



Intern Guide



A resource for junior
doctors, their educators
and supervisors



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Introduction

Background

In 2014, the Australian Medical Council and the Medical Board of Australia adopted the National Intern Training – Intern Outcomes Statements. These describe the broad and significant outcomes that interns are required to achieve for consideration of general registration as a medical practitioner in Australia. The need to develop a guide to facilitate achievement of these outcomes was recognised and gained momentum from the recent review of the Health Education and Training Institute (HETI) Medical Portfolio Programs that recommended increased educational support for prevocational doctors.

The National Review of Medical Intern Training in Australia Final Report was released late 2015 and the recommendations are under consideration by the Health Ministers. Due to these developments the Intern Guide is seen as interim and uptake by the NSW health system is voluntary. Piloting and evaluation of the Guide will be undertaken by HETI over a three year period and, in tandem with national initiatives, will inform the development of a postgraduate year 1 (PGY1) curriculum.

Aim

The Intern Guide aims to facilitate interns, their educators and supervisors and Directors of Prevocational Education and Training (DPETs) in building valuable workplace learning, teaching and assessment experiences in the PGY1 year in order to achieve the larger goal of providing safe, effective patient care.

A secondary aim is to support self-directed learning by junior doctors and promote the establishment of a culture of lifelong learning and reflection.

What does the Intern Guide provide?

The Guide is mapped to the National Intern Training – Intern Outcomes Statements and builds on the Australian Curriculum Framework (ACF) for Junior Doctors that has directed Junior Medical Officer (JMO) training since 2006. Internship is a generalist training year allowing a range of professional experiences that enables the development of the diverse skill sets required by medical practitioners. The Guide aims to strengthen this approach and highlight the central tenets of contemporary medical practice: patient centred care; outcome based assessment; clinical shared decision making; clinical supervision and escalation of care; and working in inter-professional teams within a complex medical system.

The Guide serves as a tool to facilitate workplace learning, teaching and assessment that will support the achievement of the Intern Outcome Statements. It supports interns to build on learning acquired during medical school by identifying opportunities to apply their knowledge and skills in the work environment.

Nationally interns have mid-term and end of term assessments against the Intern Outcome Statements, with all statements to be achieved by the end of PGY1. The Guide details learning outcomes that provide further depth and description of the component knowledge, skills and attitudes of each of the statements. The intent of clearly detailing learning outcomes is to facilitate the process of workplace learning, teaching and assessment. Workplace assessment can provide valuable information and evidence to assist completion of the Mid-Term and End of Term Assessment Forms for each term of PGY1.

Broad strategies for teaching, learning and assessment are provided for each Outcome Statement. The implementation of these suggested strategies will vary from site to site depending on the local context, needs and resources and it is not expected that all options will be covered. Rather it is hoped that their inclusion will stimulate ideas for local delivery and assessment. Topic areas for each domain are included in the Guide. These contribute further detail on content to be covered for each of the outcome statements.

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Why workplace learning and assessment?

Workplace learning and assessment forms the basis of the PGY1 year and is widely used in postgraduate medical education. Workplace learning provides the opportunity to apply and refine what has already been learnt and to identify areas for further learning and practice. It is characterised by variety of strategies ranging from observation, provision of clinical care with feedback and more formal strategies such as lectures, simulation and completion of eLearning. By recognising the opportunistic nature of workplace learning, the Intern Guide provides a structure that facilitates constructive alignment of learning to learning outcomes and to the broader Intern Outcome Statements. Workplace assessment enables interns to better understand their performance in the workplace and to determine further learning and improvement goals. Assessment in the workplace contributes to the process of learning. The provision of meaningful and timely feedback to the intern is the essential ingredient of this process.

How to use the Intern Guide

The Guide is designed to be a resource for both interns and their educators, including Supervisors/Education Support Officers (ESOs)/Medical Education Officers (MEOs) and Directors of Prevocational Education and Training (DPETs).

Throughout the PGY1 year interns aim to improve their performance and achieve greater proficiency in an increasing number of areas. The Guide is intended to be used by interns to identify opportunities to support further practice, apply their skills and knowledge to different clinical contexts and increase the depth and complexity of these skills. The provision of quality feedback by supervisors is crucial to the effectiveness of this process.

Interns and their supervisors are encouraged to use learning outcomes to plan learning and teaching, map opportunistic learning to the learning outcomes, prioritise the learning outcomes to be achieved, identify gaps in practice and monitor progress. Learning outcomes clearly defined contribute to more robust workplace assessment by clarifying the performance requirements, and enable the intern to gain a better overall picture of their performance including their strengths and areas for continued learning.

Given the workplace context, the emphasis is on integrated learning and assessment across learning outcomes and in some cases across domains. It is not expected that each learning outcome will be individually assessed. The majority of assessment events will combine a number of learning outcomes and will be based on tasks that the intern is currently performing in the workplace. In most cases knowledge based learning outcomes will not be explicitly assessed, rather the satisfactory completion of a task or skill will imply the intern has the requisite knowledge. In situations where assessors judge that it is essential to assess underpinning knowledge, questioning by the assessor can be an additional aspect of the assessment.

With the aim of further facilitating workplace learning and assessment, opportunities for integrating teaching/learning strategies and integrating assessment across the Intern Outcome Statements are highlighted in shaded boxes within the Guide. While suggestions for a range of workplace assessment tools are provided; the intention is not for all to be undertaken. It is anticipated these options will enable multiple opportunities for feedback to the intern from a number of different supervisors. It is supported and expected that registrars will contribute to assessment processes for interns.

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Self-directed learning

This Intern Guide aims to foster a culture of lifelong learning within the junior doctor and broader medical workforce. Central to this is establishing interns as self-directed learners taking responsibility for their own learning by identifying their learning needs, setting goals to meet these needs, determining strategies and evaluating their progress in achieving their goals.

Note on language

Throughout this Guide the term 'carer' includes family/family member, support person, partner.

Resources

There are many resources available to assist interns with their learning. The following are recommended as a starting point.

