

**CALHN Mental Health**

**Mental Health Team**

**Queen Elizabeth Hospital**

**Emergency Department**

**28 Woodville Road**

**Woodville South SA 5011**

**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: Central Adelaide Local Health Network**  **The Queen Elizabeth Hospital (TQEH)**  **Emergency Department (ED) Mental Health Team** | | | |
| **TERM NAME: TAPPP Psychiatry Junior Medical Officer (JMO) – TQEH ED Mental Health Team** | | | |
| **TERM SUPERVISOR NAME AND POSITION: Dr Andrew Lawlor, Consultant Psychiatrist** | | | |
| **CLINICAL TEAM:**  *Include the names and contact details of consultants, registrars and other clinical staff on unit.* | | **CONSULTANTS:**   * Dr Andrew Lawlor * Dr Elizabeth Markwick * Dr Asa Stobie * Dr Milanduth Kullegowda * All doctors can be contacted through the ED Mental Health Team on 08 8222 7051 | |
| **REGISTRARS:**   * Usually one stage 2 or 3 psychiatry registrar is assigned each rotation | |
| **OTHER CLINICAL STAFF (PGY2+, INTERNS):**  2 mental health nurses are allocated to each day and overnight shift  The Nurse Unit Manager is Michael Baldock 08 8222 6043 | |
| **ACCREDITED TERM FOR :** | | |  |  |  |  | | --- | --- | --- | --- | |  | **Number** | **Core/Elective** | **Duration** | | **PGY1** | nil |  |  | | **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 ED Mental Health Team provides consultation and assessment services to TQEH general ED on referral. The ED itself comprises 31 funded beds incorporating general cubicles, emergency (high acuity) beds resuscitation rooms, EECU, fast-track and consult beds. Patients referred for assessment largely present from the Western suburbs of Adelaide. This is a culturally and linguistically diverse region with a number of patients identifying as Aboriginal and others from non-English speaking backgrounds. Persons of no fixed address make up a smaller but appreciable number of presentations. Patients presenting with mental health complaints generally come via one of two pathways: (1) unplanned presentations – the vast majority of presentations, (2) planned presentations of patients known to the Western Community Mental Health Team. The latter occurs when direct admission cannot be accommodated or medical comorbidity forms a significant element of the presentation.  The number of patients presenting and referred to the ED Mental Health is highly variable day-to-day but probably averages between 8-10 new presentations daily. Around 40% of assessed patients are admitted to a mental health bedded service, while the remainder are discharged via a number of community-based follow up pathways.  A full spectrum of clinical presentations is encountered including crisis attendances and high prevalence mood disorders, in addition to a large number of patients with relapse of low prevalence disorders. Referrals related to substance use disorders are highly represented. A full range of acuity is encountered including patients at very high risk of dangerousness. | |
| **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.* | | At the commencement of the term, the TMO would be expected to have basic skills in psychiatric history taking, mental state examination, diagnosis and preliminary management planning. They should have basic skills in risk assessment and safety planning. The skill level expected would be that of a general hospital PGY2+ JMO.  The TMO would also be expected to be familiar with The Mental Health Act with particular reference to Level 1 Inpatient Treatment Orders at the commencement of their term.  Competency will be determined by review of previous end of term assessments and through direct observation of clinical work by the consultant psychiatrist, psychiatry registrar and where appropriate senior mental health nurses – ie for TMO who have not undertaken psychiatric terms previously, direct observation of their clinical work will be undertaken from the beginning of the term. | |
| **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.* | | All TAPPP Trainees are required to attend orientation at the start of each term held by the TAPPP MEU based at Glenside Campus  New TMO will be oriented to the TQEH Mental Health Services by the senior psychiatry registrar on the first day of work. This generally takes about half a day. The orientation includes an overview of the inpatient, short-stay and CL services, as well as the on-call roster processes and responsibilities.  Following this, the TMO will be oriented specifically to the ED Mental Health Team by the consultant psychiatrist and the ED psychiatry registrar. This will be undertaken in the ED Mental Health Office. ED Mental Health Nursing Staff may also contribute to this orientation.  The orientation will include a walk-through of the relevant clinical areas, introduction to relevant staff, and outline of the clinical responsibilities assigned to the TMO.  All relevant reference materials and documents are available for TMO access on the CALHN intranet. Some frequently used hard copy materials are located in the ED Mental Health Office and TMO will have full access. | |
| **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 takes place with the mental health nurses at 08:30 daily. From this point, junior medical staff will divide the clinical work appropriately amongst themselves to ensure a reasonable division of labour while focusing on provision of timely care to referred patients.  The TMO will be responsible for discussing referrals from the point of initial contact from the ED staff. Routinely this will be followed by clinical assessment of referred patients including history taking, mental state examination and formulation of initial diagnostic impressions and management plans. Sourcing of appropriate and informative collateral information will be expected in all cases. Undertaking targeted physical examination and diagnostic investigations will frequently be necessary. Discussion of diagnostic issues and plans with the team will be expected. It is also expected that the TMO will keep the referring ED MO and ED nursing staff updated with the progress of their assessment and plans. Referral to other specialist units may sometimes be necessary.  For admitted patients, completion of EMARs and resuscitation orders will be mandatory.  For discharged patients, referral and liaison with receiving services will be required, along with liaison with carers. Discharge summaries should be completed and sent to the patient’s GP on the same day the patient is discharge. | |
| **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:**  Dr Andrew Lawlor  Dr Asa Stobie  Dr Milanduth Kullegowda  Psychiatry registrar on rotation  These doctors will generally be physically located in the ED Mental Health Office and be contacted face-to-face. When not present in the office, all can be contacted via TQEH switchboard. Dr Lawlor’s mobile phone number is listed on the office white board and TMO will be instructed that they may call it at any time that Dr Lawlor is working in the hospital. | |
