

## TERM DESCRIPTION

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.

<b>FACILITY:</b> Whyalla Hospital Health Service															
<b>TERM NAME:</b> Anaesthetics															
<b>TERM SUPERVISOR:</b> Dr Arnab Banerjee															
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>	Specialist Anaesthetists: Jim Heng Cosmo David Harvey														
	Non-specialist Anaesthetist: Peter Gilcrest														
<b>ACCREDITED TERM FOR :</b>	<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><b>PGY1</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>PGY2+</b></td> <td>1</td> <td></td> <td>12 weeks</td> </tr> </tbody> </table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	<b>PGY1</b>				<b>PGY2+</b>	1		12 weeks
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<b>OVERVIEW OF UNIT OR SERVICE</b> <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>															
Provides Anaesthetic services throughout the Whyalla Hospital, including assessment, optimisation, the provision of anaesthesia and some post-operative care. The department also has a key role in Acute Pain provision and resuscitation within the Whyalla Hospital. The department is also involved in Teaching and Research.															

	<p>You will work with the Anaesthetists in providing pre-op patient assessments, high risk anaesthetic clinic, intra-op anaesthetics and post-surgical follow-up including pain management.</p>
<p><b>REQUIREMENTS FOR COMMENCING THE TERM:</b></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>Although previous experience in Anaesthetics is an advantage, there is no specific assessment of knowledge or skills prior to commencement of the term. Suggested pre term reading:</p> <ol style="list-style-type: none"> <li>1) How to Survive in Anaesthesia: A Guide for Trainees, 3rd ed. Robinson N, Hall G.</li> <li>2) Anaesthesia Secrets 4th Edition, James Duke</li> <li>3) Textbook of Anaesthesia [Paperback]A.R. Aitkenhead</li> <li>4) Clinical Anesthesiology [Paperback] G. Edward Morgan (Author), Maged S. Mikhail</li> </ol>
<p><b>ORIENTATION:</b></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. They will explain the responsibilities and expectations of your role.</p> <p>The head theatre nurse will orientate the junior MO to theatre.</p> <p>The head nurse will explain the requirements for documentation and theatre procedure.</p> <p>Handover facilitated by the Medical 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><b>TMOs CLINICAL RESPONSIBILITIES AND TASKS:</b></p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Trainees are expected to undertake pre-operative assessment and examination of patients. They are expected to be able to organise appropriate pre-operative management, write appropriate records of the anaesthesia including entry of monitored parameters. Trainees should also be able to provide orders for post-operative pain management.</p> <p>When making clinical assessments and management decisions, the trainee should report to the Consultant with whom they are working. All clinical management decisions should be documented clearly in the notes. Please note that Trainees are expected to work under supervision and any significant anaesthetic decisions should always be confirmed by the supervising Consultant.</p> <p>Trainees are expected to notify the Consultant if an inpatient has a potentially life threatening illness or test result.</p> <p><b>Informed consent</b></p> <p>Trainees cannot be expected to explain to patients the risks and benefits of anaesthesia and obtain informed consent. If the trainee has doubt concerning the information they are expected to discuss with the patient, they should discuss this with their Consultant as necessary</p> <p>Duties will include:</p> <ul style="list-style-type: none"> <li>• Assessment of patients prior to surgery with regards to their anaesthetic and pain management requirements, including organisation and follow-up of investigations.</li> <li>• Supervised management of aspects of anaesthesia in the operating theatre, including induction, airway maintenance, maintenance and reversal of anaesthesia and regional anaesthesia.</li> <li>• Care of patients during their immediate post-surgery and recovery phase.</li> <li>• Management of post-operative issues including fluid requirements and pain relief.</li> <li>• Education of patients and their families about their anaesthetic and pain management.</li> <li>• 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.</li> <li>• Documentation of anaesthetic assessments, interventions and</li> </ul>

management as required by hospital policy.

- Involvement in anaesthetic clinics.
- Active participation in the training and education opportunities provided, including case presentations on ward rounds and formal education sessions.

