Introduction .............................................................................................................. 5

DOMAIN 1:
Scientist and Scholar .......................................................................................... 8

DOMAIN 2:
Practitioner ............................................................................................................ 9

DOMAIN 3:
Health Advocate ................................................................................................... 22

DOMAIN 4:
Professional and Leader ....................................................................................... 26
## Domain 1: Scientist and Scholar

**8**  

### 1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life  

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## Domain 2: Practitioner

**9**  

### 2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting  

### 2.2 Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals  

### 2.3 Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis  

### 2.4 Arrange common, relevant and cost-effective investigations, and interpret their results accurately  

### 2.5 Safely perform a range of common procedural skills required for work as a resident  

### 2.6 Make evidence-based management decisions in conjunction with patients and others in the healthcare team  

### 2.7 Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents  

### 2.8 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation  

### 2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic)  

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## Domain 3: Health Advocate

**22**  

### 3.1 Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors  

### 3.2 Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy  

### 3.3 Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients  

### 3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting  

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## Domain 4: Professional and Leader

**26**  

### 4.1 Provide care to all patients according to Good Medical Practice: A Code of Conduct for Doctors in Australia, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession  

### 4.2 Optimise own personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice  

### 4.3 Self-evaluate own professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues  

### 4.4 Take increasing responsibility for patient care, while recognising the limits of own expertise and involving other professionals as needed to contribute to patient care  

### 4.5 Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals  

### 4.6 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions  

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Bibliography  

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INTRODUCTION

BACKGROUND
The NSW Resident Guide is an initiative of the Health Education and Training Institute (HETI) to increase educational support for prevocational doctors. In NSW, prevocational education and training is structured over two years. The NSW Resident Guide targets doctors entering their second year of practice referred to as residents or post-graduate year two (PGY2) doctors. It is a resource developed for residents, their educators and supervisors and builds on the foundation provided by the HETI Intern Guide. Both the NSW Resident Guide and the Intern Guide align to the National Intern Outcome statements.

WHAT DOES THE NSW RESIDENT GUIDE PROVIDE?
The Resident Guide has been designed to reflect and support the outcomes expected of residents on completion of PGY2.

The NSW Resident Guide provides:
- Higher level learning outcomes expected at a resident level
- Broad strategies for workplace teaching, learning and assessment
- Linkages between learning outcomes where learning and/or assessment can be combined.

AIM
The aim of the NSW Resident Guide is to facilitate the integration and consolidation of medical knowledge and skills to enable residents to undertake more autonomous clinical practice within healthcare teams.

The Resident Guide aims to equip post graduate year two doctors to:
- Act with more autonomy in patient care
- Manage patients with more complex medical conditions
- Lead teams and collaborate inter-professionally
- Promote integrated care across a variety of health contexts
- Contribute to education and training of health professionals and students.

The progression to increasing autonomous practice as a resident is built on the foundation of high quality clinical supervision and the importance of residents recognising when and how to ask for help.
COMPARISONS BETWEEN THE NSW RESIDENT GUIDE AND THE INTERN GUIDE

Learning outcomes
The learning outcomes of the NSW Resident Guide build on and extend those of the Intern Guide. They reflect the progression of skills, abilities and practice expected of residents. They are not a set of new skills and are underpinned by the learning outcomes of the Intern Guide.

The progression of learning outcomes reflect the milestone approach adopted by Accreditation Council for Graduate Medical Education (ACGME) and more recently CanMeds.

Teaching and learning strategies, and assessment tools
In contrast to the learning outcomes, the teaching and learning strategies, and assessment tools remain largely unchanged from those of the Intern Guide. A limited number of additions have been made to support the development of leadership skills, teaching skills and greater autonomy of practice.

The additions to the Suggested Teaching/Learning Strategies and Tools to Guide Assessment and Topics are in bold.

WORKPLACE LEARNING AND ASSESSMENT IN PGY2
The Resident Guide provides a structure to guide workplace teaching, learning and assessment with the major focus of assessment being its contribution to learning.

Workplace learning and assessment provides the opportunity to apply and refine what has been learnt and to identify areas for further learning and practice. Meaningful and timely feedback is integral to this process. Nursing staff and other members of the healthcare team are encouraged to be involved in the process of gathering evidence and giving feedback.

Formal structured workplace assessment is recommended where feasible but no compulsory number of assessments is required. There should be sufficient number of quality assessments to enable the Term Supervisor and the resident to complete the Mid-Term Appraisal and End of Term Assessment with confidence.

Assessment through observation and demonstration of workplace tasks and activities will combine a number of learning outcomes. Satisfactory completion of the End of Term Assessment does not require completion of all learning outcomes.

The NSW Resident Guide aligns to the education and training resources developed by the vocational colleges for PGY2 doctors.
USING THE NSW RESIDENT GUIDE

The NSW Resident Guide is a resource for residents, educators and supervisors and can support:

- Residents and Supervisors to clarify what the resident currently knows and can do, and the skills and knowledge they would like to develop
- Development of learning plans
- Planning of teaching and undertaking workplace assessment
- Provision of feedback
- Self-directed learning
- Career planning

NOTE ON LANGUAGE

Throughout this Guide the term ‘carer’ includes family/family member, support person, partner.

RESOURCES

There are many resources available to assist learning. The following are recommended as a starting point.