HETI eLearning modules

<http://www.heti.nsw.gov.au/hetionline/course-information/>

ISBAR

HETI eLearning module

https://hetionline.cit.health.nsw.gov.au/hetionline/oam_login.jsp

RESUS4KIDS

HETI eLearning modules

https://hetionline.cit.health.nsw.gov.au/hetionline/oam_login.jsp

Emergency Care Institute

<http://www.ecinsw.com.au/>

Agency for Clinical Innovation

<http://www.aci.health.nsw.gov.au/resources>

Clinical Excellence Commission

<http://www.cec.health.nsw.gov.au/home>

DETECT

Clinical Excellence Commission

<http://www.cec.health.nsw.gov.au/programs/between-the-lags/education>

Bloodsafe eLearning Australia

<https://bloodsafelearning.org.au/about-us>

SNAPPS

<http://www.practicaldoc.ca/teaching/practical-prof/teaching-nuts-bolts/snapps/>

(Accessed July 2015)



DOMAIN 1:

Scientist and scholar

Topics



OUTCOME STATEMENT:

1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 1.1.1 Apply knowledge in the context of the provision of patient care as an intern
- 1.1.2 Demonstrate patient centred care with patients at different life stages and with a range of health needs for example paediatric, geriatric, maternal, psychiatric
- 1.1.3 Formulate effective clinical questions
- 1.1.4 Evaluate benefits and potential biases in clinical decision-making
- 1.1.5 Co-construct a management plan with patients with understanding of their social and cultural context
- 1.1.6 Access and critically appraise current evidence based research to further own practice

SUGGESTED TEACHING/LEARNING STRATEGIES

- Workplace-based learning –seeing patients and reviewing with supervisors and peers
- Didactic lectures/tutorials
- Case studies and discussion
- Simulation
- Self and peer reflection
- Readings – journal articles
- Web based resources

TOOLS TO GUIDE ASSESSMENT

- Reflective journal
- Observation of senior staff
- 360 Degree Feedback
- Simulation and feedback
- Case based Discussion (CbD)



Learning/Teaching and Assessment can be integrated with:

- 2.3 Patient Assessment
- 2.6 Management
- 3.3 Healthcare Screening and Management
- 4.3 Life Long Learning



OUTCOME STATEMENT:

2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

SUGGESTED TEACHING/LEARNING STRATEGIES

TOOLS TO GUIDE ASSESSMENT

2.1.1 Demonstrate effective clinical handover

- 2.1.1.1 Recognise the role of clinical handover in patient safety
- 2.1.1.2 Outline information required for safe handover and continuity of care
- 2.1.1.3 Use a structured format for clinical handover to summarise and convey information concisely and accurately
- 2.1.1.4 Complete documentation accurately and in a timely manner
- 2.1.1.5 Use electronic handover tools as required
- 2.1.1.6 Recognise the importance of the role of the general practitioner (GP), other health professionals and families and carers in the transfer of patient care to the community

- Observation of clinical handover by senior staff followed by discussion
- Case study discussion of adverse event relating to clinical handover
- Root cause analysis (RCA)
- eLearning
- Presentation on ISBAR and documentation requirements
- Skills practice in using ISBAR
- DETECT training

- Observation and feedback
- Mini clinical examination (mini-CEX)
- Review of documentation
- Report from senior staff
- Structured reflective practice feedback

2.1.2 Demonstrate graded assertiveness

- 2.1.2.1 Describe the importance of graded assertiveness in patient safety
- 2.1.2.2 Identify situations in which to use graded assertiveness
- 2.1.2.3 Describe the steps involved in graded assertiveness
- 2.1.2.4 Discuss the challenges in using graded assertiveness as an intern
- 2.1.2.5 Demonstrate graded assertiveness skills

- Presentation on graded assertiveness followed by skills practice and discussion
- Role play
- Reflection

- Observation of skills practice and feedback
- Report from senior staff



Learning/Teaching and Assessment can be integrated with:

- 2.2 Communication and/or
- 4.5 Inter-professional Team



OUTCOME STATEMENT:

2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

SUGGESTED TEACHING/LEARNING STRATEGIES


TOOLS TO GUIDE ASSESSMENT

2.1.3 Demonstrate delegation and escalation

- 2.1.3.1 Recognise the role of early escalation in patient safety
- 2.1.3.2 Identify situations requiring escalation
- 2.1.3.3 Identify the roles of team members when escalating care
- 2.1.3.4 Follow local process and protocols to escalate care
- 2.1.3.5 Debrief and use stress management strategies when required
- 2.1.3.6 Identify suitable opportunities for delegation of tasks
- 2.1.3.7 Demonstrate safe and effective delegation

- DETECT training
- Escalation case study and discussion
- Debriefing in a safe place
- Reflection

Report from senior staff

 **Learning/Teaching and Assessment** can be integrated with:

- 2.8 Deteriorating and Critically Unwell Patients
- 4.4 Responsibility for Patient Care
- 4.5 Inter-professional Team

2.1.4 Demonstrate infection control

- 2.1.4.1 Describe the principles of infection prevention and control
- 2.1.4.2 Outline legal and professional responsibilities related to infection prevention and control
- 2.1.4.3 Follow standard precautions for:
 - hand washing
 - aseptic techniques
 - handling and disposal of sharps
 - disposal of clinical waste
 - handling of linen
 - waste management
 - cough etiquette
- 2.1.4.4 Demonstrate the correct procedure for putting on and taking off personal protective equipment e.g. mask, eye protection, hat, gown, gloves
- 2.1.4.5 Describe the indications for public health notification of disease and follow the system for doing so

- Presentation on infection prevention and control and discussion
- Case study of adverse event relating to poor infection prevention and control in own hospital
- eLearning
- Web resources, protocols

Observation by peers and colleagues of JMOs infection prevention and control practices

Personal report using a ward audit



OUTCOME STATEMENT:

2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

SUGGESTED TEACHING/LEARNING STRATEGIES

TOOLS TO GUIDE ASSESSMENT

2.1.5 Demonstrate adverse event reporting

- 2.1.5.1 Identify the relationship between incident reporting and the establishment and maintenance of a culture of quality and safety
- 2.1.5.2 Describe the indications for reporting an incident
- 2.1.5.3 Describe the process of monitoring, analysis, feedback and reporting of clinical incidents
- 2.1.5.4 Complete a notification in the Incident Information Management System (IIMS) when indicated

Case study of adverse event reporting and contribution to minimising further risk
 Orientation to adverse events reporting processes
 World Health Organisation Patient Safety Curriculum Guide Teaching slides and notes
 Project (Combine with Quality Improvement Project)

Review of documentation
 Clinical audit
 IIMS reporting



Learning/Teaching and Assessment can be integrated with:

3.4 Quality Assurance



OUTCOME STATEMENT:

