1. Term details:						
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks			
Location/Site:	Northern Hospital Epping	Clinical experience -	C: Acute and critical illness patient			
Parent Health	Northern Hospital Epping Northern Health See General Medicine Unit 1	Primary: Clinical experience -	care			
Service:	Northern Health	Secondary:	B: Chronic illness patient care			
Speciality/Dept.:	General Medicine Unit 1	Non-clinical experience:	(PGY2 only)			
PGY Level:	PGY1	Prerequisite learning:	(if relevant)			
Term Descriptor:	Attendance at medical grand rounds and unit mee	etings. Work as part of a multi	i-disciplinary team and attend multi-			

2. Learning o	bjectives:							
	Domain 1	Be able to take relevant history and be competent in targeted examination for common general medical conditions including: COPD/ pneumonia/ Acute Coronary Syndrome/ delirium/ GI bleeding/ Sepsis/ heart failure						
EPA1: Clinical Assessment	Domain 2	Build knowledge and confidence in directing initial investigations and management for simple medical problems. Balance taking on responsibility for patient care with recognition of when to escalate to involve other professionals						
	Domain 3	Identifies and considers culturally safe and appropriate means of obtaining patient histories and/or performing physical examination. Understands the importance of use of interpreters for communication						
	Domain 4	Makes use of local service protocols and guidelines to inform clinical decision-making.						
	Domain 1	Identifies deteriorating or acutely unwell patients						
EPA2: Recognition and care of the acutely unwell patient	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.						
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.						
,,,,,,	Domain 4	Observes local service protocols and guidelines on acutely unwell patients						
	Domain 1	Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) safely, adheres to all relevant protocols and monitors patient reactions, reporting when relevant.						
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.						
EPA3: Prescribing	Domain 3	Understands that social cultural background health literacy and patient preference may all impact on a patient's acceptance and adherence in taking medications and this should be considered when making prescription choices						
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately						
EPA4: Team communication	Domain 1	Creates verbal or written summaries of information that are timely, accurate, appropriate, relevant and understandable for patients, carers and/or other health professionals.						
- documentation,	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.						

 $escalate \ as \ required, \ and \ provide \ immediate$

handover and referrals	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Practices presenting patients on ward rounds and at internal team handovers to develop skills in safe and effective handover. Participates in unit meetings to practice presenting patients from the unit with discussion of best practice management and treatment.

	unit with discussion of best practi	ce management and treatment.	
3. Outcome statements:			
Domain 1: The prevocational doctor	Domain 2: The prevocational	Domain 3: The prevocational	Domain 4: The prevocational
as practitioner	doctor as professional and leader	doctor as a health advocate	doctor as a scientist and scholar
☑ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.	 ≥ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all. = 2.2 Identify factors and optimise 	☐ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients	
☐ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.	personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.		☐ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.
☐ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait	 	geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.	☐ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.
Islander patient care \$\times 1.4 \text{ Perform and document patient} \\ assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues	of their expertise and involving other professionals as needed to contribute to patient care.	☐ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.	☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.
☐ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness ☑ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor. ☐ 1.7 Make evidence-informed	 ≥ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others. ☐ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create 	☐ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.	
management decisions and referrals using principles of shared decision-making with patients, carers and health care team 2 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and	culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait	☐ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.	
economically 2 1.9 Recognise, assess, communicate and escalate as required, and provide immediate	Islander patient care.	☑ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare	



management to deteriorating and critically	show ability to prioritise workload to	system. Where relevant, this should	
unwell patients.	manage patient outcomes and health	include culturally appropriate	
	service functions.	communication with caregivers and	
\square 1.10 Appropriately use and adapt to		extended family members while also	
dynamic systems and technology to		including and working collaboratively	
facilitate practice, including for		with other health professionals	
documentation, communication,		(including Aboriginal Health Workers,	
information management and supporting		practitioners and Liaison Officers).	
decision-making			

