

The Doctor's Compass



a guide to
prevocational training
developed by the
NSW JMO Forum

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a user's guide

Getting out into the 'real world' of the hospital is exciting, but it can also be pretty daunting (with strong undercurrents of overwhelming). Take a few minutes to read your *Doctor's Compass*. It's a guide to help you negotiate your way through the maze of challenges that junior doctors face every day. This book is full of information about your responsibilities and what you can expect from your new employer, as well as advice from other junior doctors who have been in your shoes.

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find more online: heti.nsw.gov.au

a message from Heather Gray, Chief Executive of HETI



On behalf of HETI, I would like to congratulate you on finishing medical school and entering your internship. I hope that your years as a junior medical officer (JMO) will be rewarding, and they will no doubt be challenging.

HETI aims to ensure that your training is the very best that it can be, both as a JMO and throughout the rest of your career. We are involved at many levels, from ensuring that the hospitals you train in are meeting high standards for safe and effective clinical training, to allocating interns and overseeing the professional development programs that you will be involved in later in your career.

You will need support in these early stages. *The Doctor's Compass* is just one of the ways that HETI can help. I encourage you to get involved in the various committees and forums that work to improve clinical education and training, particularly in the JMO Forum, which is your representative association on training issues.

a message from Dr Nicholas Webb, Chair of the NSW JMO Forum 2013



Welcome to internship, a year of great transition, challenges, and rewards. As you make the long-awaited move from medical student to registered doctor you'll be met with an ever-evolving landscape of responsibilities, expectations, colleagues, and career decisions. And while at times you may feel overwhelmed, rest assured that you are never alone. Every new doctor starts out this way and you will find your feet with time and practice.

The *Doctor's Compass* is a guide to help junior doctors find their way through this often daunting time. It was developed by the NSW JMO Forum, an elected body of junior doctors from each network in NSW. It not only includes advice from JMOs but also points out many avenues for guidance and assistance in your workplace.

Reading through the *Compass* you will see that communication is essential to every aspect of good medical practice: from listening and talking to your patients and colleagues, to finding someone to ask for advice for your own personal and professional needs. Don't be afraid to ask questions or to look for a better answer to a problem, as one day you will be the doctor people will be coming to with the same issues. Find out the avenues you have for representation and guidance and use them.

I would encourage you to become involved in the life of your hospital through RMO associations, the JMO Forum, hospital committees, HETI accreditation surveying, journal clubs, sports groups and as teachers of medical students. These experiences will help broaden your understanding of your role and the wider structures around it, as well as expand your professional and social networks.

You have arrived at a time in your life and career where the decisions you make matter to many people. With this in mind, I hope you take conscious steps to be kind to yourself, seek help when you need it, give it when sought and go on to become the doctor you always imagined yourself being.

what your hospital or network should provide

an orientation to your network

At the start of your intern year, you will attend an orientation for your network.

It includes training in:

- basic and advanced life support
- administration tasks (eg, time sheets, salary packaging)
- support structures (eg, welfare officer, JMO management, Director of Prevocational Education and Training, local GPs)
- workplace health and safety
- the hospital/network environment and general procedures (eg, radiology/pathology requests, discharge summaries)
- access to information systems (eg, library, computers, inpatient management systems)
- information about patient complaint procedures and quality improvement activities.

Orientation to each term should include:

- rostering and work expectations (including overtime) of the hospital network
- training goals for the term, including specific skills
- departmental clinical guidelines
- roles of team members.



clinical supervision

As an intern, you will work under the supervision of more senior doctors who are ultimately responsible for patient safety.

When on duty, you should always have access to the advice and support of a more senior clinician.

opportunities for education

As a prevocational trainee, education forms a large part of your job:

- Your hospital/network should provide regular teaching time with a formal educational program, aimed at continuing your professional development and improving your skills as a safe practitioner.
- Your term supervisors should be identified at the start of each term and available to you, and provide you with constructive feedback throughout your term.
- If you have been given an unsatisfactory mid or end of term assessment, there should be opportunities offered to you for remediation. View these experiences as valuable learning opportunities.
- Teaching is an art. Your network should have a commitment to your ongoing education and to the education of the people who teach you, and should recognise the efforts of those clinicians who teach.

support for your wellbeing



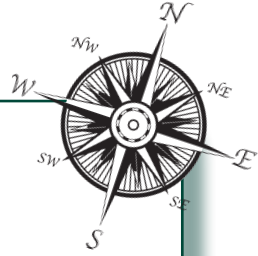
Just as you look after your patients to the best of your ability, so should your network or hospital look after you. There should be an identifiable and accessible structure for JMO management — including JMO support and JMO grievances. This may be localised on a

hospital-basis or network wide, and offer all JMOs a supportive and safe working environment.