2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.2.1 Establish an environment to facilitate communication and engagement
- 2.2.2 Demonstrate respect for the views of patients, carers and colleagues
- 2.2.3 Use verbal and non-verbal communication skills to engage and build rapport with patients and their carers and colleagues
- 2.2.4 Identify barriers to communication and strategies to overcome these
- 2.2.5 Recognise the need for interpreters in providing safe care and engage the use of interpreters as required
- 2.2.6 Use effective communication skills to gather and provide information in a manner that patients and carers understand
- 2.2.7 Encourage patients and carers to ask questions and express their concerns
- 2.2.8 Communicate effectively in difficult situations such as breaking bad news and dealing with complaints
- 2.2.9 Prepare high quality written communication that is accurate, concise, well organised and legible

SUGGESTED TEACHING/LEARNING STRATEGIES

- Observation of effective communication by other staff and peers followed by discussion
- Skills practice
- Presentation on shared decision making
- Simulation/role play for example of breaking bad news
- Reflection on own practice

TOOLS TO GUIDE ASSESSMENT

- Observation by peers and colleagues
- 360 Degree Feedback
- Mini-CEX
- Professional Qualities Reflection (PQR)



Learning/Teaching and Assessment can be integrated with:

- 2.1.1 Clinical Handover
- 2.3 Patient Assessment
- 2.6 Patient Management
- 2.9 Retrieve, interpret and record information
- 3.3 Healthcare Screening and Management
- 4.5 Inter-professional Team



OUTCOME STATEMENT:

2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.3.1 Identify and clarify the presenting problem/s with the patient
- 2.3.2 Undertake a problem focused medical history including:
 - identification of current and past health issues and the impact on the presenting problem
 - social history
 - mental health status
 - drug and alcohol use
 - identification of partners, infants and children at risk of physical, emotional, sexual harm
- 2.3.3 Respectfully ask patients (or the parents/carer of child patients) if they are Aboriginal and explain the need to know, for example in order to facilitate access to programs and benefits such as 'Closing the Gap' initiatives
- 2.3.4 Perform a targeted and relevant examination following patient consent
- 2.3.5 Synthesise information obtained from the history and examination
- 2.3.6 Generate a valid differential diagnosis and problem list
- 2.3.7 Update diagnosis as more information becomes available
- 2.3.8 Document the patient assessment, differential diagnosis and underlying clinical decision making
- 2.3.9 Provide accurate and clear information to the patient, carers and the health care team
- 2.3.10 Collaborate with the inter-professional health care team in patient assessment as required

SUGGESTED TEACHING/LEARNING STRATEGIES

- Observation of senior staff/peers conducting a patient assessment followed by discussion
- Simulation/Role play of taking history and gaining consent
- Practice under supervision
- Reflection
- Lecture/podcast/readings

TOOLS TO GUIDE ASSESSMENT

- Observation and Discussion
- Mini-CEX
- Case based Discussion
- Professional Qualities Reflection (PQR)



Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and Scholar
- 2.2 Communication Skills
- 2.9 Clinical Data System



OUTCOME STATEMENT:

2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.4.1 Identify and order appropriate investigations in conjunction with senior clinicians and patients
- 2.4.2 Justify the rationale for ordering common investigations:
 - relevance
 - cost-effectiveness
 - impact on management and prognosis
- 2.4.3 Provide accurate and relevant information when ordering investigations
- 2.4.4 Follow up and interpret investigation results to guide patient management
- 2.4.5 Escalate care when abnormal results are identified

SUGGESTED TEACHING/LEARNING STRATEGIES

- Session on safe, effective tests and costs of tests and ordering protocols
- Observation of senior staff and peers conducting investigations followed by discussion
- Case studies and discussion
- Lecture
- Orientation to ordering and recording investigations

TOOLS TO GUIDE ASSESSMENT

- Review of documentation
- Case based Discussion
- Professional Qualities Reflection (PQR)
- Audit



Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and Scholar
- 2.2 Communication Skills



OUTCOME STATEMENT:

2.5 Safely perform a range of common procedural skills required for work as an intern.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.5.1 Select procedures in conjunction with senior clinicians and the patient
- 2.5.2 Obtain informed consent from the patient explaining the indications, contraindications and risks for common procedures
- 2.5.3 Identify patients who cannot provide informed consent and follow procedures to obtain consent
- 2.5.4 Recognise personal limitations in conducting procedures and ensure supervision when necessary
- 2.5.5 Safely perform procedural skills demonstrating safe pre-procedure, peri-procedure and post-procedure care

SUGGESTED TEACHING/LEARNING STRATEGIES

- Observation of senior staff conducting procedures followed by discussion
- Simulation
- Skills practice Video/web resources

TOOLS TO GUIDE ASSESSMENT

- Direct Observation of Procedural Skills (DOPS)
- Logbook



OUTCOME STATEMENT:

2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.6.1 Describe management options for common problems and conditions
- 2.6.2 Involve patients in decisions about their management and ensure their understanding
- 2.6.3 Consult with other members of the health care as required in formulating a management plan
- 2.6.4 Develop and document a management plan that prioritises actions required
- 2.6.5 Incorporate principles of integrated care into management plan where indicated
- 2.6.6 Justify and prioritise management options
- 2.6.7 Implement and evaluate the management plan following discussion with a senior clinician
- 2.6.8 Communicate the management plan to the patient and other members of the health care team
- 2.6.9 Review the patient and their response to treatment on a regular basis
- 2.6.10 Seek further supervision if management plan goals are not being achieved

SUGGESTED TEACHING/LEARNING STRATEGIES

- Reading patient notes and management plans and discussion
- Case studies including examples of shared decision making
- Simulation on developing management goals with patients
- Presentations from other healthcare professionals outlining their role in patient management
- Lectures, podcast, readings, web resources

TOOLS TO GUIDE ASSESSMENT

- Observation and discussion
- Case based Discussion
- 360 Degree Feedback
- Examples of management plans and reflection
- Participation in morbidity and mortality case reviews
- Mini-CEX



Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and Scholar
- 2.2 Communication Skills
- 2.9 Clinical Data Systems



OUTCOME STATEMENT:

2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.7.1 Collect information to compile a list of each patient’s medications and confirm accuracy of the information to achieve the best possible medication history.
- 2.7.2 Prescribe and transcribe medications safely in accordance with legal requirements
- 2.7.3 Inform patients of side effects and drug interactions of the medications prescribed
- 2.7.4 Assess patient’s medication compliance and introduce supports where possible
- 2.7.5 Routinely report medication errors and near misses in accordance with local incident monitoring requirements
- 2.7.6 Develop, implement, maintain and evaluate individualised patient management plan for fluid, electrolyte and blood product use