| **AFTER HOURS:** A consultant psychiatrist is on remote call overnight and on weekends, and can be contacted via TQEH switchboard to discuss any clinical matters when the TMO is rostered after-hours. TQEH Switch **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.* | | Adjustment disorders and personal crises  Personality disorders  Affective disorders  Anxiety disorders  Substance use disorders  Psychotic disorders  Intellectual disability  Patients in police custody  Patients with comorbid medical and mental health disorders  Older persons with neurocognitive disorders | |
| **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.* | TMO will be expected to develop skills in communicating with a variety of people and agencies during term including:   * People presenting with mental health complaints * Their carers and advocates * Community Care Providers including community mental health teams and NGO care providers (eg Life With Barriers, Uniting Care Wesley) * Mental health and general nursing staff * DASSA * Police * Families SA * General ED staff * GPs * Other medical specialty groups within the hospital   The term provides opportunities to explore and develop effective communication skills with these diverse groups and to receive feedback on the effectiveness of communication style and capacity to vary this in relation to specific audiences and target groups. | | |
| **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.* | * Maintain and show respect   • Privacy and confidentiality  • Demonstrates non-discriminatory approach to patient care  • Behaves in ways which acknowledge social, economic & political factors in patient illness  • Demonstrate an understanding of the importance of the maintenance of professional boundaries in the practice of psychiatry  • Maintains appropriate standard of professional practice and works within personal capabilities  • Development of prioritisation and effective time management strategies  • Prioritises workload to maximise patient outcomes and health service function  • Actively seeks opportunities to learn from clinical practice  • Commitment to self-assessment and continuing medical education  • Able to demonstrate the principles of self-care and aware of duty of care for colleagues  • Work as a member of a multidisciplinary mental health team, showing an awareness of the contribution of various members of that team | | |
| **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** | 0830 Handover | 0830 Handover | 0830 Handover | 0830 Handover | 0830 Handover |  |  | |  |  |  |  |  |  |  | | **PM** | 1400 ECT review/education meeting |  |  | 1300-1400 Monthly TAPPP Mentoring Group |  |  |  | |  |  |  | 1400-1700  TAPPP RMO teaching Glenside Campus |  |  |  | | | | |
| **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.* | Patient load is variable given the nature of ED work. On average the mental health team receives between 8-10 referrals per day at this time which would equate to 4-5 patients shared between 2 JMO.  Patient complexity varies between relatively minor situational disturbance and complex issues involving an interplay between psychiatric illness, social issues and sometimes medical comorbidity. The nature and complexity of referrals is considered when allocating work to ensure that there is a balance of clinical work across the medical staffing cohort. | | |
| **AVERAGE PATIENTS:**  *Specifically, the average number of patients per day that the TMO is responsible for.* | 4, sometimes 5 per day. | | |
| **OVERTIME:** | **AVERAGE HOURS PER WEEK:** | | 38 |
| **ROSTERED HOURS:** | | 38 |
| **UNROSTERED HOURS:** | | Through the on-call after-hours roster only |
| **EDUCATION:**  *Detail education opportunities and resources available to the TMO during the term. Formal education opportunities should also be included in the unit timetable.* | The TMO have access to direct supervision and teaching via one-on-one interaction with the consultant psychiatrist assigned to the unit every day. Most frequently this Dr Lawlor who often uses case presentations to extend clinical teaching.  Weekly academic meetings and complex case presentations are conducted on Monday mornings and TMO are encouraged to attend.  Weekly ECT review meetings are conducted on Monday afternoons and TMO are encouraged to attend.  TMO are not generally rostered to the ECT rostered but are encouraged to attend ECT sessions with Dr Waite for teaching purposes.  One hour of direct supervision each week.  Protected time will be made available for TMO to attend the weekly TAPPP formal education program at Glenside Campus. | | |
| **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. | Ongoing feedback is provided throughout the term.  TMO receive forms for a mid-term assessment and an end-of-term assessment which they fill out in consultation with their clinical supervisor. Once completed the forms are returned to the TAPPP-MEU.  **Mid-term Assessment with Supervisor**  A mid-term assessment is strongly encouraged for RMOs at the 3 month mark. It is not a formal assessment of performance. It is important to review progress, determine if goals are being met, and if there might be room for improvement. It is the RMO’s responsibility to make an appointment with the Term Supervisor half way through the term for the assessment discussion.  **End-of-term Assessment with Supervisor**  An end-of-term assessment is summative and mandatory; it is a formal assessment of performance. It is important for RMOs to identify, understand and address strengths and deficiencies in their performance. It provides an opportunity to review the Term Description and to provide constructive feedback on it and it’s mapping to the Australian Curriculum Framework for Junior Doctors. It is the TMO responsibility to make an appointment with their Term Supervisor at the end of the term for the assessment.    End-of-Term Appraisal  This form should be completed by the RMO after the end of each clinical term and be returned to the TAPPP-MEU. Information provided remains anonymous and no names should appear on the form. Data from the appraisal will be used to evaluate the quality of the educational and clinical experience offered by the term and to help develop the term accordingly. Data will not be used to assess an RMO and will not be released in such a way to identify individual persons. Data is collated and fed back to the unit for consideration and quality improvement purposes. If it is apparent that matters need urgent review before the end of the year then these matters are raised with the Head of the unit as they arise. | | |
| **ADDITIONAL INFORMATION:**  *Please include any additional information that the facility considers relevant to the term.* |  | | |

**TQEH ED**

**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