This includes ensuring JMOs have safe working hours and access to all the safety equipment needed to perform their job safely. There should be appropriate support for JMOs with special needs and a physical environment and amenities that support the wellbeing of JMOs. The residents' room where you can sit and enjoy your lunch is just as important as the computer where you sit to do your discharge!



To ensure these standards are met, HETI visits and accredits every training site in NSW every three years.



advice from a JMO...

a patient I won't forget

A middle-aged woman presented to ED in the afternoon with 'coffee ground' vomiting.

On this night, the consultant on call was particularly intimidating.

I was asked to review this patient's suddenly increased respiratory rate and tachycardia.

The patient looked really sick.

I ordered bloods and a chest x-ray.

The CXR showed gas under the diaphragm.

Rather than wait until morning, I thought it necessary to get a more senior opinion, so I immediately called the consultant and asked for his advice.

Within a couple of hours, the lady was in theatre undergoing an emergency repair of a perforation.

my advice to new doctors

- Seek help early if you think a patient is unstable.
- Don't be afraid to ask for help if you feel out of your depth.
- Make the most of available investigations.
- Follow your intuition!

what are your responsibilities?

- 1 **Ensure that safe, effective, compassionate and high quality patient care is always your primary focus.**
 - Be well acquainted with every patient and their medical complaints, and carry out management plans as developed by your team.
 - Hand over any important and/or outstanding aspects of patient management to medical staff on the next shift.
 - Seek to develop or participate in structured handovers.
 - Be aware of the roles and responsibilities of other team members involved in the care of your patient.
 - Draw on the skills and expertise of other interdisciplinary team members when developing your treatment plan.

- 2 **Get to know your employer and let them know about you.**
 - Attend orientation sessions — they can really help introduce you to the training facility.
 - Provide your training facility with the following documentation so you can start work and get paid:
 - » a signed contract of employment
 - » tax file number declaration
 - » payroll details, including bank account and super fund
 - » criminal record checks
 - » current immunisation status (make sure it is up to date)
 - » contact details
 - » current registration with the Medical Board of Australia.
 - To find out more information about online registration with the Medical Board of Australia, go to <www.ahpra.gov.au/Registration.aspx>.
 - Alert your employer to any special needs you may have.
 - Familiarise yourself with the term and the hospital's facilities.

3 Ensure that you have appropriate equipment and resources.

- Checklist:
 - » pager, stethoscope, torch, pen, notebook, smartphone
 - » access/security cards if required
 - » speed dial numbers for key departments (pathology/radiology)
 - » log-ins and passwords for online resources
 - » location of equipment and forms for daily tasks
 - » up-to-date version of your work roster
 - » list of useful numbers (eg, radiology)
- Know how to access help in an emergency situation
- Know local handover procedures.

4 Present yourself in a professional manner at all times.

- Introduce yourself and be courteous.
- Be punctual.
- Ensure you are contactable when you are at work and on call.
- Dress in a manner that is respectful to your patients and reflects positively on you and your profession (clean, safe, non-restrictive).
- Be identifiable as a Junior Medical Officer (wear your identity badge).

5 Demonstrate a commitment to ethical principles and legal requirements by being familiar with:

- concepts such as provision or withholding of clinical care, patient confidentiality, informed consent, respect for patient autonomy and mandatory reporting in child protection
- one of the ethical reasoning tools available to assist ethical decision-making
- the Medical Board of Australia, *Good medical practice: a code of conduct for Doctors in Australia* <www.medicalboard.gov.au>.



6 Clearly document every action taken with respect to your patients.

- Patient records must have:
 - » date and time of each entry

- » patient ID at the top of the page (name, DoB, MRN)
- » your name, designation and signature
- » legible writing.
Time pressures can make this difficult but it is an important part of your job.
- Include management plans that may assist after-hours and weekend teams attending to the patient.
- Reduce errors by properly completing medication charts.
- Discharge summaries form an integral part of patient handover on discharge — complete them promptly and ensure a legible copy is given to the GP. Keep it brief: include the information the GP will need for ongoing care of the patient:
 - » accurate details of the patient's presentation, investigations and management
 - » discharge medications (note any changes, including ceased medications).
- Ensure that you know how to certify a patient as deceased and complete corresponding documentation.