SUGGESTED TEACHING/LEARNING STRATEGIES

- Orientation to local procedures and documentation requirements
- Case Studies
- Lectures, podcast, readings, web resources
- eLearning modules from HETI online, National Prescribing Service (NPS) Bloodsafe, National Inpatient Medication Chart (NIMC)
- Medication management (MM) review of medication errors and discussion
- Discussion of Root Cause Analysis (RCA) involving medication errors

TOOLS TO GUIDE ASSESSMENT

- Review of medication charts
- Feedback from pharmacist
- Case based Discussion
- 360 Degree Feedback



Learning/Teaching and Assessment can be integrated with:

- 2.9 Clinical Data Systems
- 3.4 Quality Assurance



OUTCOME STATEMENT:

2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

SUGGESTED TEACHING/LEARNING STRATEGIES

TOOLS TO GUIDE ASSESSMENT

2.8.1 Recognise and assess deteriorating and critically unwell patients who require immediate care.

- 2.8.1.1 Consider the underlying causes of the deteriorating patient
- 2.8.1.2 Recognise the importance of changes in vital signs for the detection of the deteriorating patient
- 2.8.1.3 Systematically assess a deteriorating patient
- 2.8.1.4 Initiate appropriate early interventions for the deteriorating patient
- 2.8.1.5 Follow local protocols to escalate care
- 2.8.1.6 Institute life-sustaining measures in the event of severe or rapid deterioration, pending the arrival of senior colleagues
- 2.8.1.7 Communicate with the patient where possible or carer where appropriate
- 2.8.1.8 Communicate and participate as an effective team member
- 2.8.1.9 Document patient assessment and management accurately

- DETECT training
- ISBAR training
- Sepsis Kills
- DETECT Junior
- Simulation
- Inter-professional team training
- Case Studies of adverse events relating to lack of recognition of the deteriorating patient
- Orientation to local procedures and documentation requirements.
- Lecture
- Podcast

- Simulation
- Feedback from senior staff/healthcare team
- Case Study
- Reflection



Learning/Teaching and Assessment can be integrated with:

- 2.1.2 Graded Assertiveness
- 2.1.3 Delegation and Escalation
- 2.8.2 Emergency Response
- 4.5 Inter-professional Team



OUTCOME STATEMENT:

2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

SUGGESTED TEACHING/LEARNING STRATEGIES

TOOLS TO GUIDE ASSESSMENT

2.8.2 Perform basic emergency and life support procedures including caring for the unconscious patient and cardiopulmonary resuscitation

- 2.8.2.1 Recognise the urgency for an immediate response for patients in need of basic life support
- 2.8.2.2 Perform basic airway management
- 2.8.2.3 Perform cardiopulmonary resuscitation
- 2.8.2.4 Manage cardiac arrest using shock and non-shock algorithms
- 2.8.2.5 Assess the unconscious patient to determine causes
- 2.8.2.6 Recognise the need for airway support in the unconscious patient
- 2.8.2.7 Recognise and treat seizures
- 2.8.2.8 Recognise indicators for escalating care
- 2.8.2.9 Participate as effective team member
- 2.8.2.10 Document management accurately

- Basic Life Support (BLS) training
- Advanced Cardiovascular Life Support (ACLS) training
- RESUS4KIDS
- eLearning
- Simulation
- Skills Practice
- Observation of senior staff caring for the unconscious patient
- Case Studies

- Simulation
- Report from senior staff/healthcare team
- Review of documentation
- Case Study



Learning/Teaching and Assessment can be integrated with:

- 2.8.1 Deteriorating and Critically Unwell Patient
- 4.5 Inter-professional Team



OUTCOME STATEMENT:

2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 2.9.1 Describe the relationship between medical records, activity based funding and safe patient care
- 2.9.2 Outline legal responsibilities in record management
- 2.9.3 Prepare documents and records that are accurate, concise, legible and well organised
- 2.9.4 Ensure all documentation is completed in a timely manner
- 2.9.5 Effectively use electronic resources and electronic medical records in patient care
- 2.9.6 Incorporate recording of patient preferences into documentation where possible
- 2.9.7 Comply with polices regarding information technology eg use of email, social media, passwords

SUGGESTED TEACHING/LEARNING STRATEGIES

- eLearning
- Skills practice
- Orientation to local records and reporting system

TOOLS TO GUIDE ASSESSMENT

- Review of documentation
- Mini-CEX on discharge summary



Learning/Teaching and Assessment can be integrated with:

- 2.3 Assessment
- 2.6 Management
- 2.7 Prescription



DOMAIN 3:

Health advocate

Topics



OUTCOME STATEMENT:

3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 3.1.1 Broadly describe the health profile and demographics of the local population, including cultural mix
- 3.1.2 Identify the health profile of specific patient groups within your local population eg people with disability, culturally and linguistically diverse (CALD) groups
- 3.1.3 Relate differences in health profile to the determinants of health
- 3.1.4 Identify barriers specific patient groups in your network experience in accessing health services
- 3.1.5 Recognise the diversity of patient populations including beliefs and values relating to health care and the implications for provision of health services
- 3.1.6 List individual and system strategies to assist individual patients and populations to better access and to better achieve health care
- 3.1.7 Use communication skills to help establish a culturally safe environment for culturally and linguistically diverse patients

SUGGESTED TEACHING/LEARNING STRATEGIES

Research into health statistics of the Network
 Case study of a population health approach
 Presentation, for example, by Aboriginal Health worker or worker working with Culturally and Linguistically Diverse (CALD) populations or refugees, Allied health team working with elderly people.

TOOLS TO GUIDE ASSESSMENT

Questioning
 Short Report
 Case presentation and discussion
 Professional Qualities Reflection



DOMAIN 3:

Health advocate

Topics



OUTCOME STATEMENT:

3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 3.2.1 Reflect on own cultural values and their implications for health care
- 3.2.2 Outline the key features of Aboriginal peoples spirituality and connection to the land
- 3.2.3 Relate the history and experiences of Aboriginal communities to their health status
- 3.2.4 Outline the major features of the health status of the local Aboriginal community
- 3.2.5 Identify the particular barriers faced by local Aboriginal peoples in accessing and receiving healthcare
- 3.2.6 Use communication skills to help establish a culturally safe environment for Aboriginal patients
- 3.2.7 Use accurate, appropriate and non-offensive language when communicating with Aboriginal patients and their families and carers
- 3.2.8 Clarify with patient which family members need to be informed of the patient's condition
- 3.2.9 Acquire cultural information from individuals in a respectful manner
- 3.2.10 Consult with Aboriginal health and support workers to improve patient access and care

SUGGESTED TEACHING/LEARNING STRATEGIES

Reflection
Case based discussion
Presentation by Aboriginal Health Worker
Presentation by elder from local Aboriginal community
eLearning modules
Respecting the Difference – Aboriginal Cultural Training

