**Central Adelaide Local Health Network**

**The Queen Elizabeth Hospital**

**28 Woodville Road, Woodville South**

**Mental Health Directorate**

**CRAMOND Clinic**

**TERM DESCRIPTION – TAPPP JMO**

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.

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| **FACILITY NAME:** The Queen Elizabeth Hospital |
| **FACILITY NAME:** | **CENTRAL ADELAIDE LOCAL HEALTH NETWORK**Mental Health DirectorateThe Queen Elizabeth HospitalCramond Clinic28 Woodville Road, Woodville South |
| **TERM NAME:** | **TAPPP Psychiatry Junior Medical Officer – Cramond Clinic** |
| **TERM SUPERVISOR NAME AND POSITION:** | Dr Prashant Tibrewal |
| **CLINICAL Team** | The Queen Elizabeth Hospital Switchboard – 08 8222 6000Admin – Judy Webber 8222 7552CSC – Sue Tiver is our Ph 8222 8470.Consultant Psychiatrist**s**Dr Angela OkunguDr Prashant TibrewalPsychiatry Trainee – rotating 6 monthlyTAPPP JMOs – rotating 6 monthlyRotating Hospital JMO – 3 monthly rotationAllied Health professionalsMental Health Nursing staff |
| **ACCREDITED TERM FOR :** |

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|  | **Number** | **Core/Elective** | **Duration** |
| PGY2+ | 2 | Elective | 6 Months |

