydration
- x Loss of Consciousness
- x Syncope
- x Headache
- Toothache
- Upper airway obstruction
- x Chest pain
- x Breathlessness
- x Cough
- x Back pain
- x Nausea & Vomiting
- 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
- Sepsis
- x Shock
- x Anaphylaxis
- x Envenomation
- x Diabetes mellitus and direct complications
- Thyroid disorders
- Electrolyte disturbances
- Malnutrition
- Obesity
- x Red painful eye
- x Cerebrovascular disorders
- x Meningitis
- x Seizure disorders
- x Delirium
- x Common skin rashes & infections
- Burns
- X Fractures
- x Minor Trauma
- Multiple Trauma
- Osteoarthritis
- Rheumatoid arthritis
- Gout
- Septic arthritis

Skills & Procedures

- x Hypertension
- x Heart failure
- x Ischaemic heart disease
- x Cardiac arrhythmias
- x Thromboembolic disease
- Limb ischaemia
- Leg ulcers
- Oral infections
- Periodontal disease
- x Asthma
- x Respiratory infection
- x Chronic Obstructive Pulmonary Disease
- Obstructive sleep apnoea
- Liver disease
- x Acute abdomen
- Renal failure
- x Pyelonephritis & UTIs
- x Urinary incontinence & retention
- Menstrual disorders
- Sexually Transmitted Infections
- x Anaemia
- Bruising & Bleeding
- Management of anticoagulation
- Cognitive or physical disability
- x Substance abuse & dependence
- x Psychosis
- x Depression
- x Anxiety
- x Deliberate self-harm & suicidal behaviours
- x Paracetamol overdose
- x Benzodiazepine & opioid overdose
- x Common malignancies
- Chemotherapy & radiotherapy side effects
- x The sick child
- x Child abuse
- x Domestic violence
- x Dementia
- x Functional decline or impairment
- x Fall, especially in the elderly
- x Elder abuse
- x Poisoning/overdose

Professionalism

Doctor & Society

Access to healthcare

- 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

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

Medicine & the law

- x Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- x Completes appropriate medico-legal documentation

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

Health promotion

- 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)
- 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

- 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

- Prioritises workload to maximise patient outcomes & health service function
- x Demonstrates punctuality

Personal well-being

- x 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

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

- 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
- x 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

- 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
- 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
- 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

- Identifies the impact of family dynamics on effective communication
- Ensures relevant family/carers are included appropriately in meetings and decision-making
- x Respects the role of families in patient health care

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

- Explains & participates in implementation of the principles of open disclosure
- 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
- Uses local protocols to respond to complaints
- x Adopts behaviours such as good communication designed to prevent complaints

Managing Information

Written

- Complies with organisational policies regarding timely & accurate documentation
- x 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
- x 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

- x Complies with legal/institutional requirements for health records
- x Uses the health record to ensure continuity of care
- Provides accurate documentation for patient care

Evidence-based practice

- x 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

- 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
- 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

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