**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 Directorate  The Queen Elizabeth Hospital  Cramond Clinic  28 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 6000  Admin – Judy Webber 8222 7552  CSC – Sue Tiver is our Ph 8222 8470.  Consultant Psychiatrist**s**  Dr Angela Okungu  Dr Prashant Tibrewal  Psychiatry Trainee – rotating 6 monthly  TAPPP JMOs – rotating 6 monthly  Rotating Hospital JMO – 3 monthly rotation  Allied Health professionals  Mental Health Nursing staff |
| **ACCREDITED TERM FOR :** | |  |  |  |  | | --- | --- | --- | --- | |  | **Number** | **Core/Elective** | **Duration** | | PGY2+ | 2 | Elective | 6 Months | | |
| **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 a  psychiatric 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 may  manifest with psychiatric symptoms. Doctors should be able to perform an  appropriate physical examination and order common screening investigations.  Some understanding of commonly prescribed psychiatric medications, doses  Must 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 inpatients  Liaising with family, GPs, private psychiatrists, community teams.  Managing a caseload of 6 with supervision by consultant psychiatrist  Keeping accurate clinical progress notes  Work collaboratively with allied staff including the ward social worker and occupational therapist  Completing discharge summaries  Participation in multidisciplinary clinical ward rounds  Participation in in-service meetings  Participate in Guardianship Board meetings with supervision by senior staff  TAPPP 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 numbers  TQEH 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) | |
| **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 | |
| **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.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Sat** | **Sun** | | **AM** | 8.30 am Clinical Handover  MEETING | 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 – 2.00pm  Near 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 patients  Patients 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 week  Inpatient Team  7.6 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 provided  Weekly case conference and Journal club  Junior Drs will be on a roster to present an interesting case at case conference  Guardianship Board presentations with consultant psychiatrist  Teaching 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 place  Although 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**

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

Complies with the organisation’s procedures for avoiding patient misidentification

Confirms with relevant others the correct identification of a patient

**History & Examination**

Recognises how patients present with common acute and chronic problems and conditions

Undertakes a comprehensive & focussed history

Performs a comprehensive examination of all systems

Elicits symptoms & signs relevant to the presenting problem or condition

**Problem formulation**

Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process

Discriminates between the possible differential diagnoses relevant to a patient’s presenting problems or conditions

Regularly re-evaluates the patient problem list

**Investigations**

Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation

Follows up & interprets investigation results appropriately to guide patient management

Identifies & provides relevant & succinct information when ordering investigations

**Referral & consultation**

Identifies & provides relevant & succinct information

Applies the criteria for referral or consultation relevant to a particular problem or condition

Collaborates with other health professionals in patient assessment

**Safe Patient Care**

**Systems**

Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient

Uses mechanisms that minimise error e.g. checklists, clinical pathways

Participates in continuous quality improvement e.g. clinical audit

**Risk & prevention**

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

Explains and reports potential risks to patients and staff

**Adverse events & near misses**

Describes examples of the harm caused by errors & system failures

Documents & reports adverse events in accordance with local incident reporting

systems

Recognises & uses existing systems to manage adverse events & near misses

**Public health**

Knows pathways for reporting notifiable diseases & which conditions are notifiable

Acts in accordance with the management plan for a disease outbreak

Identifies the key health issues and opportunities for disease and injury prevention in the community

**Infection control**

Practices correct hand-washing & aseptic techniques

Uses methods to minimise transmission of infection between patients

Rationally prescribes antimicrobial / antiviral therapy for common conditions

**Radiation safety**

Minimise the risk associated with exposure to radiological investigations or procedures to patient or self

Rationally requests radiological investigations & procedures

Regularly evaluates his / her ordering of radiological investigations & procedures

**Medication safety**

Identifies the medications most commonly involved in prescribing and administration errors

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

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

**Acute & Emergency Care**

**Assessment**

Recognises the abnormal physiology and clinical manifestations of critical illness

Recognises & effectively assesses acutely ill, deteriorating or dying patients

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

**Prioritisation**

Applies the principles of triage & medical prioritisation

Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

**Basic Life Support**

Implements basic airway management, ventilatory and circulatory support

Effectively uses semi-automatic and automatic defibrillators

**Advanced Life Support**

Identifies the indications for advanced airway management

Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation

Participates in decision-making about and debriefing after cessation of resuscitation