7 Be an active participant in continuing medical education.

- Familiarise yourself with the Australian Curriculum Framework for Junior Doctors (see page 23) and develop a personal program of life-long learning and professional growth, and particularly reflect on the areas you wish to improve in.
- Participate fully in the educational opportunities at your institution, including Grand Rounds, clinical meetings, and dedicated JMO teaching, and in the evaluation of this education.
- Protected teaching time is there for your benefit — use it.
- Promote the recognition of good clinical teachers.
- Seek to engage with colleagues undertaking quality improvement activities (root cause analysis, clinical practice improvement, clinical audit).
- Ensure that you participate in formal assessment processes. You should have at least three interviews with your term supervisor, at the beginning, middle and end of term. It is your responsibility to ensure that mid term and end of term performance review forms are completed. See page 19 for more information about assessment.



8 Look after your own health and well-being.

- Be familiar with grievance procedures, so that you know the appropriate way to respond if you feel that you are being treated unfairly or that an injustice has taken place.
- Be aware of your annual leave and other leave entitlements, and how to organise them:
 - » Public Hospital Medical Officers Award <www.health.nsw.gov.au/resources/jobs/conditions/awards/hsu_ph_medical_officers.asp>.
- Be physically active and exercise regularly.
- See “resources for your health and wellbeing” on page 12 for more information.

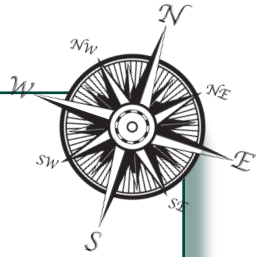
9 Be an advocate for workplace health and safety.

- Ensure you have access to and use personal protective equipment.
- Document and report all needle stick and body fluid exposures.
- Know how to access and report incidents using IIMS (Incident Information Management System).



10 Manage your finances appropriately.

- Know how to fill in your time sheet correctly, take a photocopy and know the procedure regarding overtime and authorisation.
- Know how to read your pay slip, and ensure that you are paid correctly.
- Know how to claim unrostered overtime — keeping a diary with patient MRNs and documenting in patients’ notes when you have seen them after hours can help back up your claims.
- Consider salary packaging.
- Enjoy your money, you have earned it!
- Be aware of the Public Hospital Medical Officers Award from the Industrial Relations Commission of New South Wales: <www.health.nsw.gov.au/resources/jobs/conditions/awards/hsu_ph_medical_officers.asp>.



advice from a JMO...

feeling out of your depth

On my first night on call, my registrar called at 3am because she hadn't heard from me, and was worried I didn't have her pager. I had to 'fess up to the fact that I'd only had cannulas and fluids to chart all night. Next night, when I suddenly found myself managing a patient with falling blood pressure and another desaturating to 85%, I didn't hesitate to call the registrar and let her know things weren't going quite so smoothly

In your internship year, feeling out of your depth is often the norm:

- attending your first (or second, or third!) arrest call and not knowing what role you play
- making decisions without running them past anyone else
- being asked to do something without anyone checking whether you've done (or even seen) it before
- end of life discussions with patients and their families
- If you feel out of your depth, it's sometimes because your boss has failed to notice that you are the intern, not the registrar!

my advice for new doctors

Ask! It is better to ask, even if you feel silly, than to make the wrong decision. Your bosses are more worried about the interns who don't ask than the ones who do!

- Treat every tough experience as a learning opportunity.
- Debrief with your colleagues and seniors.
- Remember, your role is a SUPERVISED one, and you should be able to ask a senior at any time (eg, registrar, consultant).
- If the registrar is scrubbed, ask for the consultant's number.
- Know your MET call criteria and don't be afraid to make a MET call.

resources for your health and wellbeing

Get to know your local support and where it can be found. It is important to take care of yourself during this busy period of your new career.

During intern orientation, record the names and contact details of:

JMO Unit (JMO Manager, Education Support Officer)

.....
.....

Director of Prevocational Education and Training (DPET)

.....
.....

Human resources

.....
.....
.....

JMO Forum representatives

.....
.....

RMO Association

.....
.....

General Clinical Training Committee trainee representative(s)

.....
.....

Network Committee for Prevocational Training trainee representatives

.....
.....

Staff Health Unit:

.....
.....

General practitioner

.....
.....

Don't neglect your own health. Find a GP you can trust — not your colleague in the hallway! Your JMO Unit can often provide contact details of GPs in your area who are happy to see junior doctors.

help at a distance

Doctors' Health Advisory Service (NSW): has a 24-hour telephone service that provides confidential advice if you are facing personal or medical difficulties of any kind. Supported by the Medical Benevolent Association of NSW and the AMA, and independent of professional bodies and registration boards. <www.doctorshealth.org.au>, (02) 9437 6552.