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| **OVERVIEW OF UNIT OR SERVICE***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* | The 12 month JMO placement will be split into rotations each of 6 months.Cramond Ward consists of 17 open beds and 5 psychiatric intensive care unit (PICU) beds, 6 beds in NE2A ward which currently functions as a type of step down from Cramond to manage lesser acuity patients.Acute inpatient unit with approximately 56 discharges per month. Average LOS 12 days. Range of psychiatric disorders treated including schizophrenia, bipolar mood disorders, major depression, adjustment disorders and personality disorders in crisis. |
| **REQUIREMENTS FOR COMMENCING THE TERM:***Identify the knowledge or skills required by the TMO* ***before*** *commencing the term and how the term supervisor will determine competency.**If there are separate requirements for PGY1 and PGY2, these must be clearly distinguished.* | JMO will receive considerable direct supervision from the consultants. The experience gained in psychiatry as a medical student, and successful completion of an Intern year, should be sufficient to commence the term. A PGY1 rotation in Psychiatry would be highly advantageous.It is expected that a doctor will be comfortable interviewing a patient with apsychiatric illness and be able to document or discuss a basic mental state examination. Subsequent decisions about diagnosis and management would always involve a more senior doctor.Initial assessment of patients includes checking for physical illnesses that maymanifest with psychiatric symptoms. Doctors should be able to perform anappropriate physical examination and order common screening investigations.Some understanding of commonly prescribed psychiatric medications, dosesMust have completed all mandatory training as directed prior to commencment.and side‐effects would be an advantage. |
| **ORIENTATION:***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.* | **Corporate Orientation****Each site conducts a corporate orientation to the region. JMOs are expected to attend this orientation as notified by the local Medical Administration Area.****Service Orientation**All staff are required to attend the JMO orientation at the commencement of the training year, run by the Mental Health, Medical Education Unit.**Onsite orientation**Onsite orientation commences with the Senior Trainee, for basic orientation and to outline roles and responsibilities. regarding service organisational structure and relevant ward based policies, protocols, guidelines and expectations and an introduction to the multidisciplinary team on Cramond Clinic. Explanation of learning objectives and structured weekly service meetings (ward rounds, case conference, journal club, academic meeting). Registration with CBIS system in mental health. Assignment of duress alarm. |
| **TMOs CLINICAL RESPONSIBILITIES AND TASKS:***Detail the routine duties and clinical responsibilities that the TMOs will be required to undertake during the term, including clinical handover.* | Clinical handover daily at 9.00 am Clerking newly admitted patients and monitoring progress of other inpatientsLiaising with family, GPs, private psychiatrists, community teams.Managing a caseload of 6 with supervision by consultant psychiatristKeeping accurate clinical progress notesWork collaboratively with allied staff including the ward social worker and occupational therapistCompleting discharge summariesParticipation in multidisciplinary clinical ward roundsParticipation in in-service meetingsParticipate in Guardianship Board meetings with supervision by senior staffTAPPP JMOs are expected to cover the ED approximately one afternoon in a 6 week period and provide support to the CL Psychiatrist when the CL psych trainee is attending training. The TAPPP JMO attends ECT on a rotational basis, approximately once every 8 weeks.One case presentation to the weekly case conference meeting is expected during this 6 month rotation. |
| **SUPERVISION:***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.**Please identify staff members with responsibility for TMO supervision and the mechanisms for contacting them, including after hours.* | **IN HOURS:** There will be a direct line of responsibility to the Consultant Psychiatrist in Cramond Clinic during normal working hours.To escalate issues during working hours, contact the Consultant directly, if the Consultant is not available onsite, they can be contacted via mobile phone, details available via Admin. |
| **AFTER HOURS:** The JMO participates in the Psychiatry after hours’ roster in ED and Cramond Clinic. JMOs are expected to discuss all cases seen with the Consultant who is rostered on the Senior on call roster.The roster details are available via TQEH switchboard including telephone numbersTQEH Switchboard 8222 6000. |
| **STANDARD TERM OBJECTIVES:**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. |
| **CLINICAL MANAGEMENT:***Common conditions, procedures and routine work the TMO will be exposed to during the term.* | Theoretical knowledge about common disorders in psychiatric practice.Practical knowledge in managing acutely manic, psychotic depressed and anxious/ agitated patients. Learn practical strategies to manage delirious, suicidal and violent patients. Acquire knowledge and basic prescribing skills to use antipsychotics, antidepressants, mood stabilisers, and anxiolytics. Improve interview techniques. Understand crisis intervention and knowledge of basic psychological therapies. Understand the new mental health legislation. Understand psychiatric services and mental health referral agencies in the community. Develop practical skills to conduct a family meeting. Acquire basic skills of supportive psychotherapy. |
| **COMMUNICATION:***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.* | **COMMUNICATION*** Present a diagnostic formulation of a range of disorders taking into account biomedical psychosocial and cultural factors in the person’s presentation and illness.
* Demonstrate an ability to involve and inform people with mental health problems and mental health illness and their carers in the assessment, diagnosis and management process.
* Carer consultation and involvement
* Case record documentation including discharge summaries
* Liaison with referrers, primary care and community organisations (where relevant)
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| **PROFESSIONALISM:***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 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.* | **PROFESSIONALISM*** Demonstrate an understanding of the importance of the maintenance of professional boundaries in the practice of psychiatry.
* Demonstrate an understanding of the locally relevant mental health and its application.
* Work as a member of a multidisciplinary mental health team, showing an awareness of the contribution of various members of that team.
* Demonstrate a basic understanding of critical appraisal in the evaluation of published psychiatric research.
* Demonstrate basic competence in psychopharmacology.
* Appropriate Attitude towards supervision
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| **TIMETABLE:**The timetable below should be completed to include term specific education opportunities, facility wide education opportunities. For example include, TMO education sessions, ward rounds, theatre sessions (where relevant), in-patient time, outpatient clinic. It is not intended to be a roster but rather a guide to the activities that the TMO should participate in during the week.