4. Supervision details:						
Supervision Role	Dr Carol Chong		Position		Contact	
DCT/SIT			Supervisor of Intern Traini	ng	Carol.Chong@nh.org.au	
Term Supervisor			Head of Unit Saliya.Hewagama2@nh.c		Saliya.Hewagama2@nh.org.au	
Clinical Supervisor (primary)	Dr Saliya Hewago	ıma	Head of Unit	Saliya.Hewagama2@nh.org.		
Cinical Supervisor (day to day)	Unit Registrar		General Medicine Unit Reg	eral Medicine Unit Registrar Via Medtasker or Switchboard		
EPA Assessors Health Professional that may assess EPAs	All Consu All Regist Click or		name and role			
Team Structure - Key S	staff					
Name			Role	Contact		
Dr Yana Sunderland		Divisional Director		Yana.Sunderland@nh.org.au		
Dr Saliya Hewagama		Head of Unit		Saliya.	Hewagama2@nh.org.au	
Hait Canadhanta		Cara anal Marakain	Dhi.i	\ /:- C	Stable a cod	

Name	Role	Contact		
Dr Yana Sunderland	Divisional Director	Yana.Sunderland@nh.org.au		
Dr Saliya Hewagama	Head of Unit	Saliya.Hewagama2@nh.org.au		
Unit Consultants	General Medicine Physicians	Via Switchboard		
SMR	Senior Medical Registrar Via Medtasker or Switchboard			
Unit NUM	Unit NUM	Via Switchboard		

5. Attachments:	
R-over document	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedia.northernd octors.org.au%2Fwp-content%2Fuploads%2F2023%2F02%2FMED-1-INTERN_REG-ROVER-March-2022.docx&wdOrigin=BROWSELINK
Unit orientation guide	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedia.northernd octors.org.au%2Fwp-content%2Fuploads%2F2023%2F05%2FGeneral-Medicine-Handbook-May-2023.docx&wdOrigin=BROWSELINK
Timetable (sample in appendix)	Click or tap here to enter url of attachment.



6. Accreditation details (PMCV use only)							
Accreditation body:	Click or tap here to enter text.						
Accreditation status:	Click or tap here to enter text.						
Accreditation ID:	Click or tap here to enter text.						
Number of accredited posts:	PGY1: number	PGY2: number					
Accredited dates:	Approved date: date.	Review date: date.					

7. Approval								
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.						
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.						
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.						

Appendix							
Timetable	example						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
Morning	08:00 Handover	08:00 Handover	0:800 Handover	08:00 Medical Grand round	08:00 Handover	08:00 Handover	08:00 Handover
	08:30 ward round	08:30 ward round	08:30 Med intern teaching	09:00 Ward round	08:30 ward round	08:30 ward round	08:30 ward round
	12:00 -12:30 Radiology meeting		09:00 ward round				
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
Afternoon	13:00 Ward work 15:00 MDT	12:30 – 13:30 Intern Education	13:00 Ward work 15:00 MDT	13:00 Ward work 15:00 MDT	13:00 Ward work 15:00 MDT	Click or tap here to enter text.	Click or tap here to enter text.
		13:00 Ward work 15:00 MDT					
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter	Click or tap here to enter	Click or tap here to enter	Click or tap here to enter	Click or tap here to enter	Click or tap here to enter	Click or tap here to
Evening	text.	text.	text.	text.	text.	text.	enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

REG Medical Unit 1	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg 1	Traini	Traini	08:00	07:30	08:00			Traini	Traini	08:00	07:30	08:00		
	ng Time	ng Time	20:30	12:30	17:00			ng Time	ng Time	17:00	12:30	13:00		
	08:00	08:00						08:00	08:00			Traini		
	17:00	17:00						17:00	20:30			ng Time		
Reg 2			Traini	07:30	08:00	08:00	08:00	08:00	Traini	0800- 1330				
			ng Time	20:30	20:30	20:30	20:30	20:30	ng Time	1550				
									08:00	Traini				
									17:30	ng Time				
Reg 3	08:00	Traini	0800- 1330							Traini	07:30	08:00	08:00	08:00
	20:30	ng Time	1330							ng Time	20:30	20:30	20:30	20:30
		08:00	Traini											
		20:30	ng Time											
INTERN Medical Unit														
Intern 1	08:00	08:00	08:00	07:30	08:00			08:00	08:00	08:00	07:30	08:00		
	17:00	20:30	17:00	17:00	13:00			17:00	20:30	17:00	17:00	13:00		
Intern 2				07:30	08:00	08:00	08:00	08:00	08:00	08:00				
				20:30	20:30	20:30	17:00	20:30	17:00	20:30				
Intern 3	08:00	08:00	08:00								07:30	08:00	08:00	08:00
	20:30	17:00	20:30								20:30	20:30	20:30	17:00