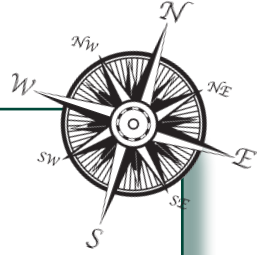


www.jmohealth.org.au: This site gives junior doctors some easy self-assessment tools to check how they are travelling in their stressful jobs, some useful advice about protecting their wellbeing, and links to help if things are not going well. Simple, safe, friendly and confidential.

www.rcubed.org.au: In a similar vein, R-cubed (real resilience resources) provides general practice registrars, medical students and prevocational doctors with real strategies to build resilience in busy times.

don't forget

- Keep your vaccinations up to date, including the free annual flu vaccination.
- Know your infectious diseases status, and know how to report body substance exposure.



advice from a JMO...

get that consult!

It can be tough approaching busy consultants and stressed registrars for consults. Chances are you won't know the answer to every question you are asked but if you come prepared (and write your consult sheet before you pick up the phone) you are more likely to get the help you need.

my advice for new doctors

When asking someone to consult on your patient:

- Use ISBAR:
 - » Introduction - yourself and the patient
 - » Situation leading to consult
 - » Background medical history
 - » Assessment made thus far (eg, examination, blood tests, imaging)
 - » Recommendation for action.
- For more information on ISBAR, go to the NSW Health Moodle site: nswhealth.moodle.com.au/DOH/DETECT/content/00_worry/when_to_worry_06.htm.
- Understand the problem you are presenting — examine the surgical abdomen, or listen to the heart murmur yourself.
- Have all the patient's notes, current and old, at hand.
- Have recent pathology and imaging results available in front of you. Don't make it up! If you don't know, say so and organise investigations before they attend the patient.
- Know why you are asking this person to see your patient and what you want from them, and don't be afraid to ask your registrar or boss to clarify.
- If the person consulting is rude to you, let a senior know. You may be an intern, but you still deserve professional courtesy.

support organisations



Resident Medical Officers' Association

- Responsible for putting coffee in the doctor's lounge and running end of term functions, your local RMOA is the first point of contact for social networking and workplace advocacy on a local level.

General Clinical Training Committee (GCTC)

- The GCTC meets to discuss local training and education issues at your hospital. It is the appropriate forum in which to raise any issues that you encounter during your training. Contact through your JMO Unit or DPET.

Network Committee of Prevocational Training (NCPT)

- This committee comprises equitable representation (including trainee representation) from all training facilities within your network. Contact through your JMO Unit or DPET.
- The NCPT oversees the network structure, distributes the trainee workforce within the network and ensures adequate education and support for prevocational trainees.

Prevocational Training Council of NSW (PvTC)

- The PvTC promotes high quality prevocational training in NSW by ensuring the effective functioning of training networks and supporting the delivery of prevocational training. Contact via your network/JMO Forum representatives or HETI.

NSW JMO Forum

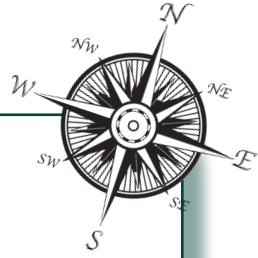
- Prevocational trainee (post graduate year [PGY] 1 and PGY 2) representatives from each network meet and discuss issues relevant to prevocational supervision and training, recruitment and accreditation, and provide advice to the Prevocational Training Council of NSW. Go to page 28 to find out how you can get involved.

Australian Medical Association: www.ama.com.au

- Safe hand over: safe patients: www.ama.com.au/node/4064.

Medical Board of Australia: www.ahpra.gov.au

- Registers doctors, administers disciplinary and performance measures, arranges counselling and rehabilitation services for doctors with an impairment.
- Keep your registration updated and notify the Board in writing of any changes.



advice from a JMO...

the difficult supervisor

As a junior doctor, you may find your boss asks you to do things you have never done before, don't understand the reasons for, or just plain disagree with, such as:

- prescribing medications you think inappropriate
- ordering a test or asking for a consult you don't think is necessary
- being expected to attend after hours ward rounds
- doing procedures you are unfamiliar with.



my advice

It can be difficult to find a balance between keeping your boss happy and still respecting your own limitations as a doctor.

