pmcv Term Description

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		
Location, Site.	Northern nospital Lpping	Primary:	care		
Parent Health	Northern Health	Clinical experience -	B: Chronic illness patient care		
Service:	Northenn Health	Secondary:	B. Chronic liness patient care		
Speciality/Dept.:	General Medicine Unit 4	Non-clinical	(PGY2 only)		
Speciality/Dept		experience:	(1012011))		
PGY Level:	PGY1	Prerequisite learning:	(if relevant)		
Term Descriptor:	General medical term, with a focus on aged care, medical conditions. Attendance at medical grand attend multi-disciplinary team meetings. Attendar community care.	rounds and unit meetings. Wo	rk as part of a multi-disciplinary team and		

2. Learning c	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	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.						
and care of the acutely unwell patient	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs a 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.						

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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.

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 personal wellbeing and professional 	☐ 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.	practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.	☑ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their	☐ 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	 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback. 2.4 Take increasing responsibility for patient care, while recognising the limits 	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	of their expertise and involving other professionals as needed to contribute to patient care. 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an	☐ 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	☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.
patient's health and other relevant issues ☐ 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.	 inter-personal team. Ø 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. Ø 2.7 Critically evaluate cultural safety and clinical competencies to improve 	responsive healthcare free of racism and discrimination. □ 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.	
 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically 1.9 Recognise, assess, communicate and 	culturally safe practice and create 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 Islander patient care. \bowtie 2.8 Effectively manage time and workload demands, be punctual, and	 □ 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. ☑ 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 unwell patients. ☐ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making	show ability to prioritise workload to manage patient outcomes and health service functions.	system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).	
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4. Supervision details:	:					
Supervision Role	Na	те	Position		Contact	
DCT/SIT	Dr Carol Chong		Supervisor of Intern Traini	ng	Carol.Chong@nh.org.au	
Term Supervisor	Dr Yohanes Ariathianto		Head of Unit		Yohanes.Ariathianto@nh.org.au	
Clinical Supervisor (primary)	Dr Yohanes Ariati	hianto	Head of Unit		Yohanes.Ariathianto@nh.org.au	
Cinical Supervisor (day to day)	Unit Registrar		General Medicine Unit Registrar		Via Medtasker or Switchboard	
EPA Assessors Health Professional that may assess EPAs	 All Consult All Regist Click or 		name and role			
Team Structure - Key S	itaff					
Name			Role		Contact	
Dr Yana Sunderland		Divisional Direct	or	Yana.S	underland@nh.org.au	
Dr Yohanes Ariathianto	D	Head of Unit	Yohanes.Ariathianto@nh		es.Ariathianto@nh.org.au	
Unit Consultant		General Medicir	ne Physician	Via Switchboard		
SMR	SMR Senior Medical F			Registrar Via Medtasker or Switchbo		
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-4-INTERN-REG- ROVER-October-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
	08:00 Handover	08:00 Handover	0:800 Handover	08:00 <i>Medical</i> Grand round	08:00 Handover	08:00 Handover	08:00 Handover
Morning	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
	1130 MDT	1130 MDT	09:00 ward round 1130 MDT	1130 MDT	1130 MDT		
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	13:00	12:30 - 13:30	13:00	13:00	13:00	Click or tap	Click or tap
	Ward work	Intern	Ward work	Ward work	Ward work	here to enter	here to
Afternoon	Enter Time	Education 13:00 Ward work 14:00 Unit meeting or Quality CUSP meeting (two weeks pe month) Enter Time	Enter Time	Enter Time	Enter Time	text. Enter Time	enter text. Enter Time
	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap
	here to enter	here to enter	here to enter	here to enter	here to enter	here to enter	here to
Evening	text.	text.	text.	text.	text.	text.	enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

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REG Medical Unit 4	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg 1			Regis trar Traini ng	07:30 - 20:30	08:00 - 20:30	08:00 - 20:30	08:00 - 20:30	08:00 - 20:30	Regis trar Traini ng	0800- 1330				
			Time						Time					
									08:00 - 20:30	Traini ng Time				
Reg 2	Regis	Regis	08:00	07:30	07:30			Regis	Regis	08:00	07:30	08:00		
	trar Traini ng Time	trar Traini ng Time	- 17:00	- 12:30	- 12:30			trar Traini ng Time	trar Traini ng Time	- 20:30	- 12:30	- 17:00		
	08:00	08:00		Regis				08:00	08:00					
	- 17:00	- 20:30		trar Traini ng Time				- 17:00	- 17:00					
Reg 3	08:00	Regis	0800-							Regis	07:30	08:00	08:00	08:00
	- 20:30	trar Traini ng Time	1330							trar Traini ng Time	- 20:30	- 20:30	- 20:30	- 20:30
		08:00 - 17:30	Regis trar Traini ng											
			Time											
NTERN Medical Unit	4													
ntern 1	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
ntern 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				
ntern 3	08:00	08:00	08:00	07:30	07:30			08:00	08:00	08:00	07:30	08:00		<u> </u>
	- 17:00	- 20:30	- 17:00	- 17:00	- 12:30			- 17:00	- 20:30	- 17:00	- 17:00	- 13:00		
ntern 3	-	-	-	-	-			-	-	-	-	-		