TOOLS TO GUIDE ASSESSMENT

Case presentation and discussion
360 Degree Feedback



DOMAIN 3:
Health advocate

Topics



OUTCOME STATEMENT:

3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 3.3.1 Recognise the signs and symptoms of common diseases
- 3.3.2 Screen patients for comorbid conditions
- 3.3.3 Describe how comorbidities may impact on treatment and management of patients with acute problems
- 3.3.4 Identify how the acute condition may impact on the treatment and management of chronic diseases of a patient
- 3.3.5 Monitor patients with comorbidities to assist in the early detection of the development of complications
- 3.3.6 Assess the impact of pain on a patient and incorporate in ongoing care plans
- 3.3.7 Seek patient's views about their treatment and ongoing care
- 3.3.8 Provide accurate, concise and relevant information and education to the patient, and carers about the impact of the acute problem on chronic diseases
- 3.3.9 Recognise the role of GP and other health professionals and community services in the ongoing management of patients with chronic diseases

SUGGESTED TEACHING/LEARNING STRATEGIES

- Observation of screening by senior staff and peers followed by discussion
- Case study
- Presentation, for example by Allied health team working with elderly people
- Presentation on role of GPs and community care in supporting patients with chronic conditions

TOOLS TO GUIDE ASSESSMENT

- Observation and discussion
- Case based Discussion
- 360 Degree Feedback
- Reflection journal
- Mini-CEX



Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and Scholar
- 2.2 Communication
- 4.5 Inter-professional Team



DOMAIN 3:
Health advocate

Topics



OUTCOME STATEMENT:

3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 3.4.1 Identify the main sources of error and risk in your workplace
- 3.4.2 Review the relationship between communication breakdowns and adverse events
- 3.4.3 Discuss how personal error, personal values and cognitive bias contribute to risk and error
- 3.4.4 Describe system errors that contribute to risk and error in the workplace
- 3.4.5 Outline systems and process in place to manage risk and error
- 3.4.6 Identify and follow clinical guidelines and care pathways
- 3.4.7 Describe the purpose and value of the Incident Information Management System (IIMS) and Root Cause Analysis
- 3.4.8 Document and report adverse events according to workplace policy
- 3.4.9 Contribute to a quality improvement initiative in the workplace

SUGGESTED TEACHING/LEARNING STRATEGIES

- Case study of root cause analysis and discussion of resulting quality improvements
- RCA training
- Discussion and analysis of Incident Information Management System (IIMS) statistics
- Participation in clinical audit
- Quality improvement project
- Attendance at quality improvement meetings

TOOLS TO GUIDE ASSESSMENT

- Case Based discussion
- Examples of completed IIMS
- Quality project report



Learning/Teaching and Assessment can be integrated with:

2.1.5 Adverse Events



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.1 Provide care to all patients according to *Good Medical Practice: A Code of Conduct for Doctors in Australia*, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.1.1 Outline the standards of ethical and professional practice for doctors
- 4.1.2 Demonstrate respect, sensitivity and compassion in dealings with patients and their families/carers
- 4.1.3 Apply NSW Health CORE values to all aspects of work with patients and their families and carers
- 4.1.4 Work in partnership with patients in providing care
- 4.1.5 Apply the principles of confidentiality
- 4.1.6 Inform patients of limits to confidentiality where relevant
- 4.1.7 Obtain informed consent prior to providing care
- 4.1.8 Identify and comply with legal requirements that impact on the role of the intern
- 4.1.9 Comply with work health and safety legislation, protocols and procedures
- 4.1.10 Recognise ethical and professional dilemmas that can occur in their role as an intern
- 4.1.11 Access supports to assist with resolving ethical and professional dilemmas and concerns when necessary

SUGGESTED TEACHING/LEARNING STRATEGIES

- Presentation and discussion
- NSW Health Code of Conduct
- NSW Health Open Disclosure Policy
- Case studies of ethical/professional dilemmas followed by discussion
- NSW Health Small Acts of Kindness video
- Simulation
- eLearning
- Reflection

TOOLS TO GUIDE ASSESSMENT

- Case based discussion
- Simulation
- Clinical portfolio
- Professional Qualities Reflection
- Mini-CEX
- 360 Degree Feedback



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.2 Optimise own personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.2.1 Identify sources of stress and fatigue in workplace and relate to personal mental health and wellbeing
- 4.2.2 Recognise own indicators of stress and identify personal stress management techniques
- 4.2.3 Identify the role of Supervisors, own general practitioner, employee assistance programs and Doctors Health Advisory Service in seeking help to deal with personal stress, fatigue, bullying, harassment and other unacceptable behaviours
- 4.2.4 Recognise unacceptable and aggressive behaviours in the workplace
- 4.2.5 Follow local processes and protocols for dealing with unacceptable and aggressive behaviour in the workplace
- 4.2.6 Utilise de-escalation techniques and other risk management strategies to manage patients with unacceptable or aggressive behaviours
- 4.2.7 Locate and use emergency and duress protocols available in the workplace
- 4.2.8 Debrief from incidents of aggressive and other unacceptable behaviours when required
- 4.2.9 Relate infection prevention and control to personal health and responsible practice

SUGGESTED TEACHING/LEARNING STRATEGIES

- Case studies and discussion
- Personal wellbeing plans
- eLearning
- Violence Prevention and Management eLearning and workshops
- Reflection
- Case reports
- Case based Discussions on aggressive case management

TOOLS TO GUIDE ASSESSMENT

- Wellbeing plan
- 360 Degree Feedback /Report from inter-professional team



Learning/Teaching and Assessment can be integrated with:

4.6 Manage Workload



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.3 Self-evaluate own professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.3.1 Reflect on own skills, knowledge and performance
- 4.3.2 Recognise the changing nature of medical practice and the need for lifelong learning as a practitioner
- 4.3.3 Develop personal learning goals and a learning plan to improve practice
- 4.3.4 Seek opportunities to learn from clinical practice
- 4.3.5 Participate in a variety of continuing education opportunities
- 4.3.6 Discuss and self-reflect on approaches to clinical decision making with peers and senior colleagues
- 4.3.7 Introduce changes in practice in response to feedback and /or professional development
- 4.3.8 Plan, develop and conduct teaching sessions for peers and medical students

SUGGESTED TEACHING/LEARNING STRATEGIES

- Presentation and discussion
- Discussion with supervisor
- Personal reflection/reflective exercises
- Personal learning and development plan
- Peer mentoring
- Teaching on the Run
- SNAPPS Model for Case Presentation
- Didactic lectures/tutorials