- Clarify — never be afraid to ask why.
- Offer an alternative or respectfully challenge when appropriate.
- Your signature highly valued as a medical professional — if you're not happy to sign, offer the medication chart to the person giving the orders.
- Document what has been asked of you.
- Speak up if you feel out of your depth.
- Don't take a disagreement between you and a senior colleague personally.
- Debrief with colleagues, without making inappropriate accusations.
- Try to anticipate issues that may arise with individual patients and the direction of management plans so that you can ask questions when your boss is around.

clinical information resources

This list is not exhaustive — use it as a starting point to find your own clinical resources.

Training facility intranet: For access to training facility protocols, useful contact numbers, CIAP and many other tools.

Clinical Information Access Program (CIAP): www.ciap.health.nsw.gov.au

- CIAP provides access to clinical information and resources to support evidence-based practice at the point of care, and is available to all staff working in the NSW public health system.
- Speak to your training facility's librarian about obtaining a user-name and password, or register on your home computer.
- Some of the resources available through CIAP:
 - » MIMS (including for PDA or smartphone)
 - » therapeutic guidelines
 - » MedLine
 - » online journals
 - » Medical Officers handbook.

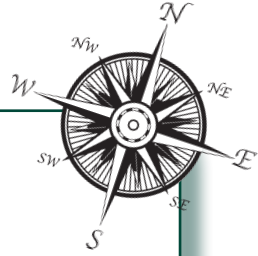
Library: Your training facility's library will have textbooks, journals and internet access as well as being a useful retreat from the ward.

Australian Prescriber: the latest evidence-based, peer reviewed information from the National Prescribing Service. Subscribe for a free paper copy and/or email alerts at

[<www.australianprescriber.com/contact_us/maillinglist#email_alert>](http://www.australianprescriber.com/contact_us/maillinglist#email_alert).

HETI: The HETI website [<heti.nsw.gov.au>](http://heti.nsw.gov.au) will link you to clinical resources specifically recommended for JMOs in NSW.





advice from a JMO...

the overtime nightmare

Imagine this:

- two patients with chest pains
- a young toxicology patient ripping apart the ward
- an elderly man with low urine output after massive abdominal surgery
- four cannulas
- eight med charts to be re-written
- and your dinner still sitting in the microwave!

my advice

- Prioritise! Some things can wait.
- Find out as much information as possible.
- Delegate the work — ask nursing staff to help with (for example) getting notes or doing an ECG.
- Know your limits, and who and how to call for back-up.
- Follow up on patients and get feedback.
- Have a system for effective handover.
- Speak out early if you feel unsupported by the registrar. Document the guidance offered by the registrar — or the lack of it!

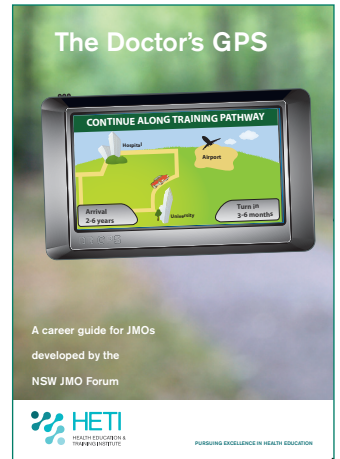
career development resources

Entry to many specialist training programs is extremely competitive and requires early preparation. It pays to think ahead about preparing your CV and skill sets. Don't miss any opportunities to document your achievements: complete progress review forms and logbooks, collect certificates and references.

There are many resources available to help guide your career progression. Look out for **The Doctor's GPS**, a companion guide to this book, which sums up many of the career choices ahead of you <heti.nsw.gov.au/gps>.

Colleagues: Speak to senior medical staff, eg, VMOs, supervisors, registrars and your DPET.

Websites: College websites are a great place to start looking for career information. For a comprehensive online list of Australian College websites, go to <www.drsref.com.au/organisations.html>.



HETI: heti.nsw.gov.au

HETI offers some great networking opportunities if you are interested in developing the education and training of doctors:

- become a member of the JMO Forum and represent your network
- train as an accreditation surveyor and survey other training facilities
- participate in HETI committees and panels.

NSW Health: www.health.nsw.gov.au

NSW Health publishes information about the events in every network, resources, courses, and jobs.

legal and industrial resources

Know your Award and employment conditions, including safe working hours. Make sure that your professional medical indemnity insurance is current.

Australian Medical Association (AMA): www.nswama.com.au

- Provides information about your Award, workplace and industrial issues as well as medico/legal advice.

