**Headspace Adelaide**

**Youth Early Psychosis Program**

**173 Wakefield Street**

**Adelaide**

**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
* Learning objectives

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the TMO.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FACILITY NAME: Headspace Adelaide, Youth Early Psychosis Program**  173 Wakefield St, Adelaide 5000  1800 063 267 | | | | | |
| **TERM NAME:** | | | | | |
| **TERM SUPERVISOR NAME AND POSITION:** Dr Barry Rowe | | | | | |
| **CLINICAL TEAM:**  *Include the names and contact details of consultants, registrars and other clinical staff on unit.* | | | **CONSULTANTS:**   * Clinical Director – Dr Julie Connor * Dr John Callary * Dr Barry Rowe * Dr Jeremy Loy * Dr Iris Minkiewicz * Dr Millie Vukovic | | |
| **REGISTRARS:**   * Dr Paul Hosking (CAMHS Advanced Trainee) | | |
| **OTHER CLINICAL STAFF (PGY2+, INTERNS):**   * **Centre Manager – Lisa Greene** * **CCT Team Leader – Tracy Dryden Mead** * **MATT Team Leader – Lynda May** * **FRT Team Leader - Pru De Garis** * **Allied Health, Registered Nurses, Non Clinical positions (Peer worker, Voc Ed)** | | |
| **ACCREDITED TERM FOR :** | | | |  |  |  |  | | --- | --- | --- | --- | |  | **Number** | **Core/Elective** | **Duration** | | **PGY1** |  |  |  | | **PGY2+** | 1 |  | 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 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.  Based on the 16 components of the EPPIC model (Orygen), the hYEPP service provides early intervention support to young people at risk of developing and / or experiencing early psychosis. hYEPP aims to provide an easily accessible, youth focused service that responds to the needs of young people, ensuring the duration of untreated psychosis is as limited as possible and any full threshold symptoms are ameliorated promptly. HYEPP is delivered through an assertive care coordination model, with a strong focus on functional recovery to restore the developmental trajectory following the onset of psychosis for the young people aged 12-25.  EPPIC determines that care delivery to young people is best managed across three separate but connected teams:  MATT – Mobile Assessment and Treatment Team   * Provides assessment and triage function for hYEPP referrals * Responds to acuity and provides support around crisis interventions * Provides after hour support to manage hospital avoidance   CCT – Continuing Care Team   * Assertive care coordination for young people accepted as Ultra High Risk or First Episode Psychosis * Length of service for UHR – 6months * Length of service FEP – 2 years (up to 5 if recovery delayed)   FRT – Functional Recovery Team   * Psychosocial rehabilitation via 1:1 and group programs * Vocational / Educational Support * Peer and Family peer work support   The 6 month JMO placement will ideally be spent across a community based youth focused service. The JMO in this rotation will be allocated to the YEPP MATT & CCT located within Adelaide headspace facility for this 6 month rotation. Both teams have a similar model of care, similar staffing profiles and patient / consumer loads but are differentiated by the different focus of service provided. It is estimated that this service have a catchment population of approximately 1 million people resident in metropolitan Adelaide.  Work in the community provides a diverse range of experiences that include:   1. Acute Crisis intervention 2. Assertive follow up for young clients with challenging mental health conditions / behaviours 3. Participating in depot and clozapine clinics 4. Providing consultations to a patients in a walk in clinic, home visits and consultation at other community settings 5. Participating in multidisciplinary team meetings regarding management of patients   The caseload includes a variety or presentation including low incidence disorders such as schizophrenia, BPAD and other psychotic disorders. Clinical work often involves new assessments with the formulation of a management plan, follow up care to monitor adequacy of medication regimes and symptoms control, managing medication side effects (EPSEs, metabolic symptoms), attendance at SACAT hearings and management of Mental health Act provisions of patients, liaising with a range of care providers including families/friends of patients, NGOs, general practitioners, other medical specialists, emergency service providers (SAAS,SAPOL) and psychologists and SA LHN MH team. Work will be conducted within multidisciplinary team environment with peer and family worker playing an integral part. The JMO will be based at the Adelaide headspace site but will work flexibly across domiciliary, clinic based and facility based service delivery. An average work week usually consist of – multidisciplinary team meetings most mornings and administration time with the remainder of available time addressing assessment and continuing care commitments. Additionally, there will be an hour of individual supervision and an afternoon at the TAPPP Education program are exclusive of the above time allocation. | | |
