pmcv Term Description

1. Term details:						
Health Service:	Northern Health Term duration: Maxi		Maximum: 13 weeks			
Location/Site:	Northern Hospital Epping	Clinical experience -	C: Acute and critical illness patient			
Location/Site.	Northern Hospital Epping	Primary:	care			
Parent Health	Northern Health	Clinical experience -	B: Chronic illness patient care			
Service:		Secondary:	B. Chronic inness patient care			
Speciality/Dept.:	Medical Obstetrics	Non-clinical	(PGY2 only)			
Speciality/ Deptil		experience:				
PGY Level:	PGY1	Prerequisite learning:	(if relevant)			
Term Descriptor:	Medical Obstetric term involving the ward-based management of obstetric patients admitted with obstetric related or non- obstetric concurrent medical conditions from the pre to post-partum period. Attendance at clinics and review of investigation pending at discharge. Work within a multi-disciplinary team and liaise with the obstetric & gynaecology team.					

2. Learning o	bjectives:				
	Domain 1	Performs an accurate, appropriate and person centred physical and/or mental state examination.			
EPA1: Clinical	Domain 2	Demonstrates professional conduct, honesty and integrity.			
Assessment	Domain 3	Recognises and takes precautions where the patient may be vulnerable.			
	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 and practices.			
	Domain 4	Performs hand hygiene and takes infection control precautions at appropriate moments.			
	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, dru interactions, dosage & routes of administration			
EPA3:	Domain 2	Reports adverse events related to medications.			
Prescribing	Domain 3	Acknowledges and respects patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches.			
	Domain 4	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.			
	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.			
EPA4: Team communication –	Domain 2	Informs patients that handover of care will take place and to which team, service, or clinician as appropriate.			
– documentation, 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	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.			



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 schola
\square 1.1 Place the needs and safety at the	2.1 Demonstrate ethical behaviours	Ø 3.1 Incorporate disease prevention,	🛛 4.1 Consolidate, expand and
centre of the care process, working within	and professional values including	relevant health promotion and health	apply knowledge of the aetiology,
statutory and regulatory requirements and	integrity, compassion, self-awareness,	surveillance into interactions with	pathology, clinical features, natura
quidelines. Demonstrate skills including	empathy, patient confidentiality and	individual patients, including screening	history and prognosis of common
effective handover, graded assertiveness,	respect for all.	for common diseases, chronic	and important presentations in a
delegation and escalation, infection control,		conditions, and discussions of	variety of stages of life and
and adverse event reporting.	2.2 Identify factors and optimise	healthcare behaviours with patients	settings.
	personal wellbeing and professional practice, including responding to fatigue,	\square 2.2 Apply whole of person care	
oxtimes 1.2 Communicate sensitively and		\square 3.2 Apply whole-of-person care	\Box 4.2 Access, critically appraise
effectively with patients, their family and	and recognising and respecting one's own	principles to clinical practice, including	and apply evidence form the
carers, and health professionals, applying	limitations to mitigate risks associated	consideration of a patients physical,	medical and scientific literature to
the principles of shared decision-making and	with professional practice.	emotional, social, economic, cultural	clinical and professional practice.
informed consent.	722 Domonstrato lifolona lograina	and spiritual needs and their	74.2 Participate in quality
	\square 2.3 Demonstrate lifelong learning	geographical location, acknowledging	4.3 Participate in quality
\square 1.3 Demonstrate effective, culturally safe	behaviours and participate in, and	that these factors can influence a	assurance and quality improvemen
interpersonal skills, empathetic	contribute to, teaching, supervision and	patient's description of symptoms,	activities such as peer review of
communication, and respect within an	feedback.	presentation of illness, healthcare	performance, clinical audit, risk
ethical framework inclusive of indigenous	\boxtimes 2.4 Take increasing responsibility for	behaviours and access to health services	management, incident reporting
knowledges of wellbeing and health models	patient care, while recognising the limits	or resources.	and reflective practice.
to support Aboriginal and Torres Strait	of their expertise and involving other		\Box 4.4 Demonstrate a knowledge
Islander patient care	professionals as needed to contribute to	☐ 3.3 Demonstrate culturally safe	of evidence-informed medicine and
	patient care.	practice with ongoing critical reflection	models of care that support and
oxtimes 1.4 Perform and document patient	patient care.	of the impact of health practitioner's	
assessments, incorporating a problem-	oxtimes 2.5 Respect the roles and expertise of	knowledge, skills, attitudes, practising	advance Aboriginal and Torres
focused medical history with a relevant	healthcare professionals, and learn and	behaviours and power differentials in	Strait Islander health.
physical examination, and generate a valid	work collaboratively as a member of an	delivering safe, accessible and	
differential diagnosis and/or summary of the	inter-personal team.	responsive healthcare free of racism	
patient's health and other relevant issues	inter-personal team.	and discrimination.	
_	\Box 2.6 Contribute to safe and supportive	\Box 3.4 Demonstrate knowledge of the	
oxtimes 1.5 Request and accurately interpret	work environments, including being aware		
common and relevant investigations using	of professional standards and institutional	systemic and clinician biases in the	
evidence-informed knowledge and principles	policies and processes regarding bullying,	health system that impact on the	
of sustainability and cost-effectiveness	harassment and discrimination for	service delivery for Aboriginal and	
	themselves and others.	Torres Strait Islander peoples. This	
☑ 1.6 Safely perform a range of common		includes understanding current evidence	
procedural skills required for work as a PGY1	\square 2.7 Critically evaluate cultural safety	around systemic racism as a	
and PGY2 doctor.	and clinical competencies to improve	determinant of health and how racism	
\Box 1.7 Make evidence-informed	culturally safe practice and create	maintains health inequity.	
management decisions and referrals using	culturally safe environments for Aboriginal	\Box 3.5 Demonstrate knowledge of the	
	and Torres Strait Islander communities.	ongoing impact of colonisation,	
principles of shared decision-making with	Incorporate into the learning plan	intergenerational trauma and racism on	
patients, carers and health care team	strategies to address any identified gaps	the health and wellbeing of Aboriginal	
oxtimes 1.8 Prescribe therapies and other	in knowledge, skills, or behaviours that		
products including drugs, fluids, electrolytes,	impact Aboriginal and Torres Strait	and Torres Strait Islander peoples.	
and blood products safely, effectively and	Islander patient care.	\Box 3.6 Partner with the patient in their	
economically		healthcare journey, recognising the	
ceononneany	oxtimes 2.8 Effectively manage time and	importance of interaction with and	
oxtimes 1.9 Recognise, assess, communicate and	workload demands, be punctual, and	connection to the broader healthcare	
escalate as required, and provide immediate	show ability to prioritise workload to	system. Where relevant, this should	
management to deteriorating and critically	manage patient outcomes and health		
unwell patients.	service functions.	include culturally appropriate	
annen patients.	_	communication with caregivers and	
\Box 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			
uccision-muking			