TOOLS TO GUIDE ASSESSMENT

- Personal learning and development plan
- 360 Degree Feedback /Report from inter-professional team
- Examples of teaching presentations



Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and scholar



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.4.1 Identify own skill and knowledge levels and limitations of practice
- 4.4.2 Identify situations beyond scope of own practice or confidence and request assistance
- 4.4.3 Recognise differences in responsibility and available supports for the intern working night shift compared to day shift
- 4.4.4 Clarify own role and responsibilities with other doctors to ensure safe patient care
- 4.4.5 Clarify the role and responsibilities of all the health care team including support staff such as ward clerks/clinical support officers in contributing to safe patient care
- 4.4.6 Recognise the value of feedback from the supervisors and the inter-professional team in developing own practice
- 4.4.7 Take opportunities for further learning and development in the workplace commensurate with skills and knowledge
- 4.4.8 Ask for guidance and supervision when required
- 4.4.9 Consult colleagues about ethical concerns and dilemmas

SUGGESTED TEACHING/LEARNING STRATEGIES

- Presentation by members of the health care team on the day to day functioning of the ward
- Peer discussion
- Discussion with Supervisor
- Self-reflection/reflective exercises
- Personal learning and development plan

TOOLS TO GUIDE ASSESSMENT

- 360 Degree Feedback /Report from inter-professional team
- Personal learning and development plan



Learning/Teaching and Assessment can be integrated with:

- 2.1.3 Delegation and Escalation
- 4.3 Lifelong Learning
- 4.5 Inter-professional Team



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.5.1 Identify the benefits and challenges to safe and patient centred care when working collaboratively with the inter-professional team
- 4.5.2 Clarify own role and responsibilities within the inter-professional team and the roles and responsibilities of other members
- 4.5.3 Communicate information accurately and succinctly
- 4.5.4 Communicate clearly, openly and respectfully with team members
- 4.5.5 Participate in shared decision making with the inter-professional team
- 4.5.6 Identify areas of potential conflict and misunderstanding when working with an inter-professional team
- 4.5.7 Use strategies to minimise and/or resolve conflict
- 4.5.8 Respect alternative views and contribute to consensus decision making
- 4.5.9 Describe the role of inter-professional teamwork in the provision of integrated care
- 4.5.10 Refer patients to GPs and other health professionals as required using local protocols and conveying information concisely and accurately

SUGGESTED TEACHING/LEARNING STRATEGIES

- Team building/group dynamic exercises
- Case study of adverse event relating to poor functioning of inter-professional team
- Presentation by inter-professional team members
- Shared learning opportunities with other new graduate health professionals

TOOLS TO GUIDE ASSESSMENT

- 360 Degree Feedback /Report from inter-professional team
- Report from senior staff



Learning/Teaching and Assessment can be integrated with:

- 2.1.1 Clinical Handover
- 2.1.3 Delegation and Escalation
- 2.2 Communication
- 3.3 Healthcare Screening and Management
- 4.4 Responsibility for Patient Care



DOMAIN 4:

Professional and leader

Topics



OUTCOME STATEMENT:

4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

LEARNING OUTCOMES – AT THE END OF PGY1 THE DOCTOR WILL BE ABLE TO:

- 4.6.1 Recognise the impact on the healthcare team of underperforming team members
- 4.6.2 Meet workplace requirements for punctuality
- 4.6.3 Describe strategies to assist with prioritisation of workload
- 4.6.4 Recognise the connection between workload demands, fatigue and stress and impact on safe patient care
- 4.6.5 Identify sources of assistance in the workplace and seek assistance as required

SUGGESTED TEACHING/LEARNING STRATEGIES

Discussion of time management strategies
Case studies and discussion
Case study of adverse events relating to fatigue and stress
Personal wellbeing plan
eLearning

TOOLS TO GUIDE ASSESSMENT

360 Degree Feedback
/Report from inter-professional team
Review of documentation



Learning/Teaching and Assessment can be integrated with:

4.2 Optimise health and wellbeing



Topics





OUTCOME STATEMENT

1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

- Transitioning from medical student to doctor – how to apply medical knowledge to clinical work
- Need for the generalist medical skills
- Role of the generalist medical practitioner
- Factors informing diagnostic and clinical decision making
- Sources of medical information
- Assessing and applying evidence to practice
- Processes for clinical decision making
 - investigatory
 - logical
 - analytical
 - discriminating
 - synthesising
 - applying standards
 - critical thinking
 - problem solving approaches
- Strategies for reflecting on and improving practice
- Input of peers, colleagues and senior clinicians
- Reflective practice – definition, processes





OUTCOME STATEMENT

2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

2.1.1 Demonstrate effective clinical handover

- Role of clinical handover in patient safety and continuity of care
- Correct patient identification
- Potential areas of risk in handover and implications for patient safety and care
- Features of effective handover
- Giving and receiving information
- Verbal and written communication skills
- Structured formats
- Use of ISBAR
- Documentation requirements

2.1.2 Demonstrate graded assertiveness

- Review of role of teamwork in minimising adverse events
- Graded assertiveness
 - definition and model
 - stating objective observations and facts not criticism of actions
 - using verbal and non-verbal communication – posture, tone, gestures and expression
- Challenges to using graded assertiveness and strategies to overcome these

2.1.3 Demonstrate delegation and escalation

- Understanding responsibilities and limitations of JMO role and skill set
- Indicators for escalation
- Observation and monitoring of patients to detect deterioration using the Between the Flags system
- Local Clinical Emergency Response System
- Communication skills for delegation and escalation
- Teamwork and roles of inter-professional team in escalation and delegation
- Knowledge of local process and procedures for escalation
- Stress management
- Recognise personal limitations
- Skills and process of delegation

2.1.4 Demonstrate infection control

- Relationship between infection prevention and control, and patient safety
- Principles of infection prevention and control
- Routes of transmission:
 - Contact
 - Droplet
 - Airborneand precautions
- Legal and professional responsibilities
- Infection prevention and control practices
- Common problems/barriers to infection prevention and control, and strategies to overcome these

2.1.5 Demonstrate adverse event reporting

- Review major sources of risk and error in the workplace and the resultant harm
- Review purpose and features of clinical governance systems
- Local incident reporting systems
 - importance
 - processes
- Quality improvement and learning opportunities





OUTCOME STATEMENT

2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.

