

## Clinical Experience A: Undifferentiated Illness Patient Care

For a rotation to meet the requirements of Clinical Experience A<sup>1</sup>, the prevocational doctor must be actively involved in the assessment and initial management of the patients during the rotation. This includes the opportunity to be the first assessor of patients and to develop management plans.

Term Descriptions will need to contain adequate evidence to support the clinical experience classification.

| Examples of how a rotation <u>may</u> meet the requirements of Clinical Experience A  | Examples of how a rotation <u>may not</u> meet requirements of Clinical Experience A   |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Term Description acknowledges the requirement for the prevocational doctor to undertake assessments and present cases.</li> <li><input type="checkbox"/> Identified rostered time with attachment to the admitting service (where this exists) or in being the initial assessor of patients on presentation.</li> <li><input type="checkbox"/> Identified opportunities for the prevocational doctor to present and discuss cases (e.g. ward rounds, meetings).</li> <li><input type="checkbox"/> Participation in the after-hours/cover roster with adequate supervision and discussion (hospital positions).</li> <li><input type="checkbox"/> Opportunity to assess and manage patients booked on the day (community positions).</li> <li><input type="checkbox"/> Attendance in outpatients or with the opportunity to see and manage new patients and present to the supervisors.</li> <li><input type="checkbox"/> In community rotations, the prevocational doctor is provided with the opportunity to see patients presenting with a new condition/presenting complaint.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> The hospital runs a dedicated admission service (e.g. for General Medicine or Surgery) separate to the unit the prevocational doctor is working in.</li> <li><input type="checkbox"/> The unit model of care requires the Registrar to undertake most initial assessments and develop the management plan.</li> <li><input type="checkbox"/> The predominant focus of the Term Description is on completion of ward-based tasks for the patients in-hours.</li> <li><input type="checkbox"/> There is no involvement in the after-hours/cover roster.</li> <li><input type="checkbox"/> Attendance in outpatients involves only seeing review patients.</li> <li><input type="checkbox"/> In community rotations, the prevocational doctor is not able to be the first assessor for new patients.</li> </ul> |

<sup>1</sup>AMC description of Clinical Experience A: *Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presenting and clinical handover. This means the prevocational doctor has clinical involvement at the point of first presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or in general practices.*