Health Services Union (HSU):

- HSU is the organisation that comprehensively represents interns, residents and registrars working in the NSW public health system in all workplace-related matters, including representation before industrial tribunals and negotiations with employers. HSU specialises in advocacy and enforcement of workplace rights.
- email: info@hsu.net.au; website: www.hsu.net.au; phone: 03 9341 3328



Australian Salaried Medical Officers' Federation (ASMOF): www.asmof.org.au

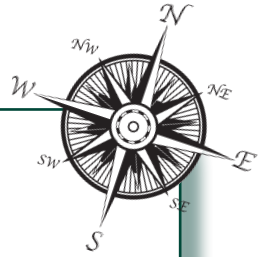
- ASMOF has industrial coverage of staff specialists working in NSW public health.

NSW Health Care Complaints Commission: www.hccc.nsw.gov.au

- The HCCC is an independent body that reviews and investigates complaints about health care that relate to the professional conduct of health practitioners and/or the clinical management of patients by health service providers.

Professional medical indemnity insurance: Many different providers.

- As a prevocational trainee working in a public training facility, you are provided indemnity insurance by your employer to protect you from any claims made by a patient. However, in some circumstances you may require legal advice or representation that is not provided by your training facility (for example, if there is a medicolegal dispute between you and your employer). You should consider taking out individual medical indemnity insurance to protect you in these circumstances.



advice from a jmo...

discharge

It's the middle of your morning rounds, and you're paged. "Mr Jones is going home. Can you come and do the discharge summary?"

A large part of your time will be spent on doing summaries which, although tedious, form an important part of our clinical handover.

But remember, you are busy and the GP or colleague who is going to read your summary is busy — so keep it simple!

Include:

- patient's diagnosis — if you're not sure, seek clarification
- a brief summary of what treatment the patient received — this can be one line in some cases
- The most important/recent/relevant test results only — pages of routine blood test results are not very useful
- any medication changes that have been made and the reason for them
- information about allergies, especially if they are new
- appointment times (especially with the boss they've come in under)
- importantly, what you need the GP to follow up (eg, outstanding results or referrals).

Unfortunately, sometimes patients leave hospital without the discharge summary — this is not a reason to forget it! Be sure to fax or post a copy to both the patient and GP. The need for follow-up does not evaporate just because the patient has left the hospital grounds.

assessment

To qualify for general registration as a medical practitioner, all interns must complete five accredited training terms.

To demonstrate satisfactory performance, you (and your term supervisor) have to complete NSW Prevocational Assessment Forms at mid-term and end-term.

The Prevocational Assessment Forms measure training outcomes in terms of the Australian Medical Council's (AMC) Intern Outcome Statements and the Australian Curriculum Framework for Junior Doctors (ACF – see next page). Your DPET needs to see the forms before certifying that you are ready for registration.

For assessment purposes, you need to have three meetings with your term supervisor in each term:

- **Term orientation:** The term supervisor reviews the term description and discusses major focus and goals of the clinical unit and the expectations of the JMOs role, term learning objectives and skills training goals, supervision needs and the process of performance assessment. The term supervisor may also want to review your current level of knowledge and experience.
- **Mid-term appraisal:** This is a formative assessment for discussing progress and planning the future direction of training during the term.
- **End-term assessment:** This is a summative assessment of your performance during the term. Tip: Make your own copy of progress review forms before you hand them in to the JMO Unit. That way you can be sure to have a complete record of your performance.
- You may be required to complete an Improving Performance Action Plan (IPAP) with your supervisor if you require additional support or remediation (e.g. when the JMO is assigned ratings of 1 or 2 for one or more items).

Sometimes you might not know who your assessor is. It is important to find out early and be proactive in making time to meet with them.

The image shows a screenshot of the 'Junior Medical Officer Training - End of Term Assessment Form'. The form is divided into several sections:

- JMO details:** Fields for JMO Name, JMO registration no., and DPET (with checkboxes for 'First' and 'Last').
- Term details:** Fields for Term name and Term number.
- Organisation and supervisor:** Fields for Organisation and supervisor (with checkboxes for 'First' and 'Last').
- About this form:** A section explaining the purpose of the form, instructions for JMOs and supervisors, and a list of items to include in the assessment (e.g., observations from multiple sources, remediation plans).

The form also includes a grid for ratings and a footer with 'Page 1 of 6'.