<p><b>SUPERVISION:</b>  <i>Identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS:</b></p> <p>Level 1 Supervision at all times by the Consultant on duty and supported by senior nursing staff.</p>
	<p><b>AFTER HOURS:</b></p> <p>There are no after-hours duties expected in this term. Trainees are able to attend after hours cases for learning opportunities but this is optional and unpaid time.</p>
<p><b>STANDARD TERM OBJECTIVES:</b></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><b>CLINICAL MANAGEMENT:</b></p> <p>This anaesthetics rotation is designed to provide the basic principles of general and regional anaesthesia.</p> <p>It is intended that the trainee will understand the pharmacological and physiological effects of the common used anaesthetic agents and anaesthetic techniques.</p> <p>By the end of the attachment the trainee should have an understanding and familiarity with the principles of:</p> <ol style="list-style-type: none"> <li>1) Pre-operative assessment and optimisation of patients</li> <li>2) Principles of monitoring</li> <li>3) Homeostatic support especially airway management, ventilation and haemodynamic support</li> <li>4) Basic acute Pain management techniques</li> </ol> <p>Trainees should familiarize themselves with the goals of the rotation. A key outcome is gaining clinical experience in anaesthesia for uncomplicated elective surgery, day (ambulatory) surgery and procedural sedation. This commonly includes anaesthesia for elective (non-major) general, orthopaedic, gynaecological, urological, plastic, and endoscopic procedures, including procedures performed outside the operating theatre suite.</p> <p>The overall aim for the trainee is to develop a foundation for the ongoing development of clinical skills and abilities in anaesthesia. This includes the following (all under Level 1 supervision):</p> <ul style="list-style-type: none"> <li>• Conducting safe general anaesthesia and perioperative care for patients where risk is considered low.</li> <li>• Understanding physiology, pharmacology, clinical measurement, and monitoring as applied to anaesthesia, in preparation for presentation at the primary examination.</li> <li>• Understanding the principles of acute pain management.</li> <li>• Conducting safe procedural sedation.</li> <li>• Establishing a professional team approach with patients, families, colleagues and staff.</li> <li>• Appraising evidence-based approaches to clinical problems.</li> </ul>
	<p><b>COMMUNICATION:</b></p> <ul style="list-style-type: none"> <li>• To work effectively as part of a team involving health professionals from various disciplines.</li> <li>• To improve your skills in communication with patients, their families, hospital staff and other health professionals.</li> </ul>

**PROFESSIONALISM:**

- 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.

**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
<b>AM</b>	Orthopaedics General Surgery	Gynae/OB General Surgery	General Surgery Endoscope Dental	Orthopaedics Local Excisions Endoscope	Emergency Cases Pre Anaesthetic Clinic		
<b>PM</b>	Orthopaedics General Surgery	Gynae/OB Ophthalmology Dental	General Surgery End scope Dental	Orthopaedics Gynae/Ob	Emergency Cases Pre Anaesthetic Clinic		

<b>PATIENT LOAD:</b> <i>Average number of patients looked after by the TMO per day</i>	4-10 depending on complexity of cases
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<b>OVERTIME</b> <i>Average hours per week</i>	<b>ROSTERED:</b> 38 Hour week	<b>UNROSTERED:</b> N/A
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<b>EDUCATION:</b> <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 <u>develop a learning portfolio</u> with support from your 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>Anaesthetic consultants will all contribute to your education on an ad hoc basis when a list is finished but which will topics such as:</p> <p>Respiratory Physiology:</p> <ul style="list-style-type: none"> <li>o Lung Volumes, Capacities as well as Dead Space versus Shunt</li> <li>o Airway Resistance and Pulmonary Vascular Resistance</li> </ul> <p>Cardiovascular Physiology</p> <ul style="list-style-type: none"> <li>o Types of Shock and Management</li> <li>o Determinants of Cardiac Output and (<math>BP = SV \times HR \times TPR</math>)</li> </ul> <p>Fluid and Acid Base</p> <ul style="list-style-type: none"> <li>o Determinants and regulation of Extracellular Fluid Volume</li> <li>o Arterial Blood Gases</li> </ul> <p>Renal Physiology:</p>
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	<ul style="list-style-type: none"> <li>o Concept of Clearance including GFR</li> <li>o Renin Angiotensin Systems</li> </ul> <p>Haematology</p> <ul style="list-style-type: none"> <li>o Physiology of Coagulation and Anticoagulation</li> <li>o RBCs, Platelets, FFPs, Cryoprecipitate and Factor 7</li> </ul> <p>Maternal and Foetal</p> <ul style="list-style-type: none"> <li>o Maternal Cardiovascular and Pulmonary changes in pregnancy</li> <li>o Foetal Circulation</li> <li>o Analgesics:</li> <li>o Paracetamol, NSAIDs and Opioids mechanism of actions</li> <li>o Doses and pre-emptive management of side effects</li> </ul> <p>Muscle Relaxants</p> <ul style="list-style-type: none"> <li>o Neuromuscular Junction</li> <li>o Clinical Uses of Nerve Stimulator</li> </ul> <p>Inhalational Agents</p> <ul style="list-style-type: none"> <li>o MAC types and factors that control MAC requirements</li> <li>o Pharmacodynamics</li> </ul> <p>Induction Agents</p> <ul style="list-style-type: none"> <li>o Pharmacokinetics</li> <li>o Pharmacodynamics</li> </ul> <p>Local Anaesthetics</p> <ul style="list-style-type: none"> <li>o Doses and Relative potencies</li> <li>o Toxicity and Management</li> </ul>
<p><b>ASSESSMENT AND FEEDBACK:</b></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. 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 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><b>ADDITIONAL INFORMATION:</b></p>	
<p><b>Term description developed on:</b></p>	<p>May 2020</p>
<p><b>Due for review on:</b></p>	<p>Dec 2021</p>

- 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

## 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

## 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 Ending 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

## Clinical Management



- 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
- Comeal & 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

- 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

Septic arthritis

- 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

being a doctor e.g. maintaining registration

- Adheres to professional standards
- Respects patient privacy &

- 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

confidentiality

### Medicine & the law

**Self-directed learning**

Identifies & addresses personal learning objectives

**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

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#### **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

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#### **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