

1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	Clinical experience - Primary:	B: Chronic illness patient care
Parent Health Service:	Northern Health	Clinical experience - Secondary:	C: Acute and critical illness patient care
Speciality/Dept.:	Palliative Care Medicine	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY1	Prerequisite learning:	(if relevant)
Term Descriptor:	<p><i>Provision of palliative care through daily ward rounds and multidisciplinary collaboration for patients on the Palliative care Unit (PCU).</i></p> <p><i>Learning outcomes will include:</i></p> <ul style="list-style-type: none"> · <i>Understanding of the dying process and Quality of dying</i> · <i>Appropriate prescribing at End of Life</i> · <i>Opioid use including routes, use of equivalency tables, opioid rotation</i> · <i>Communication skills around end of life care and goals of patient care</i> · <i>Symptom assessment and management, in particular: Nausea, Pain, Shortness of Breath, Agitation and Terminal Restlessness</i> · <i>Discharge planning for patients with palliative care and end-of-life care needs (including referral to and anticipatory prescribing for Community palliative care services)</i> <p><i>For further logistical information see the Palliative care Unit Handbook</i></p>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Communicates accurately and effectively with the patient, carers and team members.
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	Demonstrates the ability to manage uncertainty in clinical decision-making.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	As appropriate, explains the situation to patients and/or carers in a sensitive and supportive manner, avoiding unnecessary jargon and confirming their understanding.
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<i>EPA3: Prescribing</i>	Domain 1	As appropriate, monitors and adjusts medications.
	Domain 2	Demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing. Subpoints
	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	Applies the principles of safe prescribing, particularly for drugs with a risk of significant adverse effects, using evidence-based prescribing resources, as appropriate.
<i>EPA4: Team communication – documentation,</i>	Domain 1	Documents and prioritises the most important issues for the patient.
	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.

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	Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings.

3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 management to deteriorating and critically unwell patients.</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 checked="" 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 checked="" 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 checked="" 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 show ability to prioritise workload to manage patient outcomes and health service functions.</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 checked="" 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 checked="" 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 checked="" 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 system. Where relevant, this should include culturally appropriate communication with caregivers and</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 checked="" type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input checked="" 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 checked="" 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>☑ 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>extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).</p>	
---	--	--	--

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 Alison Giles	Head of Unit	Alison.Giles@nh.org.au
Clinical Supervisor (primary)	Allocated ward consultant	Palliative Medicine Consultant	Click or tap here to enter text.
Clinical Supervisor (day to day)	Allocated ward consultant	Palliative Medicine Consultant	Click or tap here to enter text.
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 Alison Giles	Head of Unit	Alison.Giles@nh.org.au
Julius Quiring	Ward 3 NUM	Julius.Quiring@nh.org.au
Lisa Bethune	Nurse Practitioner	Lisa.bethune@nh.org.au
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

5. Attachments:

R-over document	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedia.northern doctors.org.au%2Fwp-content%2Fuploads%2F2023%2F02%2FPALLIATIVE-CARE-ROVER-May-2022.docx&wdOrigin=BROWSELINK
Unit orientation guide	https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedia.northern doctors.org.au%2Fwp-content%2Fuploads%2F2023%2F02%2FPalliative-Care-Unit-Handbook-February-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	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Consultant ward round	Daily ward round	Consultant ward round	Daily ward round	Consultant ward round	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
	Bereavement & Mortality review 14:00-14:30 Ward duties	Journal club 12:15-13:00 12:30 – 13:30 Intern Education Case Conference 14:00-15:00 Ward duties	Ward duties	13:00-14:00 Collaborative pain meeting (monthly) Ward duties	Ward duties	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Ward duties	Ward duties	Ward duties	Ward duties	Ward duties	Click or tap here to enter text.	Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

Term Description

Reg Palliative Care	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg 1	0830-1700	0830-1700	0830-1230	0830-1700	0830-1700			0830-1700	0830-1700	0830-1230	0830-1700	0830-1700		
			Reg Training Time							Reg Training Time				
Reg 2	0830-1700	0830-1700	0830-1230	0830-1700	0830-1700			0830-1700	0830-1700	0830-1230	0830-1700	0830-1700	0800-1300	On CPoC Pall Care Weekend On Call
			Reg Training Time							Reg Training Time		On CPoC Pall Care On Call Evening	On CPoC Pall Care Weekend On Call	

HMO Palliative Care	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
HMO 1	0800-2030	0800-2030	0800-2030								0800-2030	0800-1700	0800-1700	0800-1700
HMO 2				0800-2030	0800-1700	0800-1600	0800-2030	0800-2030	0800-2030	0800-2030				