| **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.* | | | 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 made 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 prescribed psychiatric medications, doses 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.* | | | TAPPPS JMO will be supported by the clinical director and orientated to the program by the clinical lead aligned with their placement. All clinical practice documents, policies and procedures are accessible via headspace national intranet – Ourspace. The registrar will also be provided with access to the Orygen LMS for EPPIC (up to 40 modules specific to early psychosis program). Practice manager will facilitate operational orientation, including access to EMR,WHS etc. | | |
| **JUNIOR DOCTOR’S CLINICAL RESPONSIBILITIES AND TASKS:**  *List routine duties and responsibilities including clinical handover* | | | The JMO will be allocated to the YEPP service and work standard business hours.  Clinical handover occurs at the daily team meeting held onsite each morning at 9:00am. The JMO will assist the Mental Health Clinicians in the team in the assessment of mental health presentations.  According to clinical priority the JMO will be required to conduct a crisis assessment for the team in the community (patients home, other headspace centres) under supervision of the Consultant Psychiatrist.  JMOs will, after a period of familiarisation with the service, participate in the team based assessing of new patients, reviewing current patients, assessing mental state and adequacy of medication regime and monitoring for side effects. This forms part of a wider multidisciplinary effort towards functional recovery for the YEPP clients.  Each community team is staffed to ensure there is an adequate level of supervision and support available to the JMO within the team at all times. The primary supervising psychiatrist provides supervisory support in the first instance. A roster of consultant movements is constantly updated and available so that the JMO is aware of Consultant availability. When their supervising consultant is unavailable any other consultant on the team can be approached for urgent advice. If both these options are unavailable the senior registrar at headspace of the team leader can be approached for support. The morning handover meetings are a forum for prioritising JMO responsibilities for the day and identifying which one of the senior medical staff are available for support on the day. In the event that none of the above identified support are immediately available, guidance and supervision can be sought either telephonically with the concerned consultant or from alternative community team’s consultants/registrars on site. | | |
| **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 via the psychiatry trainee to the consultant psychiatrist in the CCT/MATT team during normal working hours. A consultant psychiatrist is available at all times from the community team for clinical support. One on one weekly supervision is provided to all JMOs participating in the Adelaide Prevocational Psychiatry program (TAPPP) at a time agreed to as convenient by both parties.  JMOs are also expected to participate in a weekly one on one clinical meeting with their supervisor each week in addition to supervision meetings. TAPPP is an adult learning environment and responsibility for learning must initially sit with the learner, should you feel you are not getting adequate supervision for any reason this should be escalated to the medical education unit for follow up. Near peer group supervision is provided once a month at Glenside campus to coincide with the education program and precedes the education session on the day. Past incumbents of the TAPPP program currently in psychiatry training and who have volunteered to provide a local health network (LHN) specific mentoring role have been identified within each LHN as resource people that TAPPP JMOs in difficulty can approach for informal support | | |
| **AFTER HOURS:**  After hours support is provided by the remote on call consultant psychiatrist or clinical director. | | |
| **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. | | | | | |
| **UNIT SPECIFIC TERM OBJECTIVES\***  *The term supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire that are specific to the term. This should include reference to the attached ACFJD*  ***Generic term objectives*** *should also be noted on the attached ACFJD*  *Both unit specific and generic team objectives should be used as a basis of the mid-term and end of term assessments* | | | **CLINICAL MANAGEMENT:**   * Conduct a competent clinical interview (both initial and follow up) with a wide range of people with mental health problems and mental illness. * Perform a mental status examination and acquire thorough understanding of the phenomenology and psychiatric illness. * Preform a risk assessment of self-harm/ suicide and dangerousness to others. * Propose a management plan that demonstrates an awareness of the place of biomedical and psychosocial interventions in the investigation and treatment of the person’s illness. * Implement a management plan under the supervision of a consultant. * Understand clinical practice guidelines for the more common psychiatric disorders and apply them where appropriate | | |
| **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)   (Also see clinical responsibilities and roles) | | |
