

1. Term details:			
Health Service:		Term duration:	Maximum: 13 weeks
Location/Site:	Click or tap here to enter text.	Clinical experience - Primary:	C: Acute and critical illness patient care
Parent Health Service:	N/A	Clinical experience - Secondary:	B: Chronic illness patient care
Speciality/Dept.:	General Medicine	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY1	Prerequisite learning:	(if relevant)
Term Descriptor:	<p><i>This General Medicine term will provide a supervised experience in caring for patients who represent a broad range of acute and chronic conditions, and opportunities for the intern to participate in:</i></p> <ul style="list-style-type: none"> Assessing and admitting patients with acute medical problems; Managing inpatients with a range of medical conditions, including acute and chronic conditions; and Discharge planning, including preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care. 		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	<ul style="list-style-type: none"> Conducts a comprehensive clinical assessment of routine and complex patients by obtaining a patient-centred history, examination and investigations. Able to make evidence-based management plan for patient care in conjunction with patients, senior medical staff and multidisciplinary teams. Filters, prioritises and synthesises relevant information for clinical problem-solving.
	Domain 2	<ul style="list-style-type: none"> Demonstrates professional conduct, honesty and integrity.
	Domain 3	<ul style="list-style-type: none"> Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours. Incorporates disease prevention, health promotion and health surveillance in interactions with individual patients.
	Domain 4	<ul style="list-style-type: none"> Actively participates in unit activities including radiology meeting, journal club or quality improvement.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	<ul style="list-style-type: none"> Recognises the acutely unwell or deteriorating patient Initiates immediate action to implement basic management, including basic life support if required Seeks appropriate assistance and follows local processes for escalation of care, including initiating MET calls or code blues as required Identifies where possible, patient's wishes and preferences about care, including CPR and life-sustaining treatments
	Domain 2	<ul style="list-style-type: none"> Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	<ul style="list-style-type: none"> Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	<ul style="list-style-type: none"> Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<i>EPA3: Prescribing</i>	Domain 1	<ul style="list-style-type: none"> Able to obtain accurate medication histories and identifies strategies to locate missing information Prescribes medication and other therapies (e.g. fluids, blood products) safely, effectively and economically. Provides counselling to patients regarding medication administration, effects and risks Able to write accurate and clear discharge scripts and medication charts, using generic drug names Reviews medication interactions and ceases medications when indicated, in consultation with team.
	Domain 2	<ul style="list-style-type: none"> Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	Domain 3	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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, handover and referrals</i>	Domain 1	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Maintains patient privacy and confidentiality, including appropriate storage/disposal of handover notes.
	Domain 3	<ul style="list-style-type: none"> Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	<ul style="list-style-type: none"> Maintains accurate and complete documentation of episodes of clinical care Ensures all outstanding investigations, results or procedures will be followed up by receiving clinicians. Completes discharge summaries and outpatient referrals in a timely, accurate and concise manner in order to facilitate transfer between episodes of care

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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p>☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p>☒ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p>☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p>☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate 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>☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p>☒ 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>☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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).</p>	<p>☒ 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>☒ 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p>☒ 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>☒ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.</p>

4. Supervision details:

Supervision Role	Name	Position	Contact
Term Supervisor	[REDACTED]	Consultant Physician	[Email] or go through Switchboard to mobile
Term Supervisor	[REDACTED]	Consultant Physician	[Email] or go through Switchboard to mobile
Cinical Supervisor (day to day)	[REDACTED]	Advanced Medical Registrar	[Email] Or go through Switchboard to mobile
Cinical Supervisor (day to day)	[REDACTED]	Advanced Medical Registrar	[Email] Or go through Switchboard to mobile.
EPA Assessors Health Professional that may assess EPAs	[REDACTED]		

Team Structure - Key Staff

Name	Role	Contact
[REDACTED]	Consultant Physician and Clinical Director Medicine	[Email] or go through Switchboard to mobile
[REDACTED]	Consultant Physician and Director of Physician Training	[Email] Or go through Switchboard to mobile
[REDACTED]	Nurse Unit Manager	[Email] or text 0000 0000

5. Attachments:

R-over document	Directions for how to access R-over document
Unit orientation guide	Directions for how to access Unit orientation guide document
Timetable (sample in appendix)	Directions for how to access Timetable document

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:	Clinical Director Medicine	Date:14/04/2023
Delegated authority:	, Director of Medical Services	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.
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Appendix							
Timetable example							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	0800-1200	0800-1200	0800-1200	0800-1200	0800-1200	0800-0830	0800-0830
	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover
	0830 – 1130 Ward Round	0830 – 1100 Ward Round 1100-1130 Complex DC Meeting 1100-1200 Radiology Meeting	0830 – 1130 Ward Round	0830 – 0900 Intern Presentation 0900 – 1100 Ward Round 1100 – 1130 Complex DC Meeting	0800 Clinical Audit (once every second month) 0830 - 1130 Ward Round	0830 – 1230 Ward Round 0800 – 2200 One intern covers Medical A + B, another to cover RAPU	0830 – 1230 Ward Round 0800 – 2200 One intern covers Medical A + B, another to cover RAPU
Afternoon	1200-2230	1200-2230	1200-2230	1200-2230	1200-2230	1200-2230	1200-2230
	1200 – 1300 Medical M & M	1300 – 1400 HMO Teaching	1200-1300 Grand Rounds (fortnightly)	1300 – 1400 Intern Teaching	1200 – 1230 Journal Club 1405 – 1430 Daily Huddle	1405 – 1430 Daily Huddle	1405 – 1430 Daily Huddle
	1505 – 1530 Daily Huddle	1505 – 1530 Daily Huddle	1505 – 1530 Daily Huddle	1505 – 1530 Daily Huddle			
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	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