Australian Curriculum Framework for Junior Doctors

As a JMO, the primary responsibility for your training and development belongs to you. You have to identify your personal training needs and goals, and actively seek learning opportunities. The Australian Curriculum Framework for Junior Doctors (ACF) outlines the required outcomes of prevocational training. The ACF is built around three learning areas: **Clinical Management, Communication, and Professionalism.**

These learning areas are divided into categories. For example, Professionalism is divided into *Doctor and society, Professional behaviour, and Teaching and learning.*

Each category is further subdivided into learning topics which have been identified in the literature and from supervisors' experiences as being critical to safe clinical practice. Under each learning topic is a short list of statements that describe the competent doctor. For example:

Learning area: Communication

Category: Patient interaction

Learning topic: Meetings with families or carers

Competencies: Identifies the impact of family dynamics on effective communication.

Ensures relevant family/carers are included appropriately in meetings and decision-making.

Respects the role of families in patient health care.

The ACF focuses on outcomes of learning rather than prescribing how or when these capabilities should be achieved. There is more in the ACF than can be covered in one intern year: think of it as a guide to the competencies you should develop over two years or more.

The next three pages show two checklists from the ACF: *Common problems and conditions*, and *Skills and procedures*).

To get the complete ACF or find out more about it, visit the website of the Confederation of Postgraduate Medical Education Councils: www.cpmec.org.au

ACF list of skills and procedures

Doctors should be able to provide safe treatment to patients through competently performing certain procedural and/or assessment skills (ADV = ADVANCED; ie, more likely to be learnt in PGY2 or above).

GENERAL

Measurement

Blood pressure

Pulse oximetry

Interpretation of results

Pathology

Radiology

Nuclear medicine

Intravenous

Venepuncture

Intravenous cannulation

Intravenous infusion set up

Intravenous drug administration

Intravenous fluid and electrolyte therapy

Diagnostic

Blood sugar testing

Blood culture

Wound swab

Respiratory

Oxygen therapy

Nebuliser/inhaler therapy

Bag and mask ventilation

LMA and ETT placement (ADV)

Therapeutics/Prophylaxis

Anticoagulants

Antibiotics

Insulin

Analgesia

Bronchodilators

Steroids

Injections

Intramuscular injections

Subcutaneous injections

Joint aspiration or injection (ADV)

CARDIOPULMONARY

12 lead electrocardiogram recording and interpretation

Arterial blood gas sampling and interpretation

Peak flow measurement

Spirometry

Pleural effusion/pneumothorax aspiration

Central venous line insertion (ADV)

GASTROINTESTINAL

Nasogastric tube insertion

Rectal examination

Anoscopy/proctoscopy (ADV)

Abdominal paracentesis (ADV)

NEUROLOGICAL

Glasgow Coma Scale (GCS) scoring

Assessment of neck stiffness

Focal neurological sign identification

Papilloedema identification (ADV)

Lumbar puncture (ADV)

MENTAL HEALTH

Mini-mental state examination

Psychiatric Mental State Examination

Suicide risk assessment

Alcohol withdrawal scale use

Application of Mental Health Schedule

WOMEN'S HEALTH

Palpation of the pregnant abdomen
Fetal heart sound detection
Urine pregnancy testing
Speculum examination
Diagnosis of pregnancy
Endocervical swab/PAP smear
Gynaecological pelvic examination

CHILD HEALTH

Infant respiratory distress assessment
Infant/child dehydration assessment
Apgar score estimation (ADV)
Newborn examination
Neonatal and paediatric resuscitation (ADV)

SURGICAL

Scrub, gown and glove
Assisting in the operating theatre
Surgical knots and simple wound suturing
Local anaesthesia
Simple skin lesion excision
Suture removal
Complex wound suturing (ADV)

EAR, NOSE and THROAT

Throat swab
Anterior rhinoscopy
Anterior nasal pack insertion
Auroscopy/otoscopy
External auditory canal irrigation
External auditory canal ear wick insertion (ADV)

OPHTHALMIC

Visual field assessment
Visual acuity assessment
Direct ophthalmoscopy
Eye drop administration
Eye bandage application
Eye irrigation
Eyelid eversion
Corneal foreign body removal
Intraocular pressure estimation (ADV)
Slit lamp examination (ADV)

UROGENITAL

Bladder catheterisation (male and female)
Urine dipstick testing
Bladder scan
Urethral swab

TRAUMA

Primary trauma survey
In-line immobilisation of cervical spine
Cervical collar application
Pressure haemostasis
Volume resuscitation
Peripheral neurovascular assessment
Plaster cast/splint limb immobilisation
Joint relocation
Secondary trauma survey (ADV)
Intercostal catheter insertion (ADV)



ACF list of clinical problems and conditions

Doctors should be able to appropriately assess patients presenting with common, important conditions, including accurately identifying symptoms, signs and differential diagnosis, and use that information to manage the patient (consistently with their level of responsibility). Assessment and management of these common conditions will vary depending on the setting in which they are seen.