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Sat** | **Sun** |
| **AM** | 8.30 am Clinical HandoverMEETING | 8.30am Clinical Handover | 9.00am CLINICAL WARD ROUND | 08.30am Clinical Handover | 08.30 am Clinical Handover |  |  |
| 11.30am Case Conference, JOURNAL CLUB, ACADEMIC Meeting |  |  |  |  |  |  |
| **PM** | 2 PM TEAM HUDDLE | 2 PM TEAM HUDDLE | 2 PM TEAM HUDDLE | 1.00 – 2.00pmNear Peer Supervision/Discussion Group (monthly) | 2 PM TEAM HUDDLE |  |  |
|  |  |  | 2.00 – 5.00pm TAPPP Training |  |  |  |

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| **PATIENT LOAD:***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.* | Average of 6 patients per day, inclusive of 1-2 PICU patientsPatients are reviewed 2-3 times per week, PICU patients are reviewed daily. |
| **AVERAGE PATIENTS:***Specifically, the average number of patients per day that the TMO is responsible for.* | 6-7/day |
| **OVERTIME:** | **AVERAGE STANDARD HOURS PER WEEK:**  | 38 hours per weekInpatient Team7.6 hrs per day Monday to Friday 0900 – 1706 including 30 min meal break.  |
| **OVERTIME ROSTERED HOURS:**  | The JMO will be expected to participate in the local after hours roster after a period of familiarisation with the service.As per the ED roster. Averaging at least one weekend on call, two weekday proximal call, 5-6 days second on call per quarterly roster. |
| **OVERTIME UNROSTERED HOURS:**  | Nil expected with supervision and adequate time management |
| **EDUCATION:***Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.* | Weekly didactic Psychiatry focused education sessions from 2-5pm Folder on SA Mental Health Legislation providedWeekly case conference and Journal clubJunior Drs will be on a roster to present an interesting case at case conferenceGuardianship Board presentations with consultant psychiatristTeaching clinical rounds daily |
| **ASSESSMENT AND FEEDBACK:**Details the formal mid and end-of-term assessment process as well as identifying TMOs’ opportunities to receive feedback throughout the term. | JMOs receive two appraisals during their 6 month rotation. It is the Junior Doctors responsibility to make a time to meet with their supervisor to conduct their mid and end of term assessment.JMOs receive both a mid-term and end of term assessment during each rotation.**MID TERM**The mid-term assessment is a formative assessment. Formative assessments are used to help JMOs and Supervisors identify strengths and weaknesses and target areas that need work, help recognize where JMOs may require additional support and address problems immediately.To complete mid-term assessment, a dedicated time should be made with the JMOs nominated supervisor with an opportunity to discuss any areas of concerns and identified strengths, as well as identifying opportunities for further learning and development.If areas of concern are apparent, the need for an IPAP will be flagged within the OTIS system and can be managed in discussion with both parties and with input and support from the MEU.Mid-term assessments should be signed off by both the JMO and supervisor and will be reviewed by the MEU. Assessments are not made available to anyone outside of the MEU.**END OF TERM**End of term assessments are Summative assessments and used to *evaluate JMO learning against the benchmark of the Australian Curriculum Framework for Junior Doctors.*To complete an end of term appraisal, a dedicated time should be made with the JMOs nominated supervisor with an opportunity to discuss the progress made during the placement, including addressing any information on a previous IPAP.Conducting mid-term and end of term appraisals is facilitates a positive, constructive method of assisting JMO career development and knowledge. These tools should be considered and treated as an opportunity to ensure JMOs are obtaining the maximum educational experience from their placement and assist in identifying any areas requiring additional support.Term supervisors will feedback to the Director of Clinical Training or the MEO with concerns regarding any JMO that they feel needs additional assistance with their development.Those identified as requiring additional support will have the opportunity to meet with the DCT and/or MEO in one on one sessions to support their ongoing development. The DCT will track all progress to ensure appropriate improvements are taking placeAlthough mid-term and end of term appraisals are key tools in assessing any areas for improvement, they do not replace the need for one on one, continuous feedback from supervisors and peers. JMOs should seek supervision and assistance in all circumstances they do not feel confident in and ensure that their regular supervision sessions occur in the worksite.  |
| **ADDITIONAL INFORMATION:***Please include any additional information that the facility considers relevant to the term.* | For information on the ACF please go to: <http://www.cpmec.org.au/Page/acfjd-project>  |
| **TERM DESCRIPTION DEVELOPED ON** | March 2017 |
| **Term DESCRIPTION REVIEWED ON** | February 2019 |
| **TERM DESCRIPTION VALID UNTIL** | February 2020 |
| **DUE FOR REVIEW ON** | February 2020 |