- Environment – establishing privacy and a safe environment in a busy unit
- Communication skills
 - verbal and non-verbal skills
 - empathy
 - active listening
 - seeking patient and carer views and preferences
 - checking understanding
 - using clear language
- NSW Health CORE values – collaboration, openness, respect, empowerment and their role in improving communication with patients, families, carers and other members of the healthcare team
- Provision of verbal and written information that is accurate, precise, relevant
- Use of mobile communications
- Legal implications of information provided and documented
- Barriers to communication – hearing loss, language, agitation
- Cultural differences in communication styles
- Strategies to engage patients who are vulnerable or difficult to communicate with
- Working with interpreters
- Communication in healthcare teams

OUTCOME STATEMENT

2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.

- Signs and symptoms of common acute and chronic problems and conditions.
- Using communication skills in clarifying the presenting problem/s with patient
- Importance of cultural safety in establishing effective communication and adequately performing and documenting assessment
- Taking a focused medical history including:
 - Identification of current and past health issues
 - Social history
 - Mental health status
 - Drug and alcohol use
 - Cultural factors that may influence health care
- Importance of asking patients if they are Aboriginal and explaining to patients the need to know
- Identification and notification of infants and children at risk of physical, emotional, sexual harm
- Examination of systems – sequence and what is relevant to the presenting problem
- Communication skills – communicating clearly and respectfully with patients,
- Patient centred approach to assessment
 - giving and receiving information from the patient
 - understanding patient's preferences shared decision making
- Patient consent
- Documentation – what is required locally





OUTCOME STATEMENT

2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately.

- Knowledge of common tests and investigations
- Cost effectiveness and cost awareness when ordering investigations
- Situations in which tests are not required
- Processes for ordering and documenting investigations
- Interpretation of test results
- Communicating test results
- Escalation of care

OUTCOME STATEMENT

2.5 Safely perform a range of common procedural skills required for work as an intern

- Procedures for patient identification
- Informed consent – explain procedures to patients and confirm understanding
- Factors influencing ability to give informed consent eg age, disability, language, mental state
- Situations requiring informed consent to be obtained by a senior clinician
- Competent performance of common procedures including bag and mask ventilation, venepuncture, intravenous cannulation, arterial blood sampling, indwelling urinary catheter insertion, naso-gastric tube insertion, blood culture (peripheral), injection of local anaesthetic to skin, surgical knots and simple suture insertion, plaster cast/splint limb immobilisation
- Equipment and positioning of patients
- Contraindications and complications of these procedures
- Aseptic techniques
- Analgesia and premedication
- Indications for local, regional or general anaesthesia and procedural sedation
- Role of the health care team
- Aftercare options





OUTCOME STATEMENT

2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team.

- Principles of evidence based practice
- Principles of integrated care
- Management options for common problems and conditions – risks and benefits
- Establish goals in collaboration with patient and carers
- Synthesis of information
- Clinical reasoning skills
- Informed consent
- Strategies to use when informed consent is difficult to obtain
- Principles of clinical shared decision making
 - apply communication skills so that information is shared and patients supported to weigh up and express preferences during decision making
 - sensitivity to patient health literacy
- Documenting and communicating the management plan
- Role of other health care professionals in patient management
- Monitoring of patients

OUTCOME STATEMENT

2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents.

- Knowledge of medications used to treat common problems and chronic conditions
- Knowledge of the medications most commonly involved in prescribing and administration errors
 - high risk medications
 - Importance of continuity in medication management
- Patient drug history
 - including use of herbal products
 - allergies and adverse reactions
 - self medication
 - medication reconciliation
- Legal requirements of prescribing
- Consulting with pharmacy and GPs in relation to patient's history and needs
- Providing information to patients and sharing decisions on management
- Dosage calculations, accurate documentation
- Security issues and medications
- Local protocols and requirements for reporting medication errors and near misses
- Indicators and risks of fluid and electrolyte imbalance and therapy
- Procedures for fluid and electrolyte therapy
- Indicators and risks for use of blood products
- Safe and rational use and administration of blood products





OUTCOME STATEMENT

2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation.

2.8.1 Recognise and assess deteriorating and critically unwell patients who require immediate care.

- Underlying causes of the deteriorating patient
- Normal vital signs and indications of changes related to deterioration of patients
- Structured approach in assessing and responding to the deteriorating patient
- Use of communication tools such as ISBAR – rationale for use
- Documentation of vital signs, structured assessment and management plan
- Prioritising responses and forming a treatment plan in an emergency situation
- Role of interprofessional teamwork and communication in responding to the deteriorating patient
- Acknowledging and maintaining communication with the patient where possible
- When and how to escalate care

2.8.2 Perform basic emergency and life support procedures including caring for the unconscious patient and cardiopulmonary resuscitation

- Systematic approach to assessment – use of ABCDE
- Signs of airway obstruction
- Clinical assessment of breathing and oxygenation
- Interpretation of blood gases
- Emergency and life support procedures
- Cardiopulmonary resuscitation (CPR)
- Basic Life Support (BLS)
- Advanced Cardiovascular Life Support (ACLS)
- Ventilatory support
- Mouth-mask-ventilation
- Bag-valve-mask ventilation
- Assessment and management of shockable and non-shockable cardiac rhythms
- Common causes of reduced levels of consciousness
- Escalating care
- Teamwork and communication





TOPICS FOR DOMAIN 2: Practitioner

OUTCOME STATEMENT

2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

- Importance and purpose of medical records
- Relationship to continuity of patient care and clinical governance
- Legal responsibilities
- Documents and records that the PGY1 will produce/maintain such as death certification, patient notes, discharge summaries
 - Understanding purpose of the document/record and providing the information to meet the purpose
- Written communication skills
- Skills in filtering, synthesising, prioritising and organising information.
- Knowledge of local written and electronic reporting systems and policies and protocols
- Activity based funding
- Importance of accurate, timely and legible records and documents e.g. discharge summaries
- Accessing information from records and reports
- Seeking and incorporating patient preferences into medical records
- Use of mobile communication devices





OUTCOME STATEMENT

3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors.

- Review of determinants of health
- Population mix of the Network
- Health profile of the Network – mortality and morbidity statistics
- Hospital presentations within the Network
- Specific culturally and linguistically diverse (CALD) groups served by the Network and their main health issues e.g. aged population, CALD groups, Aboriginal community, people with disability
- Access to health services – enablers and barriers including transport, language, cultural safety
- Understanding of cultural differences and health care beliefs
- Strategies to improve access
- Role of advocacy and working with patients in determining their needs and solutions.
- Strategies that an intern can incorporate into their role to advocate for patients such as assisting patient with health literacy, identifying services within the hospital that can assist the patient eg allied health, interpreter services; ensuring family members are made to feel welcome

OUTCOME STATEMENT

3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy.