General

Genetically determined conditions
Functional decline or impairment
Cognitive or physical disability

Dermatological

Skin conditions
Skin malignancies

Neurological

Loss of consciousness
Seizure disorders
Syncope
Delirium
Falls, especially in the elderly
Headache
Stroke/TIA
Subarachnoid haemorrhage
Spinal disease

Musculoskeletal

Joint disorders

Circulatory

Hypertension
Heart failure
Chest pain
Cardiac arrhythmias
Electrolyte disturbances
Ischaemic heart disease
Leg ulcers
Limb ischaemia
Thromboembolytic disease

Respiratory

Breathlessness
Asthma
Cough
Chronic obstructive pulmonary disease
Pneumonia/respiratory infection

Upper airway obstruction
Obstructive sleep apnoea
Pleural diseases

Oral disease

Toothache
Oral infections

Gastrointestinal

Nausea and vomiting
Abdominal pain
Gastrointestinal bleeding
Constipation
Diarrhoea
Jaundice
Liver disease

Renal/urogynaecological

Dysuria and/or frequent micturition
Pyelonephritis and UTIs
Reduced urinary output
Renal failure
Urinary incontinence
Abnormal menstruation
Contraception

Obstetric

Pain and bleeding in pregnancy

Endocrine

Diabetes: new cases and complications

Haemopoietic

Anaemia

Nutrition/metabolic

Weight gain
Weight loss

Mental state

Disturbed or aggressive patient

Psychiatric/drug and alcohol

Psychosis
Depression
Anxiety
Deliberate self-harm
Dementia
Addiction (smoking, alcohol, drug)
Substance abuse

Infectious diseases

Non-specific febrile illness
Septicaemia
Sexually transmitted infections

Oncology

Neoplasia

Immunology

Anaphylaxis

Pharmacology/toxicology

Poisoning
Envenomation

Critical care/emergency

Injury prevention
Non-accidental injury
Minor trauma
Multiple trauma
Child abuse
Domestic violence
Elder abuse
Postoperative care
Shock



safe driving

As a JMO, you may be called upon to rotate from one hospital to another in your training network. This might require you to drive long distances in the gap between finishing one term and starting the next.

Don't become a casualty of haste or fatigue on the road.

Make sure the timeframes for driving to and from rural locations are reasonable and can be carried out by driving in a safe manner.

Build in time for rest breaks to avoid fatigue.

Pull to the side of the road to take mobile calls, and build in time for calls in your travel plans.

driver fatigue

Driver fatigue is a factor in nearly a fifth of fatal crashes in Australia. If you are driving long distances (such as from a regional area to Sydney), try to have a passenger with a current driver's licence share the driving with you. You should both have a full night's sleep the previous night, particularly if you are likely to be driving at times when you would normally be asleep.



Take at least a 15 minute break from driving every two hours. This is important even if you are near your destination, as fatigue crashes can occur near a journey's end.

getting involved: the JMO Forum

The Junior Medical Officer (JMO) Forum is a subcommittee of NSW Prevocational Training Council (PvTC). The purpose of the forum is to allow NSW and ACT prevocational trainees to meet and discuss issues relevant to prevocational supervision and training, recruitment, accreditation, workforce allocation and welfare.

If you would like to know more, see <heti.nsw.gov.au/jmoforum>.

getting involved: accreditation

To ensure that high standards of clinical education and training are being met, HETI regularly sends accreditation survey teams to all NSW/ACT training sites. We are always on the lookout for new surveyors.

Surveying is a great opportunity for you to network with other health professionals and gain ideas for improving the quality of prevocational training in your own facility. Distance learning and on the job training is provided, and all travel and accommodation expenses covered

what is involved?

You will be in a team of five, which includes clinicians, medical administrators, JMO managers and trainees. You visit sites that are either being accredited for the first time, or that are renewing their accreditation. Sometimes you might visit sites that have a particular issue.



It takes about two days and involves reviewing written material, meeting with medical staff managers, directors of prevocational training, supervisors and prevocational trainees as well as inspecting facilities. Then you write a report with your team that includes commendations and recommendations for improvement.

If you are keen, please contact HETI: info@heti.nsw.gov.au, (02) 9844 6551.

* *You wont be doing any accreditation on tropical islands, but it would be nice, wouldn't it?*



HETI and the JMO Forum have produced this guide for new interns to help them make the transition from medical school to the hospital environment.