4. Supervision details:						
Supervision Role	Name		Position		Contact	
DCT/SIT	Dr. Carol Chong		Supervisor of Intern Training		Carol.Chong@nh.org.au	
Term Supervisor	Dr Siaw Wong		Head of Unit		Siaw.H.Wong@nh.org.au	
Clinical Supervisor (primary)	Allocated Consultant on ward service		Medical Obstetrics Consultant		Click or tap here to enter text.	
Cinical Supervisor (day to day)	Allocated Registrar on ward		Medical Obstetrics Registrar		Click or tap here to enter text.	
EPA Assessors Health Professional that may assess EPAs	 All Consultants All Registrars Click or tap here to enter name and role 					
Team Structure - Key S	itaff					
Name	Name		Role		Contact	
Dr Siaw Wong		Head of Unit		Siaw.H.Wong@nh.org.au		
Unit NUM		NUM Maternity		Switchboard		
Seda Kiroglu Medic		Medical Obstetr	edical Obstetrics At Home M		Medtasker	
Dr Lucy McBride Ou		Outpatient Clinic Lead		Lucy.McBride2@nh.org.au		
O&G Registrar		O&G Registrar		#52521 or #58408		

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%2F03%2FMed-Obs-Intern_renal- Rover-March-2023.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%2F02%2FObstetric-Medicine-Unit- Guide-February-2022.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.				

pmcv Term Description

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
	08:00	08:00	08:00	08:00	08:00	Enter Time	Enter Time
	08:00 - 09:00	08:00 - 09:00	08:00 - 09:00	08:00 - 09:00	08:00 - 09:00	Click or tap	Click or tap
	Obstetric	Obstetric	Grand Round	Obstetric	Obstetric	here to enter	here to
	Handover	Handover		Handover	Handover	text.	enter text.
Morning	WR	WR	09:00 – 09:30 Journal Club	WR	WR		
	9:15 Med		fortnightly	9:15 Med			
	Obs at home			Obs at Home			
			WR	meeting			
	Enter Time 12:30 Med	Enter Time 12:30 – 13:30	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Obs/Renal	12:30 – 13:30 Intern	Click or tap here to enter		Half day finish	Click or tap here to enter	Click or tap here to
	Education	Education	text.		milisti	text.	enter text.
Afternoon							
	14:30 Med	13:30		14:30 Med			
	Obs at Home	Radiology		Obs at Home			
	meeting	meeting					
	20:00	20:00	20:00	20:00	20:00	Enter Time	Enter Time
	Click or tap here to enter	Click or tap here to					
-	text.	text.	text.	text.	text.	text.	enter text.
Evening	lext.	LEXI.	lext.	lext.	lext.	lext.	enter text.
Hours	12	12	12	12	12	Total	Total
nours						1000	
	l						