- **My Health Learning**

- **My Health Learning eLearning module**
  Assessment and Feedback for Junior Medical Officers

- **Emergency Care Institute**

- **Agency for Clinical Innovation**

- **Clinical Excellence Commission**

- **Australian Medical Council – Workplace-based assessment Online**

- **Onthewards**
  https://onthewards.org/

- **Australian Commission on Safety and Quality in Health Care**
  https://www.safetyandquality.gov.au
OUTCOME STATEMENT:
1.1 CONSOLIDATE, EXPAND AND APPLY KNOWLEDGE OF THE AETIOLOGY, PATHOLOGY, CLINICAL FEATURES, NATURAL HISTORY AND PROGNOSIS OF COMMON AND IMPORTANT PRESENTATIONS AT ALL STAGES OF LIFE.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

1.1.1 Integrate basic science and evidence based clinical knowledge into clinical decision making
1.1.2 Apply an analytical approach to clinical decision making
1.1.3 Critically evaluate approaches to clinical problems
1.1.4 Reliably assess and manage common clinical presentations for patients at different life stages
1.1.5 Demonstrate increasing independent clinical decision making within scope of practice
1.1.6 Evaluate the balance of benefit and harm when making clinical management decisions
1.1.7 Demonstrate clinical proficiency within scope of practice

SUGGESTED TEACHING/LEARNING STRATEGIES

- Workplace-based learning – seeing patients and reviewing with supervisors and peers
- Didactic lectures/tutorials
- Case studies and discussion
- Simulation
- Self and peer reflection
- Readings – journal articles
- Web based resources

TOOLS TO GUIDE ASSESSMENT

- Reflective journal
- Observation of senior staff
- 360 Degree Feedback
- Simulation and feedback
- Case based Discussion (CbD)

Learning/Teaching and Assessment can be integrated with:
2.3 Patient Assessment
2.6 Management
3.3 Healthcare Screening and Management
4.3 Life Long Learning
4.4 Responsibility for Patient Care
## OUTCOME STATEMENT:

2.1 PLACE THE NEEDS AND SAFETY OF PATIENTS AT THE CENTRE OF THE CARE PROCESS. DEMONSTRATE SAFETY SKILLS INCLUDING EFFECTIVE CLINICAL HANDOVER, GRADED ASSERTIVENESS, DELEGATION AND ESCALATION, INFECTION CONTROL, AND ADVERSE EVENT REPORTING.

## LEARNING OUTCOMES - AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Demonstrate effective clinical handover</td>
<td>Observation of clinical handover by senior staff followed by discussion</td>
<td>Observation and feedback</td>
</tr>
<tr>
<td>2.1.1.1 Lead effective clinical handover</td>
<td>Case study discussion of adverse event relating to clinical handover</td>
<td>Mini clinical examination (mini-CEX)</td>
</tr>
<tr>
<td>2.1.1.2 Clearly communicate patient needs and management using a structured format and required documentation</td>
<td>Root cause analysis (RCA)</td>
<td>Review of documentation</td>
</tr>
<tr>
<td>2.1.1.3 Prioritise tasks and clarify roles for the team during handover</td>
<td>eLearning</td>
<td>Report from senior staff and the interprofessional team</td>
</tr>
<tr>
<td>2.1.1.4 Anticipate and manage risks that may occur for the patient during transfer of care and follow up care</td>
<td>Presentation on ISBAR and documentation requirements</td>
<td>Structured reflective practice feedback</td>
</tr>
<tr>
<td>2.1.1.5 Assess patients for discharge</td>
<td>Skills practice in using ISBAR and leading the team</td>
<td></td>
</tr>
<tr>
<td>2.1.1.6 Ensure timely completion of discharge documents to facilitate transition of care</td>
<td>HETI Leap Leadership Program</td>
<td></td>
</tr>
<tr>
<td>2.1.1.7 Organise safe transfer of care to a general practitioner (GP), other health professionals and families and carers in the community</td>
<td>DETECT training</td>
<td></td>
</tr>
</tbody>
</table>
### Outcome Statement:

2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

### Learning Outcomes - At the End of PGY2 the Doctor Will Be Able To:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.2 Demonstrate graded assertiveness</td>
<td>Presentation on graded assertiveness followed by skills practice and discussion</td>
<td>Observation of skills practice and feedback</td>
</tr>
<tr>
<td>2.1.2.1 Recognise situations that require graded assertiveness and use to ensure safe patient care</td>
<td>Simulations</td>
<td>Report from senior staff and the inter-professional team</td>
</tr>
<tr>
<td>2.1.2.2 Promote an open respectful team culture that is supportive of all staff raising concerns</td>
<td>Podcasts</td>
<td></td>
</tr>
<tr>
<td>2.1.2.3 Educate and support colleagues, interns, students and other members of the inter-professional team to use graded assertiveness</td>
<td>eLearning</td>
<td></td>
</tr>
</tbody>
</table>

Learning/Teaching and Assessment can be integrated with:

- 2.2 Communication
- 3.4 Quality Assurance
- 4.5 Inter-professional Team
### OUTCOME STATEMENT:

2.1 PLACE THE NEEDS AND SAFETY OF PATIENTS AT THE CENTRE OF THE CARE PROCESS. DEMONSTRATE SAFETY SKILLS INCLUDING EFFECTIVE CLINICAL HANDOVER, GRADED ASSERTIVENESS, DELEGATION AND ESCALATION, INFECTION CONTROL, AND ADVERSE EVENT REPORTING.

### LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>2.1.3</th>
<th>Demonstrate delegation and escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.3.1</td>
<td>Evaluate the appropriateness of tasks for delegation</td>
</tr>
<tr>
<td>2.1.3.2</td>
<td>Delegate tasks taking into account:</td>
</tr>
<tr>
<td></td>
<td>- patient condition and needs</td>
</tr>
<tr>
<td></td>
<td>- complexity of task</td>
</tr>
<tr>
<td></td>
<td>- competence and expertise of the inter-professional team</td>
</tr>
<tr>
<td></td>
<td>- time requirements</td>
</tr>
<tr>
<td></td>
<td>- patient flow</td>
</tr>
<tr>
<td>2.1.3.3</td>
<td>Communicate clearly and concisely when delegating tasks</td>
</tr>
<tr>
<td>2.1.3.4</td>
<td>Support colleagues and students to perform delegated tasks</td>
</tr>
<tr>
<td>2.1.3.5</td>
<td>Identify factors that impede doctors in escalating care</td>
</tr>
<tr>
<td>2.1.3.6</td>
<td>Model early escalation</td>
</tr>
<tr>
<td>2.1.3.7</td>
<td>Educate and support colleagues and students in the early escalation of care</td>
</tr>
</tbody>
</table>

### SUGGESTED TEACHING/LEARNING STRATEGIES |

| | DETECT training |
| | Escalation case study and discussion |
| | Debriefing in a safe place |
| | Reflection |
| | Observation of delegation followed by discussion |
| | Simulation |
| | Podcast on escalation |

### TOOLS TO GUIDE ASSESSMENT |

| | Report from senior staff |

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### 2.1.4 Demonstrate Infection Control

| 2.1.4.1 | Consistently practice infection control in all aspects of clinical work |
| 2.1.4.2 | Educate and promote infection control practices within the inter-professional team and the wider hospital environment |
| 2.1.4.3 | Educate and support patients and carers in infection control practices |

### SUGGESTED TEACHING/LEARNING STRATEGIES |

| | Presentation on infection prevention and control and discussion |
| | Case study of adverse event relating to poor infection prevention and control in own hospital |
| | eLearning, web resources, protocols |

### TOOLS TO GUIDE ASSESSMENT |

| | Observation by peers and colleagues of JMOs infection prevention and control practices |
| | Personal report using a ward audit |

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### DOMAIN 2: Practitioner
OUTCOME STATEMENT:

2.1 PLACE THE NEEDS AND SAFETY OF PATIENTS AT THE CENTRE OF THE CARE PROCESS. DEMONSTRATE SAFETY SKILLS INCLUDING EFFECTIVE CLINICAL HANDOVER, GRADED ASSERTIVENESS, DELEGATION AND ESCALATION, INFECTION CONTROL, AND ADVERSE EVENT REPORTING.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.1.5 Demonstrate adverse event reporting

- Promote a culture of quality and safety by consistently using the Incident Information Management System (IIMS)
- Recognise the importance and principles of open disclosure in patient centred care
- Participate in open disclosure as required demonstrating sensitively to patients and carers

SUGGESTED TEACHING/LEARNING STRATEGIES

- Case study of adverse event reporting and contribution to minimising further risk
- Orientation to adverse events reporting processes
- World Health Organisation Patient Safety Curriculum Guide Teaching slides and notes Project (Combine with Quality Improvement Project)
- Case study/patient presentation on experience of open disclosure

TOOLS TO GUIDE ASSESSMENT

- Review of documentation
- Clinical audit
- IIMS reporting

Learning/Teaching and Assessment can be integrated with:

- 2.2 Communication
- 3.4 Quality Assurance
- 4.1 Good Medical Practice
OUTCOME STATEMENT:
2.2 COMMUNICATE CLEARLY, SENSITIVELY AND EFFECTIVELY WITH PATIENTS, THEIR FAMILY/CARERS, DOCTORS AND OTHER HEALTH PROFESSIONALS.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.2.1 Communicate complicated information clearly and concisely in a timely manner
2.2.2 Recognise the specific communication needs of individual patients and carers and modify communication style and/or use communication aids to meet these needs
2.2.3 Identify areas of potential communication breakdown with patients, carers and colleagues and use strategies to mitigate
2.2.4 Encourage patients and carers to express their understanding of the problem, ask questions and express their fears and concerns
2.2.5 Establish a safe environment for breaking bad news and other difficult conversations
2.2.6 Use high level and empathic communication skills to assist patients and carers to understand the health outcomes that can and cannot be achieved
2.2.7 Respond empathically to distressed patients and provide information on accessing further assistance
2.2.8 Prepare clear, concise written documents to communicate clinical instructions, plans and actions

SUGGESTED TEACHING/LEARNING STRATEGIES

Observation of effective communication by other staff and peers followed by discussion
Skills practice
Presentation on shared decision making
Simulation/role play for example of breaking bad news
Reflection on own practice

TOOLS TO GUIDE ASSESSMENT

Observation by peers and colleagues
360 Degree Feedback
Mini-CEX
Professional Qualities Reflection (PQR)

Learning/Teaching and Assessment can be integrated with:

2.1.1 Clinical Handover
2.3 Patient Assessment
2.6 Patient Management
2.9 Retrieve, Interpret and Record Information
3.3 Healthcare Screening and Management
4.5 Inter-professional Team
OUTCOME STATEMENT:

2.3 PERFORM AND DOCUMENT A PATIENT ASSESSMENT, INCORPORATING A PROBLEM-FOCUSED MEDICAL HISTORY WITH A RELEVANT PHYSICAL EXAMINATION, AND GENERATE A VALID DIFFERENTIAL DIAGNOSIS.