| **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 legislation (Mental health Act 2009) and its application. * Work as a member of a multi-disciplinary 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 | | |
| **EDUCATION**:  *Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.* | | | | * Orygen LMS modules – EPPIC guidelines * In-service presentations led by clinical staff monthly * Ad-hoc training opportunities as identified by leadership team depending on needs of service * JMOs will be supported to attend all relevant education and training as part of training program.   JMOs are expected to attend weekly Mental Health, Medical Education unit tutorials, held at Glenside Campus. All supervisors and team members are aware that this training s Mandatory for TAPPP JMOs and supportive of attendance. Cover for urgent issues are provided by the team (Registrar or consultant depending on structure) during this period. Time is given for travel to training each week as part of the normal roster. JMOs are expected to attend in their own vehicles or make their own way to training and finalise their working day when training and unless rostered for on call commitments. If personal transport is not available access to government vehicles or cab vouchers are available where necessary. Participation in locally organised teaching sessions, journal clubs, case conferences dependent upon the site rotation as per the training timetable. | | | |
| **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** | **Saturday** | **Sunday** | | **AM** | CCT Clinical Review | Staff Meeting | CCT Clinical Review | CCT Clinical Review | CCT Clinical Review |  |  | |  |  |  |  |  |  |  | | **PM** | 1:1 Weekly Supervision | MATT Clinical Review | 1:1 weekly meeting with consultant to discuss clinical matters | 1-2pm monthly TAPPP discussion |  |  |  | |  |  |  | 2-5pm weekly TAPPP training |  |  |  | | | | | | |
| **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.* | The case load for a RMO will vary, however is not expected to exceed 40 young people at varying stages of care (assessment through to functional recovery). The average daily case load will be determined by acuity, and will not vary from three to six patrons per day. | | |
| **OVERTIME:** | **AVERAGE HOURS PER WEEK:** | | 37.5 |
| **ROSTERED HOURS:** | | Mon to Fri 9am-5pm |
| **UNROSTERED HOURS:** | | None scheduled |
|  |  | | |
| **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 2 appraisals during 6 month rotation .Appraisals are emailed by the MEO via the JMO contacts list and copies available electronically on the JMO website. It is the JMO’s responsibility to deliver the term assessment forms to the term supervisor and return them signed to the medical education officer (MEO) or Medical education Unit (MEU). JMOs receive both mid-term and end of term assessment during each rotation.  Although OTIS was being utilised earlier in 2015, constant ongoing issues with connectivity have seen the MEU encourage use of hard copy assessments.  **MID TERM**  The mid-term assessment is a formative assessment. Formative assessments are used to help JMOs and supervisors identify strengths and weaknesses and require additional support and address problems immediately. To complete mid-term assessment, a dedicated time should be made with JMOs nominated supervisor with an opportunity to discuss any areas of concern and identified strengths, as well as identifying opportunities for further learning development.  If areas of concern are apparent, an IPAP should be implemented into discussion with both parties and with input and support from the MEU. Mid-term assessments should be signed by both the JNO and supervisor and forwarded to the MEU. Although this is not compulsory, it is recommended to keep this file for reference if required. 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 bench mark of the Australian curriculum Framework for Junior Doctors*.  To complete the end of term appraisal, a dedicated time should be made with the JMO’s nominated supervisor with an opportunity to discuss the progress made during placement, including addressing any information on a previous IPAP.  End of Term assessments should be forwarded to the MEU for filing. The purpose of conducting Mid-term and End of term appraisals is to facilitate 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.  Team supervisors will feedback to the director of clinical training (DCT) 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 tolls 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 supervisions occur in the worksite. | | |
| **ADDITIONAL INFORMATION:**  *Please include any additional information that the facility considers relevant to the term.* | Expectation to work 7.6 hrs per day Monday to Friday 0900-1706 including a 30 minute meal break,  The JMO may be expected to participate in an after hours roster as service needs dictate. | | |
| **TERM DESCRIPTION DEVELOPED ON** | June 2018 | | |
| **TERM DESCRIPTION UPDATED ON** |  | | |
| **TERM DESCRIPTION VALID UNTIL** | August 2019 | | |
| **DUE FOR REVIEW ON** | June 2019 | | |

**Headspace ADELAIDE**

**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**

**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 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