

1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	Clinical experience - Primary:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	Clinical experience - Secondary:	B: Chronic illness patient care
Speciality/Dept.:	General Medicine Unit 5	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY1	Prerequisite learning:	(if relevant)
Term Descriptor:	<i>General medical term for ward-based management patients with a range of acute and chronic medical conditions. Attendance at medical grand rounds and unit meetings. Work as part of a multi-disciplinary team and attend multi-disciplinary team meetings. Attendance at family meetings. Discharge planning and transfer of acute to community care.</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	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
	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.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	Identifies deteriorating or acutely unwell patients
	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
<i>EPA3: Prescribing</i>	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.
	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
<i>EPA4: Team communication – documentation,</i>	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.
	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.

<i>handover and referrals</i>	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: <i>The prevocational doctor as practitioner</i>	Domain 2: <i>The prevocational doctor as professional and leader</i>	Domain 3: <i>The prevocational doctor as a health advocate</i>	Domain 4: <i>The prevocational doctor as a scientist and scholar</i>
<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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 Islander patient care</p> <p><input checked="" type="checkbox"/> 1.4 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</p> <p><input type="checkbox"/> 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p><input checked="" type="checkbox"/> 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p><input type="checkbox"/> 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p><input checked="" type="checkbox"/> 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p><input checked="" type="checkbox"/> 1.9 Recognise, assess, communicate and escalate as required, and provide immediate</p>	<p><input checked="" type="checkbox"/> 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p><input type="checkbox"/> 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.</p> <p><input checked="" type="checkbox"/> 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p><input type="checkbox"/> 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.</p> <p><input checked="" type="checkbox"/> 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2.7 Critically evaluate cultural safety and clinical competencies to improve 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.</p> <p><input checked="" type="checkbox"/> 2.8 Effectively manage time and workload demands, be punctual, and</p>	<p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare</p>	<p><input checked="" type="checkbox"/> 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.</p> <p><input type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.</p>

<p>management to deteriorating and critically unwell patients.</p> <p>□ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making</p>	<p>show ability to prioritise workload to manage patient outcomes and health service functions.</p>	<p>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).</p>	
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4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	<i>Dr Carol Chong</i>	Supervisor of Intern Training	Carol.Chong@nh.org.au
Term Supervisor	<i>Dr Vinita Rane</i>	Head of Unit	Vinita.Rane@nh.org.au
Clinical Supervisor (primary)	<i>Unit Consultant</i>	Ward Service Consultant	Via Switchboard
Cinical Supervisor (day to day)	<i>Unit Registrar</i>	General Medicine Unit Registrar	Medtasker or switchboard
EPA Assessors Health Professional that may assess EPAs	<ul style="list-style-type: none"> All Consultants All Registrars Click or tap here to enter name and role 		

Team Structure - Key Staff

Name	Role	Contact
Dr Yana Sunderland	Divisional Director	Yana.Sunderland@nh.org.au
Dr Vinita Rane	Head of Unit	Vinita.Rane@nh.org.au
See rotating roster	Unit Consultant	Click or tap here to enter text
See rotating roster	Senior Medical Registrar	Click or tap here to enter text
Judy Sonneveld	Unit NUM	Click or tap here to enter text

5. Attachments:

R-over document	Click or tap here to enter url of attachment.
Unit orientation guide	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedia.northerndoctors.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
Morning	08:00	08:00	08:00	08:00	08:00	08:00	08:00
	Ward round	Ward round	Ward round 08:30 Medicine Intern Education	08:00 – 09:00 Grand Round Ward round	Ward round 11- 11:30am Unit Meeting	Click or tap here to enter text.	Click or tap here to enter text.
Afternoon	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Ward tasks	12:30 – 13:30 Intern Education	Ward tasks	Ward tasks	Ward tasks	Click or tap here to enter text.	Click or tap here to enter text.
	1500 MDT	1500 MDT	1500 MDT	1230-1300 Radiology Meeting 1500 MDT	1500 MDT		
Evening	17:00	17:00	17:00	17:00	17:00	17:00	17:00
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

Medical Intern unit 5B (roster slightly different due to different registrar roster)

Fortnightly roster 1 intern and one HMO rotate week on week off with changeover day Tuesdays

	Tues	Wed	Thurs	Fri	Sat	Sun	Mon
Morning	800 Handover 830 ward round 12:30 Intern teaching	800 Handover Med intern teaching 830 900 ward round	800 Medical Grand round 900 Ward round 1230-1300 radiology meeting	800 Handover 830 ward round 1100-1130 weekly unit meeting	800 Handover 830 ward round	800 Handover 830 ward round	800 Handover 830 ward round
Afternoon	13:30 – Ward work 1500 MDT	1300 Ward work 1500 MDT	1300 Ward work 1500 MDT	1300 Ward work 1500 MDT	Ward work	Ward work	1300 Ward work 1500 MDT
Evening	1700-2030 ward cover	1700-2030 ward cover	1700-2030 ward cover	1700-2030 ward cover	1700-2030 ward cover	Finish 1700	Finish 1700