LEARNING OUTCOMES - AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.3.1 Actively engage with the patient and carers to determine their needs and priorities
2.3.2 Gather evidence from a range of sources including patient records, carers and other health professionals
2.3.3 Interpret and synthesise information from history, examination and investigations to generate a valid differential diagnosis and graded problem list
2.3.4 Recognise problems that need immediate attention and escalate to more senior staff
2.3.5 Plan strategies for further investigation if diagnosis is unclear
2.3.6 Modify initial diagnosis in response to emerging symptoms and response to interventions
2.3.7 Identify high risk patients including patients with mental health needs, limited physical or cognitive capacity
2.3.8 Recognise the impact of cognitive biases and demonstrate strategies to minimise

SUGGESTED TEACHING/LEARNING STRATEGIES

- Observation of senior staff/peers conducting a patient assessment followed by discussion
- Simulation/case presentation/peer review of taking history and gaining consent
- Case presentation and peer review
- Practice under supervision
- Reflection
- Lecture/podcast/readings

TOOLS TO GUIDE ASSESSMENT

- Observation and Discussion
- Mini-CEX
- Case based Discussion
- Professional Qualities
- Reflection (PQR)

Learning/Teaching and Assessment can be integrated with:

- 1.1 Scientist and Scholar
- 2.2 Communication Skills
- 2.9 Clinical Data Systems
OUTCOME STATEMENT:

2.4 ARRANGE COMMON, RELEVANT AND COST-EFFECTIVE INVESTIGATIONS, AND INTERPRET THEIR RESULTS ACCURATELY.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.4.1 Take increasing responsibility in identifying and ordering clinically appropriate investigations
2.4.2 Arrange investigations according to clinical care pathways
2.4.3 Identify, order and interpret investigations for a range of acute, chronic and comorbid conditions
2.4.4 Consider the costs and benefits when ordering investigations
2.4.5 Identify the problems and costs of over-testing
2.4.6 Identify situations where further investigation is required
2.4.7 Inform patients and carers of test results in a clear and sensitive manner

SUGGESTED TEACHING/LEARNING STRATEGIES
Session on safe, effective tests and costs of tests and ordering protocols
Observation of senior staff and peers organising investigations followed by discussion
Case studies and discussion
Lecture
Orientation to ordering and recording investigations

TOOLS TO GUIDE ASSESSMENT
Review of documentation
Case based Discussion
Professional Qualities
Reflection (PQR)
Audit

Learning/Teaching and Assessment can be integrated with:
1.1 Scientist and Scholar
2.2 Communication Skills
**OUTCOME STATEMENT:**

2.5 SAFELY PERFORM A RANGE OF COMMON PROCEDURAL SKILLS REQUIRED FOR WORK AS A RESIDENT.

**LEARNING OUTCOMES - AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5.1</td>
<td>Reliably identify indications, contraindications and complications of common procedures</td>
</tr>
<tr>
<td>2.5.2</td>
<td>Obtain informed consent for procedures performed</td>
</tr>
<tr>
<td>2.5.3</td>
<td>Develop term specific procedural skills demonstrating increasing range and complexity</td>
</tr>
<tr>
<td>2.5.4</td>
<td>Reliably demonstrate safe pre-procedure and peri-procedure care</td>
</tr>
<tr>
<td>2.5.5</td>
<td>Recognise patients who are at higher risk when performing common procedures and initiate actions to minimise risk or harm</td>
</tr>
<tr>
<td>2.5.6</td>
<td>Manage specific procedure related complications by monitoring and mitigation</td>
</tr>
</tbody>
</table>

**SUGGESTED TEACHING/LEARNING STRATEGIES**

- Observation of senior staff conducting procedures followed by discussion
- Simulation
- **Practice under supervision**
- Skills practice
- Video/web resources

**TOOLS TO GUIDE ASSESSMENT**

- Direct Observation of Procedural Skills (DOPS)
- Logbook
OUTCOME STATEMENT:
2.6 MAKE EVIDENCE-BASED MANAGEMENT DECISIONS IN CONJUNCTION WITH PATIENTS AND OTHERS IN THE HEALTHCARE TEAM.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.6.1 Discuss with patients and carers their understanding of the problem and the clinical management options
2.6.2 Use shared decision making to identify patients preferred options and to make management decisions
2.6.3 Identify the impact of chronic conditions on the short and medium term management of acute problems
2.6.4 Evaluate the complexity of patient needs and clinical uncertainty when making clinical decisions
2.6.5 Engage the inter-professional team in management decisions
2.6.6 Implement management and monitor progress
2.6.7 Engage patients and carers in self-management assisting them with health literacy and compliance
2.6.8 Modify management in response to changing patient needs
2.6.9 Consult with senior staff and the inter-professional team in the review and management of patient progress

SUGGESTED TEACHING/LEARNING STRATEGIES
Reading patient notes and management plans and discussion
Case studies including examples of shared decision making
Review of management decisions with senior staff
Training in shared decision making
Presentations from other healthcare professionals outlining their role in patient management
Lectures, podcast, readings, web resources

TOOLS TO GUIDE ASSESSMENT
Observation and discussion
Case based Discussion
360 Degree Feedback
Examples of management plans and reflection
Participation in morbidity and mortality case reviews
Mini-CEX

Learning/Teaching and Assessment can be integrated with:
1.1 Scientist and Scholar
2.2 Communication Skills
2.9 Clinical Data Systems
OUTCOME STATEMENT:

2.7 PRESCRIBE MEDICATIONS SAFELY, EFFECTIVELY AND ECONOMICALLY, INCLUDING FLUID, ELECTROLYTES, BLOOD PRODUCTS AND SELECTED INHALATIONAL AGENTS.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.7.1 Prescribe medications with increasing independence in accordance with local protocols
2.7.2 Reliably recognise contraindications and potential adverse events of different medications
2.7.3 Identify medications that are at high risk for error and develop strategies to minimise
2.7.4 Share decision making with patients in prescribing, taking into account the needs and risks of specific patient groups including:
   • elderly
   • pregnant
   • paediatric
2.7.5 Educate interns and medical students on common medication errors and clinical protocols to manage these
2.7.6 Recognise and manage patients with more complex fluid and electrolyte requirements

SUGGESTED TEACHING/LEARNING STRATEGIES

Orientation to local procedures and documentation requirements
Case Studies
Lectures, podcast, readings, web resources
eLearning modules from HETI online, National Prescribing Service (NPS) Bloodsafe, National Inpatient Medication Chart (NIMC)
Medication management (MM) review of medication errors and discussion
Discussion of Root Cause Analysis (RCA) involving medication errors
Prepare session /Lead discussion on common medication errors and how to manage
Teaching on the Run