**Acute patient transfer**

Identifies when patient transfer is required

Identifies and manages risks prior to and during patient transfer

**Patient Management**

**Management Options**

Identifies and is able to justify the patient management options for common problems and conditions

Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

**Inpatient Management**

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

**Therapeutics**

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

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

Evaluates the outcomes of medication therapy

**Pain management**

Specifies and can justify the hierarchy of therapies and options for pain control

Prescribes pain therapies to match the patient’s analgesia requirements

**Fluid, electrolyte & blood product management**

Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products

Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient

Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use

Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

**Subacute care**

Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs

Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

**Ambulatory & community care**

Identifies and arranges ambulatory and community care services appropriate for each patient

**Discharge planning**

Recognises when patients are ready for discharge

Facilitates timely and effective discharge planning

**End of Life Care**

Arranges appropriate support for dying patients

Takes account of legislation regarding

Enduring Power of Attorney and Advanced Care Planning

**Skills & Procedures**

**Decision-making**

Explains the indications, contraindications & risks for common procedures

Selects appropriate procedures with involvement of senior clinicians and the patient

Considers personal limitations and ensures appropriate supervision

**Informed consent**

Applies the principles of informed consent in day to day clinical practice

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

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

**Performance of procedures**

Ensures appropriate supervision is available

Identifies the patient appropriately

Prepares and positions the patient appropriately

Recognises the indications for local, regional or general anaesthesia

Arranges appropriate equipment

Arranges appropriate support staff and defines their roles

Provides appropriate analgesia and/or premedication

Performs procedure in a safe and competent manner using aseptic technique

Identifies and manages common complications

Interprets results & evaluates outcomes of treatment

Provides appropriate aftercare & arranges follow-up

**Skills & Procedures**

Venepuncture

IV cannulation

Preparation and administration of IV medication, injections & fluids

Arterial puncture in an adult

Blood culture (peripheral)

IV infusion including the prescription of fluids

IV infusion of blood & blood products

Injection of local anaesthetic to skin

Subcutaneous injection

Intramuscular injection

Perform & interpret and ECG

Perform & interpret peak flow

Urethral catheterisation in adult females

& males

Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway

NG & feeding tube insertion

Gynaecological speculum and pelvic examination

Surgical knots & simple suture insertion

Corneal & other superficial foreign body removal

Plaster cast/splint limb immobilisation

**Clinical Symptoms, Problems & Conditions**

**Common Symptoms & Signs**

Fever

Dehydration

Loss of Consciousness

Syncope

Headache

Toothache

Upper airway obstruction

Chest pain

Breathlessness

Cough

Back pain

Nausea & Vomiting

Jaundice

Abdominal pain

Gastrointestinal bleeding

Constipation

Diarrhoea

Dysuria / or frequent micturition

Oliguria & anuria

Pain & bleeding in early pregnancy

Agitation

Depression

**Common Clinical Problems and Conditions**

Non-specific febrile illness

Sepsis

Shock

Anaphylaxis

Envenomation

Diabetes mellitus and direct complications

Thyroid disorders

Electrolyte disturbances

Malnutrition

Obesity

Red painful eye

Cerebrovascular disorders

Meningitis

Seizure disorders

Delirium

Common skin rashes & infections

Burns

Fractures

Minor Trauma

Multiple Trauma

Osteoarthritis

Rheumatoid arthritis

Gout

Septic arthritis

Hypertension

Heart failure

Ischaemic heart disease

Cardiac arrhythmias

Thromboembolic disease

Limb ischaemia

Leg ulcers

Oral infections

Periodontal disease

Asthma

Respiratory infection

Chronic Obstructive Pulmonary Disease

Obstructive sleep apnoea

Liver disease

Acute abdomen

Renal failure

Pyelonephritis & UTIs

Urinary incontinence & retention

Menstrual disorders

Sexually Transmitted Infections

Anaemia

Bruising & Bleeding

Management of anticoagulation

Cognitive or physical disability

Substance abuse & dependence

Psychosis

Depression

Anxiety

Deliberate self-harm & suicidal behaviours

Paracetamol overdose

Benzodiazepine & opioid overdose

Common malignancies

Chemotherapy & radiotherapy side effects

The sick child

Child abuse

Domestic violence

Dementia

Functional decline or impairment

Fall, especially in the elderly

Elder abuse

Poisoning/overdose

**Professionalism**

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

**http://www.cpmec.org.au/Page/acfjd-project** diversity of indigenous cultures, experiences & communities

**Professional standards**

Complies with the legal requirements of being a doctor e.g. maintaining registration