**Psychiatry Crammond**

**Clinical Management**

**Patient Assessment**

**Patient identification**

[x] Follows the stages of a verification process to ensure the correct identification of a patient

[x] Complies with the organisation’s procedures for avoiding patient misidentification

[x] Confirms with relevant others the correct identification of a patient

**History & Examination**

[x] Recognises how patients present with common acute and chronic problems and conditions

[x] Undertakes a comprehensive & 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

[x]  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

[ ]  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

[x] Participates in continuous quality improvement e.g. clinical audit

**Risk & prevention**

[x] Identifies the main sources of error & risk in the workplacewhich may contribute to patient & staff risk

[x] Explains and reports potential risks to patients and staff

**Adverse events & near misses**

[x] Describes examples of the harm caused by errors & system failures

[x] Documents & reports adverse events in accordance with local incident reporting

systems

[x] Recognises & uses existing systems to manage adverse events & near misses

**Public health**

[x] Knows pathways for reporting notifiable diseases & which conditions are notifiable

[ ] 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**

[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**

[ ] 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**

[x] Identifies the medications most commonly involved in prescribing and administration errors

[x] Prescribes, calculates and administers all medications safely mindful of their risk profile

[x] Routinely reports medication errors and near misses in accordance with local requirements

**Acute & Emergency Care**

**Assessment**

[x] Recognises the abnormal physiology and clinical manifestations of critical illness

[x] Recognises & effectively assesses acutely ill, deteriorating or dying patients

[x] Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

**Prioritisation**

[x] Applies the principles of triage & medical prioritisation

[ ] 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**

[x] Identifies when patient transfer is required

[x] 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**

[x] Reviews the patient and their response to treatment on a regular basis

**Therapeutics**

[x] Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used

[x] Involves nurses, pharmacists and allied health professionals appropriately in medication management

[x] Evaluates the outcomes of medication therapy

**Pain management**

[ ] 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**

[x] 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**

[x] Recognises when patients are ready for discharge

[x] 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**

[x] Applies the principles of informed consent in day to day clinical practice

[x] Identifies the circumstances that require informed consent to be obtained by a more senior clinician

[x] Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

**Performance of procedures**

[x] Ensures appropriate supervision is available

[x] Identifies the patient appropriately

[ ] 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**

[x] Venepuncture

[x] IV cannulation

[x] Preparation and administration of IV medication, injections & fluids

[ ] Arterial puncture in an adult

[ ] Blood culture (peripheral)

[x] 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

[x] Agitation

[x] 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

[x] Substance abuse & dependence

[x] Psychosis

[x] Depression

[x] Anxiety

[x] Deliberate self-harm & suicidal behaviours

[x] Paracetamol overdose

[x] Benzodiazepine & opioid overdose

[ ] Common malignancies

[ ] Chemotherapy & radiotherapy side effects

[ ] The sick child

[ ] Child abuse

[x] Domestic violence

[ ] Dementia

[ ] Functional decline or impairment

[ ] Fall, especially in the elderly

[ ] Elder abuse

[x] Poisoning/overdose

**Professionalism**

**For information on the ACF please go to:**

**http://www.cpmec.org.au/Page/acfjd-project** 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**

[x] Identifies the potential impact of resource constraint on patient care

[x] Uses finite healthcare resources wisely to achieve the best outcomes

[x] Works in ways that acknowledge the complexities & competing demands of the healthcare system