TOOLS TO GUIDE ASSESSMENT

Review of medication charts
Medication Reconciliation records
Feedback from pharmacist
Case based Discussion
360 Degree Feedback

Learning/Teaching and Assessment can be integrated with:

2.9 Clinical Data Systems
3.4 Quality Assurance
4.3 Lifelong Learning
**OUTCOME STATEMENT:**

2.8 RECOGNISE AND ASSESS DETERIORATING AND CRITICALLY UNWELL PATIENTS WHO REQUIRE IMMEDIATE CARE. PERFORM BASIC EMERGENCY AND LIFE SUPPORT PROCEDURES, INCLUDING CARING FOR THE UNCONSCIOUS PATIENT AND CARDIOPULMONARY RESUSCITATION.

**LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:**

<table>
<thead>
<tr>
<th>2.8.1</th>
<th>Recognise and assess deteriorating and critically unwell patients who require immediate care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8.1.1</td>
<td>Identify and respond rapidly to patients that are deteriorating</td>
</tr>
<tr>
<td>2.8.1.2</td>
<td>Lead the inter-professional team in providing care to the deteriorating patient</td>
</tr>
<tr>
<td>2.8.1.3</td>
<td>Systematically assess factors that may be responsible for deterioration and initiate management</td>
</tr>
<tr>
<td>2.8.1.4</td>
<td>Recognise personal limitations and escalate care</td>
</tr>
</tbody>
</table>

**SUGGESTED TEACHING/LEARNING STRATEGIES**

- DETECT training
- ISBAR training
- Sepsis Kills
- DETECT Junior
- Simulation
- Feedback from senior staff/healthcare team
- Case Study
- Reflection

**TOOLS TO GUIDE ASSESSMENT**

- Inter-professional team training
- Case Studies of adverse events relating to lack of recognition of the deteriorating patient
- Orientation to local procedures and documentation requirements.
- Lecture
- Podcast

**Learning/Teaching and Assessment** can be integrated with:

- 2.1.2 Graded Assertiveness
- 2.1.3 Delegation and Escalation
- 2.8.2 Emergency Response
- 4.5 Inter-professional Team
### OUTCOME STATEMENT:

2.8 RECOGNISE AND ASSESS DETERIORATING AND CRITICALLY UNWELL PATIENTS WHO REQUIRE IMMEDIATE CARE. PERFORM BASIC EMERGENCY AND LIFE SUPPORT PROCEDURES, INCLUDING CARING FOR THE UNCONSCIOUS PATIENT AND CARDIOPULMONARY RESUSCITATION.

### LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.8.2 Perform basic emergency and life support procedures including caring for the unconscious patient and cardiopulmonary resuscitation</td>
<td>Basic Life Support (BLS) training</td>
<td>Simulation</td>
</tr>
<tr>
<td>2.8.2.1 Recognise the urgency for an immediate response for patients in need of basic life support</td>
<td>Advanced Cardiovascular Life Support (ACLS) training</td>
<td>Report from senior staff/healthcare team</td>
</tr>
<tr>
<td>2.8.2.2 Perform basic airway management</td>
<td>RESUS4KIDS</td>
<td>Review of documentation</td>
</tr>
<tr>
<td>2.8.2.3 Perform cardiopulmonary resuscitation</td>
<td>eLearning</td>
<td>Case Study</td>
</tr>
<tr>
<td>2.8.2.4 Manage cardiac arrest using shock and non-shock algorithms</td>
<td>Simulation</td>
<td></td>
</tr>
<tr>
<td>2.8.2.5 Assess the unconscious patient to determine causes</td>
<td>Skills Practice</td>
<td></td>
</tr>
<tr>
<td>2.8.2.6 Recognise the need for airway support in the unconscious patient</td>
<td>Observation of senior staff caring for the unconscious patient</td>
<td></td>
</tr>
<tr>
<td>2.8.2.7 Recognise and treat seizures</td>
<td>Case Studies</td>
<td></td>
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<tr>
<td>2.8.2.8 Recognise indicators for escalating care</td>
<td></td>
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<tr>
<td>2.8.2.9 Participate as an effective team member</td>
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<tr>
<td>2.8.2.10 Document management accurately</td>
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</tr>
</tbody>
</table>

**Learning/Teaching and Assessment** can be integrated with:

- 2.8.1 Deteriorating and Critically Unwell Patient
- 4.5 Inter-professional Team
OUTCOME STATEMENT:
2.9 RETRIEVE, INTERPRET AND RECORD INFORMATION EFFECTIVELY IN CLINICAL DATA SYSTEMS (BOTH PAPER AND ELECTRONIC).

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

2.9.1 Use and promote the role of clinical data systems to ensure continuity of patient care
2.9.2 Access information from clinical data systems to inform clinical management
2.9.3 Consistently prepare documentation that complies with local and medico-legal requirements
2.9.4 Explain to patients and carers the purpose and use of clinical documentation relating to their care
2.9.5 Integrate the use of mobile technologies to enhance patient care and identify any conflict with patient privacy and confidentiality

SUGGESTED TEACHING/LEARNING STRATEGIES

- eLearning
- Skills practice
- Orientation to local records and reporting system
- Podcasts, journal articles
- AMA publication Clinical images and the use of personal mobile devices
- Local policies

TOOLS TO GUIDE ASSESSMENT

- Review of documentation
- Mini-CEX on discharge summary

Learning/Teaching and Assessment can be integrated with:

- 2.2 Communication Skills
- 2.3 Assessment
- 2.6 Management
- 2.7 Prescription
- 4.3 Good Medical Practice
OUTCOME STATEMENT:
3.1 APPLY KNOWLEDGE OF POPULATION HEALTH, INCLUDING ISSUES RELATING TO HEALTH INEQUITIES AND INEQUALITIES; DIVERSITY OF CULTURAL, SPIRITUAL AND COMMUNITY VALUES; AND SOCIO-ECONOMIC AND PHYSICAL ENVIRONMENT FACTORS.