Adheres to professional standards

Respects patient privacy & confidentiality

**Medicine & the law**

Complies with the legal requirements in patient care e.g. Mental Health Act, death

certification

Completes appropriate medico-legal documentation

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

**Health promotion**

Advocates for healthy lifestyles & explains environmental lifestyle risks to health

Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)

Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

**Healthcare resources**

Identifies the potential impact of resource constraint on patient care

Uses finite healthcare resources wisely to achieve the best outcomes

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

**Professional Behaviour**

**Professional responsibility**

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

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

Reflects on personal experiences, actions & decision-making

Acts as a role model of professional behaviour

**Time management**

Prioritises workload to maximise patient outcomes & health service function

Demonstrates punctuality

**Personal well-being**

Is aware of, & optimises personal health & well-being

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

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

**Ethical practice**

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

Consults colleagues about ethical concerns

Accepts responsibility for ethical decisions

**Practitioner in difficulty**

Identifies the support services available

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

Refers appropriately

**Doctors as leaders**

Shows an ability to work well with & lead others

Exhibits leadership qualities and takes leadership role when required

**Professional Development**

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

Participates in a variety of continuing education opportunities

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

**Teaching, Learning & Supervision**

**Self-directed learning**

Identifies & addresses personal learning objectives

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

Seeks opportunities to reflect on & learn from clinical practice

Seeks & responds to feedback on learning

Participates in research & quality improvement activities where possible

**Teaching**

Plans, develops & conducts teaching sessions for peers & juniors

Uses varied approaches to teaching small & large groups

Incorporates teaching into clinical work

Evaluates & responds to feedback on own teaching

**Supervision, Assessment & Feedback**

Seeks out personal supervision & is responsive to feedback

Seeks out and participates in personal feedback and assessment processes

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

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

Provides constructive, timely and specific feedback based on observation of performance

Escalates performance issues where appropriate

**Communication**

**Patient Interaction**

**Context**

Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments

Uses principles of good communication to ensure effective healthcare relationships

Uses effective strategies to deal with the difficult or vulnerable patient

**Respect**

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

Maintains privacy & confidentiality

Provides clear & honest information to patients & respects their treatment choices

**Providing information**

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

Uses interpreters for non-English speaking backgrounds when appropriate

Involves patients in discussions to ensure their participation in decisions about their care

**Meetings with families or carers**

Identifies the impact of family dynamics on effective communication

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

Respects the role of families in patient health care

**Breaking bad news**

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

Participates in breaking bad news to patients & carers

Shows empathy & compassion

**Open disclosure**

Explains & participates in implementation of the principles of open disclosure

Ensures patients & carers are supported & cared for after an adverse event

Complaints

Acts to minimise or prevent the factors that would otherwise lead to complaints

Uses local protocols to respond to complaints

Adopts behaviours such as good communication designed to prevent complaints

**Managing Information**

**Written**

Complies with organisational policies regarding timely & accurate documentation

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

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

Accurately documents drug prescription, calculations and administration

**Electronic**

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

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

**Health Records**

Complies with legal/institutional requirements for health records

Uses the health record to ensure continuity of care

Provides accurate documentation for patient care

**Evidence-based practice**

Applies the principles of evidence-based practice and hierarchy of evidence

Uses best available evidence in clinical decision-making

Critically appraises evidence and information

**Handover**

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

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

**Working in Teams**

**Team structure**

Identifies & works effectively as part of

the healthcare team, to ensure best patient care

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

Uses graded assertiveness when appropriate

Respects the roles and responsibilities of multidisciplinary team members

**Team dynamics**

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

Demonstrates flexibility & ability to adapt to change

Identifies & adopts a variety of roles within different teams

**Case Presentation**

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