**Professional Behaviour**

**Professional responsibility**

[x] Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role

[x] Maintains an appropriate standard of professional practice and works within personal capabilities

[x] Reflects on personal experiences, actions & decision-making

[x] Acts as a role model of professional behaviour

**Time management**

[x] Prioritises workload to maximise patient outcomes & health service function

[x] Demonstrates punctuality

**Personal well-being**

[x] Is aware of, & optimises personal health & well-being

[x] Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress

[x] Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

**Ethical practice**

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

[x] Consults colleagues about ethical concerns

[ ] Accepts responsibility for ethical decisions

**Practitioner in difficulty**

[x] Identifies the support services available

[x] Recognises the signs of a colleague in difficulty and responds with empathy

[x] Refers appropriately

**Doctors as leaders**

[x] Shows an ability to work well with & lead others

[x] Exhibits leadership qualities and takes leadership role when required

**Professional Development**

[x] Reflects on own skills & personal attributes in actively investigating a range of career options

[x] Participates in a variety of continuing education opportunities

[x] Accepts opportunities for increased autonomy and patient responsibility under their supervisor’s direction

**Teaching, Learning & Supervision**

**Self-directed learning**

[x] Identifies & addresses personal learning objectives

[x] Establishes & uses current evidence based resources to support patient care & own learning

[x] Seeks opportunities to reflect on & learn from clinical practice

[x] Seeks & responds to feedback on learning

[x] Participates in research & quality improvement activities where possible

**Teaching**

[x] Plans, develops & conducts teaching sessions for peers & juniors

[x] Uses varied approaches to teaching small & large groups

[x] Incorporates teaching into clinical work

[x] Evaluates & responds to feedback on own teaching

**Supervision, Assessment & Feedback**

[x] Seeks out personal supervision & is responsive to feedback

[ ] Seeks out and participates in personal feedback and assessment processes

[x] Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)

[x] Adapts level of supervision to the learner’s competence & confidence

[x] 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

[x] Uses effective strategies to deal with the difficult or vulnerable patient

**Respect**

[x] Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds

[x] Maintains privacy & confidentiality

[x] Provides clear & honest information to patients & respects their treatment choices

**Providing information**

[x] Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand

[x] Uses interpreters for non-English speaking backgrounds when appropriate

[x] Involves patients in discussions to ensure their participation in decisions about their care

**Meetings with families or carers**

[x] Identifies the impact of family dynamics on effective communication

[x] Ensures relevant family/carers are included appropriately in meetings and decision-making

[x] Respects the role of families in patient health care

**Breaking bad news**

[ ] Recognises the manifestations of, & responses to, loss & bereavement

[ ] 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**

[x] Complies with organisational policies regarding timely & accurate documentation

[x] Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries

[x] Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters

[x] Accurately documents drug prescription, calculations and administration

**Electronic**

[x] Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information

[x] Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

**Health Records**

[x] Complies with legal/institutional requirements for health records

[x] Uses the health record to ensure continuity of care

[x] Provides accurate documentation for patient care

**Evidence-based practice**

[x] Applies the principles of evidence-based practice and hierarchy of evidence

[x] Uses best available evidence in clinical decision-making

[x] Critically appraises evidence and information

**Handover**

[x] Demonstrates features of clinical handover that ensure patient safety & continuity of care

[x] Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

**Working in Teams**

**Team structure**

[x] Identifies & works effectively as part of

the healthcare team, to ensure best patient care

[ ] Includes the patient & carers in the team decision making process where appropriate

[x] Uses graded assertiveness when appropriate

[x] Respects the roles and responsibilities of multidisciplinary team members

**Team dynamics**

[x] Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise

[x] Demonstrates flexibility & ability to adapt to change

[x] Identifies & adopts a variety of roles within different teams

**Case Presentation**

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