- History and experiences of Aboriginal peoples including:
 - colonisation
 - segregation
 - assimilation and the ‘stolen generations’
 - integration
 - citizenship
 - self determination
 - reconciliation
- For the local Aboriginal community describe:
 - age and gender specific causes of morbidity and mortality
 - types of clinic presentations
 - percentage of hospital admissions
 - care pathways (eg access to specialist care)
- Access issues including:
 - physical barriers such as transport
 - cultural barriers
 - caring responsibilities
- Cultural Safety:
 - definition
 - principles and practices
 - need for some patients to have family, extended family and friends visit while in hospital
 - features of overt, subtle and structural discrimination in interactions between patients, health professionals and systems
 - System supports for Aboriginal patients
- Recognising, respecting and understanding difference without placing judgement
- Exploring own attitudes and behaviours towards otherness.
- Aftercare pathways – disparity between the patient experience of Aboriginal and non-Aboriginal patients





TOPICS FOR DOMAIN 3: Health advocate

OUTCOME STATEMENT

3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.

- Range of common and chronic diseases and symptoms
- Issues related to women's health
- Issues related to men's health
- Screening tools
- Management of common chronic diseases
- Impact of chronic diseases on acute conditions
- Impact of co-morbidity on patient and patient treatment
- Applying communication skills to patient education
 - active listening
 - non-judgemental approach
 - presenting information and options
 - assisting patients with health literacy
- Respect for patients and their choices
- Impact of patient's values and beliefs on their health practices
- Role of family and carers in health maintenance and changing health behaviours
- Use of health education resources
 - identify health education resources eg pamphlets, websites suitable for patient
- Supports and structures for ongoing care
- Role of GPs and community based services in ongoing management of chronic diseases
- Integrated care pathways

OUTCOME STATEMENT

3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.

- Sources of risk and error
- Relationship between communication breakdown and adverse events
- Human factors in adverse events
- Situational awareness – definition and impact
- Complex interaction between the healthcare environment, doctor and patient
- Role of fatigue and lack of supervision
- Personal responsibilities
- Systemic problems
- Purpose of work health and safety legislation (WHS)
- Strategies to manage risk and error
- Rationale and principles of clinical governance
- Accessing clinical guidelines and policies and procedures
- Principles and practices of open disclosure
- Incident Information Management System (IIMS) purpose and use
- Root Cause analysis (RCA)
- Rationale and principles of quality improvement



OUTCOME STATEMENT

4.1 Provide care to all patients according to *Good Medical Practice: A Code of Conduct for Doctors in Australia*, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.

- Australian Medical Council's *Good Medical Practice* – principles of good medical practice and standards of ethical and professional practice
- NSW Health CORE values and application to clinical care
- Goals of medicine
- Principles of patient centred care and shared decision making
- Encouraging patients input and participation in clinical decision making
- Sharing of information and privacy
- Principles of confidentiality and privacy, and limits to confidentiality
- Knowledge of medico legal requirements
- Child protection notification
- Death certification
- Developing supports to deal with and learn from ethical and professional dilemmas
- Competing demands of healthcare needs and resource constraint
- Debriefing and learning from difficult ethical/professional situations
- Importance of cost effective healthcare

OUTCOME STATEMENT

4.2 Optimise own personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.

- Workplace stressors and strategies to manage them
- Personal strategies to manage stress and maintain wellbeing
- Relationship between stress and fatigue and mental health and wellbeing
- Policy and legislative frameworks for dealing with disturbed, aggressive, and unacceptable behaviour in the workplace
- Indicators of disturbed or aggressive behaviours that may escalate to violence
- De-escalation techniques
 - Respecting personal space
 - Appropriate body language with non-confronting manner
 - Establishing appropriate verbal contact to engage with the person
 - Communicating in a clear and concise manner avoiding repetition
 - Listening and acknowledging the person's concern
 - Identifying the person's needs and feelings
 - Setting clear limits and boundaries
 - Being respectful and meaningful
 - Expressing their intention to help the person
 - Offering choices that are realistic
 - Working with families/carer/relatives if safe and appropriate to do so
 - Providing the person time and space to settle/calm down
- Management of disturbed or aggressive behaviour
- Calling for support from senior staff or clinician
- Use of a duress alarm (where available)
- Activation of the local emergency response (i.e. Code Black).
- Supports available for debriefing and stress Employee Assistance Program
- Role of Supervisors
- Importance of own general practitioner
- Doctors Health Advisory Service
- Personal risks of poor infection prevention and control practices





OUTCOME STATEMENT

4.3 Self-evaluate own professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues.

- Importance of lifelong and self-directed learning
- Evolving nature of medicine and need for currency
- Strategies for self-directed learning
- Development of learning goals and learning plan
- Skills and tools for reflective practice
- Development of portfolio of evidence
- Sources of learning
- Use of online resources
- Role of supervision and feedback –sources of feedback
- Peer to peer learning and feedback
- Literature – appraising evidence
- Accessing learning resources
- Setting professional development priorities
- Benefits and opportunities of workplace learning and assessment

OUTCOME STATEMENT

4.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.

- Centrality of safe patient care
- Roles and responsibilities of the health care team on the ward
- Differences in hospital processes and procedures day shifts and after hours shifts
- Role and responsibilities of the intern when working after hours
- Balancing own learning needs with patient safety and workplace demands
- When and how to ask for assistance
- Reflective practice
- Evaluating own strengths and weaknesses
- Gaining and integrating feedback
- Communication within the health care team
- Developing learning goals and formulating strategies to achieve them





OUTCOME STATEMENT

4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals.

- Benefits of inter-professional team work in patient care
- Challenges
 - working across professional boundaries
 - patient information not adequately communicated
 - maintaining patient confidentiality and limitations to confidentiality
- Communication in health care teams and implications for transfer of care and shared care
- Role of NSW Health CORE values in facilitating inter-professional team work
- Team roles and dynamics
- Common causes on misunderstanding and conflict
- Strategies to minimise and resolve misunderstanding and conflict
- Role of inter-professional teamwork in integrated patient care
- Referral protocols for inter-professional teamwork
- Referral protocols to GPs and other community services
- Information required for safe referral
- Documentation requirements

OUTCOME STATEMENT

4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

- Punctuality in the workplace
- Time management
- Prioritising tasks
- Strategies to assist with stress and fatigue
- Workplace support
- Role of Supervisor, JMO Manager and DPET
- Outside supports
- Skills for working in a complex system with competing demands



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