LEARNING OUTCOMES - AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

3.1.1 Describe the role of health education and other preventative health initiatives in improving population health

3.1.2 Identify and advocate for health initiatives within the hospital or community that can assist specific populations groups to achieve better health outcomes

3.1.3 Refer patients from specific population groups to supports within the hospital and the community

SUGGESTED TEACHING/LEARNING STRATEGIES

Research into health statistics of the Network
Case study of a population health approach
Presentation, for example, by Aboriginal Health worker or worker working with Culturally and Linguistically Diverse (CALD) populations or refugees, Allied health team working with elderly people.

Presentation from community service groups/local council community services department.

TOOLS TO GUIDE ASSESSMENT

Questioning
Short Report
Case presentation and discussion
Professional Qualities Reflection
OUTCOME STATEMENT:
3.2 APPLY KNOWLEDGE OF THE CULTURE, SPIRITUALITY AND RELATIONSHIP TO LAND OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES TO CLINICAL PRACTICE AND ADVOCACY.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

3.2.1 Reflect on own cultural values and their implications for health care
3.2.2 Outline the key features of Aboriginal peoples spirituality and connection to the land
3.2.3 Relate the history and experiences of Aboriginal communities to their health status
3.2.4 Outline the major features of the health status of the local Aboriginal community
3.2.5 Identify the particular barriers faced by local Aboriginal peoples in accessing and receiving healthcare
3.2.6 Use communication skills to help establish a culturally safe environment for Aboriginal patients
3.2.7 Use accurate, appropriate and non-offensive language when communicating with Aboriginal patients and their families and carers
3.2.8 Clarify with patient which family members need to be informed of the patient’s condition
3.2.9 Acquire cultural information from individuals in a respectful manner
3.2.10 Consult with Aboriginal health and support workers to improve patient access and care

SUGGESTED TEACHING/LEARNING STRATEGIES
Reflection
Case based discussion
Presentation by Aboriginal Health Worker
Presentation by elder from local Aboriginal community
eLearning modules
Respecting the Difference – Aboriginal Cultural Training

TOOLS TO GUIDE ASSESSMENT
Case presentation and discussion
360 Degree Feedback
OUTCOME STATEMENT:
3.3 DEMONSTRATE ABILITY TO SCREEN PATIENTS FOR COMMON DISEASES, PROVIDE CARE FOR COMMON CHRONIC CONDITIONS, AND EFFECTIVELY DISCUSS HEALTHCARE BEHAVIOURS WITH PATIENTS.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

3.3.1 Screen patients for common diseases
3.3.2 Assist patients and carers with health literacy for preventative actions and disease management
3.3.3 Prioritise patient needs and management options to achieve best outcomes for patients with chronic and comorbid conditions
3.3.4 Support and review patients and carers in self-management
3.3.5 Ensure patient, carers and colleagues have a clear understanding of who has responsibility for coordinating patient care
3.3.6 Encourage patients and carers to access and consult with their general practitioner (GP)
3.3.7 Identify barriers patients and carers may have in managing care and assist them to access services and supports including language specific and cultural groups

SUGGESTED TEACHING/LEARNING STRATEGIES

Observation of screening by senior staff and peers followed by discussion
Case study
Presentation, for example by Allied health team working with elderly people
Presentation on role of GPs and community care in supporting patients with chronic conditions
Simulation on assisting patients and carers with health literacy and self-management

TOOLS TO GUIDE ASSESSMENT

Observation and discussion
Case based Discussion
360 Degree Feedback
Reflection journal
Mini-CEX

Learning/Teaching and Assessment can be integrated with:
1.1 Scientist and Scholar
2.2 Communication Skills
4.5 Inter-professional Team
### Domain 3: Health Advocate

#### Outcome Statement:

3.4 Participate in quality assurance, quality improvement, risk management processes, and incident reporting.

### Learning Outcomes – at the end of PGY2 the doctor will be able to:

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4.1 Actively engage in initiatives to improve the provision of safe patient care</td>
<td>Case study of root cause analysis and discussion of resulting quality improvements</td>
<td>Case Based discussion</td>
</tr>
<tr>
<td>3.4.2 Identify key personnel and systems to engage with to operationalise quality improvement initiatives</td>
<td>RCA training</td>
<td>Examples of completed IIMS</td>
</tr>
<tr>
<td>3.4.3 Report identified risks or problems in the safe delivery of health care to supervisors</td>
<td>Discussion and analysis of Incident Information Management System (IIMS) statistics</td>
<td>Quality project report</td>
</tr>
<tr>
<td>3.4.4 Identify the importance of situational awareness in reducing medical errors</td>
<td>Participation in clinical audit</td>
<td></td>
</tr>
<tr>
<td>3.4.5 Adhere to and promote protocols that ensure patient safety</td>
<td>Quality improvement project</td>
<td></td>
</tr>
<tr>
<td>3.4.6 Educate and support peers and students to work safely and adhere to clinical guidelines and care pathways</td>
<td>Membership of quality improvement committee</td>
<td></td>
</tr>
<tr>
<td>3.4.7 Collaborate with inter-professional team members to identify and manage risks in the workplace</td>
<td><strong>Prepare session/Lead discussion on common medication errors and how to manage</strong></td>
<td></td>
</tr>
</tbody>
</table>

Learning/Teaching and Assessment can be integrated with:

- 2.1.5 Adverse Events
- 4.3 Lifelong Learning
- 4.5 Inter-professional Team
## OUTCOME STATEMENT:

4.1 PROVIDE CARE TO ALL PATIENTS ACCORDING TO **GOOD MEDICAL PRACTICE: A CODE OF CONDUCT FOR DOCTORS IN AUSTRALIA**, AND DEMONSTRATE ETHICAL BEHAVIOURS AND PROFESSIONAL VALUES INCLUDING INTEGRITY; COMPASSION; EMPATHY; AND RESPECT FOR ALL PATIENTS, SOCIETY AND THE PROFESSION.

