1. Term details:							
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks				
Location/Site:	Northern Hospital Epping	Clinical experience - Primary:	D: Peri-operative/procedural patient care				
Parent Health Service:	Northern Health	Clinical experience - Secondary:	C: Acute and critical illness patient care				
Speciality/Dept.:	Orthopaedic Surgery	Non-clinical experience:	(PGY2 only)				
PGY Level:	PGY1	Prerequisite learning:	(if relevant)				
Term Descriptor:	Orthopaedic surgical term involving day-to-day ca registrar. Appropriate ordering of investigations a unit orthopaedic meetings and M&M meetings. In geriatrics and allied health.	nd radiology. Includes attendo	nnce in the operating theatre, clinics, weekly				

2. Learning o	bjectives:						
	Domain 1	Initiates appropriate, focused and basic investigations.					
EPA1: Clinical	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.					
Assessment	Domain 3	Recognises and takes precautions where the patient may be vulnerable.					
	Domain 4	Advocates for and actively participates in quality improvement activities including incident reporting.					
	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	of the Accesses interpretive or culturally-focused services and considers relevant cultural or religious belie						
putient	Domain 4	Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.					
	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration					
EPA3:	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.					
Prescribing	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.					
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately					
	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	Demonstrates professional conduct, honesty and integrity.					
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 as practitioner

- $\square$  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.
- ☑ 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.
- ☐ 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
- ☑ 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
- ☐ 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 management decisions and referrals using principles of shared decision-making with patients, carers and health care team
- ☑ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate 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

**Domain 2:** The prevocational doctor as professional and leader

- ☐ 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 practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.
- ☐ 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.
- $\square$  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 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.

**Domain 3:** The prevocational doctor as a health advocate

- ☐ 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
- 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 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.
- 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.
- ☐ 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.
- ☐ 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 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).

**Domain 4:** The prevocational doctor as a scientist and scholar

- ☑ 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.
- ☐ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.
- ☐ 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.
- ☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

4. Supervision details:	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. Juliette Gentle	Head of Unit	Juliette.Gentle@nh.org.au								
Clinical Supervisor (primary)	Dr Juliette Gentle	Head of Unit	Juliette.Gentle@nh.org.au								
Cinical Supervisor (day to day)	Registrar/SRMO	Allocated to unit	Switchboard/Medtasker								
EPA Assessors Health Professional that may assess EPAs	<ul><li>All Consultants</li><li>All Registrars</li><li>Click or tap here to enter</li></ul>	name and role									

## Team Structure - Key Staff

·									
Name	Role	Contact							
Dr Juliette Gentle	Head of Unit	Juliette.Gentle@nh.org.au							
Unit Registrars	Click or tap here to enter text.	Switchboard/Medtasker							
Amanda	Ward 19 NUM	Switchboard							
Ortho-geriatrician registrar	Click or tap here to enter text.	Switchboard/Medtasker							
Physiotherapy	Click or tap here to enter text.	Switchboard/Medtasker							

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%2FORTHO-INTERN-ROVER-January-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%2FOrthopaedic-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.						

## 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
	07:30	07:00	07:30	07:00	07:30	Enter Time	Enter Time
Morning	WR 09:00 Ortho clinic	08:15 Orthopaedic unit meeting Consultant WR	WR 08:15 Theatre	Orthopaedic complication meeting/ education Consultant WR	WR 08:15 Theatre	Click or tap here to enter text.	Click or tap here to enter text.
		clinic					
Afternoon	Enter Time Click or tap here to enter text.	Enter Time 12:30 -13:30 Intern Education 14:00 Ortho clinic	Enter Time 13:00 Ortho clinic	Enter Time Theatre	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
	17:30	17:30	Enter Time	Enter Time	17:30	Enter Time	Enter Time
Evening	Twilight theatre- alternate weeks	Twilight theatre- every week	Click or tap here to enter text.	Click or tap here to enter text.	Twilight theatre- every week	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

Accredited Ortho Registrar 1	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg 1	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230			0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230		
		OnC PoC Ortho paedi c Onca II						OnC PoC Ortho paedi c Onca II						
Reg 2	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1300	0730- 1300	0730- 1700	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230		
	OnC PoC Ortho paedi c Onca				OnC PoC Ortho paedi c Onca	OnC PoC Ortho OnCa II Satur day	OnC PoC Ortho paedi c Onca II		OnC PoC Ortho paedi c Onca II					
Unaccredited Ortho Registrar 1														
Reg 1	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230			0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230		
				OnC PoC Ortho paedi c Onca							OnC PoC Ortho paedi c Onca II			
Reg 2	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230			0730- 1730	0730- 1730	0730- 1730	0730- 1230	0730- 1730	0730- 1300	0730- 1700
			OnC PoC Ortho paedi c Onca							OnC PoC Ortho paedi c Onca		OnC PoC Ortho paedi c Onca	OnC PoC Ortho OnCa II Satur day	OnC PoC Orth opae dic Onca II
Reg 3	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230			0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230	,	
Reg 4	0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230			0730- 1730	0730- 1730	0730- 1730	0730- 1730	0730- 1230		
Ortho/Plastics Registrar														
Reg	0900- 1730	0700- 1600	1000- 2100	0700- 1600	0700- 1600			0900- 1730	0700- 1600	1000- 2100	0700- 1600	0800- 1330		
Ortho HMO1														
HMO 1	0700- 1400	0700- 1700	1300- 1800	0700- 1300	0700- 1700			0700- 1400	0700- 1700	1300- 1800	0700- 1300	0700- 1700		
HMO 2	0700- 1730	0630- 1330	0700- 1700	0700- 1700				1330- 2100	1330- 2100			1330- 2100	0730- 1300	0730- 1700
HMO 3	0630- 1330	0630- 1330			0700- 1700	0730- 1300	0730- 1700	0630- 1530	0630- 1700	0630- 1700		0700- 1600		
HMO 4	0700- 1730	0700- 1730	0700- 1730		0700- 1700			0700- 1730	0630- 1330	0700- 1700	0700- 1700			
Ortho Intern														
Intern	0630- 1330	0700- 1600		0630- 1730	0700- 1700			0630- 1330	0700- 1600		0630- 1730	0630- 1730		