### LEARNING OUTCOMES - AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>No.</th>
<th>Learning Outcome</th>
<th>Suggested Teaching/ Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1</td>
<td>Build trust and rapport with patients in order to work collaboratively to achieve best health outcomes</td>
<td>Presentation and discussion</td>
<td>Case based discussion</td>
</tr>
<tr>
<td>4.1.2</td>
<td>Demonstrate consistently ethical and professional practice in increasingly complex situations</td>
<td>Presentation on Advanced Care Directives and discussion</td>
<td>Simulation</td>
</tr>
<tr>
<td>4.1.3</td>
<td>Identify situations when it is appropriate for others to make decisions on behalf of patients such as Enduring Guardianship, Public Guardian</td>
<td>NSW Health Code of Conduct</td>
<td>Clinical portfolio</td>
</tr>
<tr>
<td>4.1.4</td>
<td>Sensitively discuss Advanced Care Directives with identified patients and carers</td>
<td>NSW Health Open Disclosure Policy</td>
<td>Professional Qualities Reflection</td>
</tr>
<tr>
<td>4.1.5</td>
<td>Identify and comply with legal requirements that impact on the role of the resident</td>
<td>Case studies of ethical/professional dilemmas followed by discussion</td>
<td>Mini-CEX</td>
</tr>
<tr>
<td>4.1.6</td>
<td>Recognise ethical dilemmas and conflicts of interest that arise in more complex situations and seek support to resolve</td>
<td>NSW Health Small Acts of kindness video</td>
<td>360 Degree Feedback</td>
</tr>
<tr>
<td>4.1.7</td>
<td>Recognise own biases and seek support and education to mitigate</td>
<td>Simulation</td>
<td></td>
</tr>
<tr>
<td>4.1.8</td>
<td>Use health resources in a responsible manner</td>
<td>eLearning on Advance Care Planning</td>
<td></td>
</tr>
</tbody>
</table>

### 2.2 Communication Skills

**Learning/Teaching and Assessment** can be integrated with:
## OUTCOME STATEMENT:

4.2 OPTIMISE OWN PERSONAL HEALTH AND WELLBEING, INCLUDING RESPONDING TO FATIGUE, MANAGING STRESS AND ADHERING TO INFECTION CONTROL TO MITIGATE HEALTH RISKS OF PROFESSIONAL PRACTICE.

### LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1 Identify sources of stress and fatigue in current role</td>
<td>Case studies and discussion</td>
<td>Wellbeing plan</td>
</tr>
<tr>
<td>4.2.2 Recognise and promote the value of seeing a local general practitioner in maintaining physical and mental health</td>
<td>Personal wellbeing plans</td>
<td>360 Degree Feedback/ Report from inter-professional team</td>
</tr>
<tr>
<td>4.2.3 Develop strategies to manage stress, emotions and fatigue and to promote well-being</td>
<td>eLearning</td>
<td></td>
</tr>
<tr>
<td>4.2.4 Recognise signs of stress and psychological distress of colleagues and encourage them to access support and develop strategies to support well being</td>
<td>Violence Prevention and Management</td>
<td></td>
</tr>
<tr>
<td>4.2.5 Acknowledge and escalate incidents of bullying and harassment in the workplace</td>
<td>eLearning and workshops</td>
<td></td>
</tr>
<tr>
<td>4.2.6 Use de-escalation and evasive techniques to maintain personal safety and the safety of others when responding to aggressive behaviours</td>
<td>Reflection</td>
<td></td>
</tr>
<tr>
<td>4.2.7 Model infection control practices and encourage compliance of all members of the health care team</td>
<td>Discussion of bullying and harassment and actions to minimise and local protocols for managing</td>
<td></td>
</tr>
</tbody>
</table>

Learning/Teaching and Assessment can be integrated with:

4.6 Manage Workload
OUTCOME STATEMENT:

4.3 SELF-EVALUATE OWN PROFESSIONAL PRACTICE, DEMONSTRATE LIFELONG LEARNING BEHAVIOURS, AND PARTICIPATE IN EDUCATING COLLEAGUES.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>SUGGESTED TEACHING/LEARNING STRATEGIES</th>
<th>TOOLS TO GUIDE ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 Review the impact on patient outcomes of own clinical decision making and actions</td>
<td>Presentation and discussion</td>
<td>Personal learning and development plan</td>
</tr>
<tr>
<td>4.3.2 Seek feedback and supervision from consultants and other members of the health care team</td>
<td>Discussion with supervisor</td>
<td>360 Degree Feedback/Report from inter-professional team</td>
</tr>
<tr>
<td>4.3.3 Modify practice in response to feedback and other indicators of performance</td>
<td>Personal reflection/reflective exercises</td>
<td>Examples of teaching presentations</td>
</tr>
<tr>
<td>4.3.4 Identify current scope of practice and formulate a plan for further expansion</td>
<td>Personal learning and development plan</td>
<td></td>
</tr>
<tr>
<td>4.3.5 Critically evaluate medical literature and incorporate current evidence based practice into own practice</td>
<td>Peer mentoring</td>
<td></td>
</tr>
<tr>
<td>4.3.6 Ensure professional development includes self-directed and practice-based learning</td>
<td>Teaching on the Run</td>
<td></td>
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<tr>
<td>4.3.7 Initiate career planning</td>
<td>SNAPPS Model for Case Presentation</td>
<td></td>
</tr>
<tr>
<td>4.3.8 Identify factors that can positively or negatively affect the learning environment</td>
<td>Didactic lectures/tutorials</td>
<td></td>
</tr>
<tr>
<td>4.3.9 Use a range of teaching strategies to educate peers, medical students and other members of the health care team</td>
<td>HETI Leap Leadership Program</td>
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<tr>
<td>4.3.10 Provide feedback to medical students that is constructive and timely</td>
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</tr>
</tbody>
</table>

Learning/Teaching and Assessment can be integrated with:

1.1 Scientist and Scholar
OUTCOME STATEMENT:

4.4 TAKE INCREASING RESPONSIBILITY FOR PATIENT CARE, WHILE RECOGNISING THE LIMITS OF OWN EXPERTISE AND INVOLVING OTHER PROFESSIONALS AS NEEDED TO CONTRIBUTE TO PATIENT CARE.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

4.4.1 Demonstrate sound judgement and decision making in increasingly complex situations
4.4.2 Exercise responsibility expected of the current position, take responsibility for actions and recognise limitations of own practice
4.4.3 Lead the inter-professional team in care of patients
4.4.4 Use a structured format to convey information concisely and accurately when requesting assistance from consultants and other health professionals
4.4.5 Incorporate teaching into clinical work
4.4.6 Recognise and escalate care in situations beyond current skill level
4.4.7 Promote and facilitate integrated care for patients in hospital and on their return to the community

SUGGESTED TEACHING/LEARNING STRATEGIES

Peer discussion
Discussion with Supervisor
Self-reflection/reflective exercises
Personal learning and development plan
Case Studies highlighting clinical decision making skills
Reviewing patients with Supervisors and peers
Presentation/case study on patient journey from hospital to the community
Teaching on the Run

TOOLS TO GUIDE ASSESSMENT

360 Degree Feedback/
Report from inter-professional team
Personal learning and development plan
Case-based discussion

Learning/Teaching and Assessment can be integrated with:

1.1 Scientist and Scholar
2.1.3 Delegation and Escalation
4.3 Lifelong Learning
4.5 Inter-professional Team
OUTCOME STATEMENT:
4.5 RESPECT THE ROLES AND EXPERTISE OF OTHER HEALTHCARE PROFESSIONALS, LEARN AND WORK EFFECTIVELY AS A MEMBER OR LEADER OF AN INTER-PROFESSIONAL TEAM, AND MAKE APPROPRIATE REFERRALS.

LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

4.5.1 Recognise and promote the features and behaviours of successful teams
4.5.2 Demonstrate effective communication and leadership skills
4.5.3 Clarify the team objectives and roles with the inter-professional team
4.5.4 Demonstrate initiative and act as a positive role model for team members
4.5.5 Contribute knowledge and opinions and actively encourage team members to share their knowledge and give their opinion
4.5.6 Constructively give and receive feedback
4.5.7 Apply the principles of Crisis Resource Management (CRM) to respond to critical events
4.5.8 Actively engage team members in the provision of integrated patient care
4.5.9 Apply problem solving and negotiation skills to resolve conflict and escalate when required

SUGGESTED TEACHING/LEARNING STRATEGIES

Team building/group dynamic exercises
Presentation on team leadership skills
Simulation of team leadership skills
Simulation training in Crisis Resource Management
Presentation/podcasts on educating peers
HETI Leap Leadership Program
Case study of adverse event relating to poor functioning of inter-professional team
Presentation by inter-professional team members
Shared learning opportunities with other health professionals

TOOLS TO GUIDE ASSESSMENT

360 Degree Feedback/Report from inter-professional team
Report from senior staff
Prepare and present education session for the inter-professional team
Case based Discussion

Learning/Teaching and Assessment can be integrated with:

2.1.1 Clinical Handover
2.1.3 Delegation and Escalation
2.2 Communication
3.3 Healthcare Screening and Management
4.4 Responsibility for Patient Care
### OUTCOME STATEMENT:

4.6 EFFECTIVELY MANAGE TIME AND WORKLOAD DEMANDS, BE PUNCTUAL, AND SHOW ABILITY TO PRIORITISE WORKLOAD TO MANAGE PATIENT OUTCOMES AND HEALTH SERVICE FUNCTIONS.

### LEARNING OUTCOMES – AT THE END OF PGY2 THE DOCTOR WILL BE ABLE TO:

<table>
<thead>
<tr>
<th>Learning Outcome</th>
<th>Suggested Teaching/Learning Strategies</th>
<th>Tools to Guide Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.6.1 Model effective workplace behaviours including punctuality and time management</td>
<td>Discussion of time management strategies</td>
<td>360 Degree Feedback/Report from inter-professional team</td>
</tr>
<tr>
<td>4.6.2 Complete tasks and documentation in the required timeframe</td>
<td>Case studies and discussion</td>
<td>Review of documentation</td>
</tr>
<tr>
<td>4.6.3 Prioritise workload according to patient need and available resources</td>
<td>Case study of adverse events relating to fatigue and stress</td>
<td></td>
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<tr>
<td>4.6.4 Assist colleagues when the workload is unevenly distributed</td>
<td>Personal wellbeing plan</td>
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<tr>
<td>4.6.5 Seek assistance proactively when workload is difficult to manage</td>
<td>eLearning</td>
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<tr>
<td>4.6.6 Appraise own work role and its contribution to patient flow and the efficient operation of the hospital</td>
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<tr>
<td>4.6.7 Implement strategies that promote self-care and assist to achieve a work/life balance</td>
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</tbody>
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**Learning/Teaching and Assessment** can be integrated with:

- 4.2 Optimise Health and Wellbeing
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