



CORE SKILLS

MARCH 2010 VERSION 1.1

NSW Institute of Medical Education and Training
NSW Hospital Skills Program
Core Skills Module Version 1.1
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Acknowledgements

This document is a curriculum that identifies core skills required of doctors working in clinical areas in hospitals in NSW. It will be a key supporting document for implementing the Hospital Skills Program, which aims to improve the safety, efficiency and quality of healthcare in NSW Hospitals.

This document is the version of the HSP Core Skills Module approved by the HSP State Training Council on 28 July 2009. It was prepared by the HSP Core Skills Module Working Group, facilitated by Dr Marie-Louise Stokes.

Membership of the Module Development Working Group comprised:

Dr Marie-Louise Stokes	A/General Manager, NSW IMET
Dr Louise Delaney	Career Medical Officer, SESIAHS
A/Prof Jenny McParlane	Director Workforce Development, GWAHS
A/Prof Tim Shaw	Faculty of Medicine, University of Sydney
Dr Ross White	Hospitalist, Ryde Hospital
Dr Simon Leslie	Director of Emergency Department, Shellharbour Hospital
Mr Peter Davy	Curriculum Developer, NSW IMET

CORE SKILLS

- P4 SECTION 1: Patient Safety
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- P10 SECTION 5: Working Effectively with Communities
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Background

The Hospital Skills Program (HSP) Core Skills is a framework which identifies the capabilities required of doctors working in NSW hospitals with greater than two years of postgraduate experience who are not participating in a specialist vocational training program.

The HSP Core Skills has been developed by IMET, on behalf of NSW Health as part of the broader Hospital Skills Program for this group of doctors. The curriculum aims to guide doctors, their employers and educators with regard to training needs, workplace responsibilities and clinical tasks. The HSP Core Skills has drawn on existing work in this area (References: 1 – 4).

In particular, the framework for the HSP curriculum was developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils (1). The HSP curriculum framework also has a similar structure, comprising Clinical Management, Communication and Professionalism capabilities and identifying common illness problems and conditions which are likely to be managed by HSP participants and clinical skills and procedures to be achieved by HSP participants.

The Core Skills is one of several curricula that has been developed by IMET to support the HSP. The other curricula define the competencies required for clinical work within a variety of medical contexts (including Emergency Departments, Mental Health and Aged Care).

The HSP Core Skills Module

This document is the version of the Core Skills approved by the HSP State Training Council on 28 July 2009. The HSP Core Skills Working Group, facilitated by Dr Marie-Louise Stokes is responsible for developing this document. An initial draft was distributed for the purpose of obtaining feedback on its accuracy and comprehensiveness and responses were received from 9 individuals and organisations. This version has been prepared with regard to the feedback received. However it is expected as the HSP is implemented there may be further curriculum revision and development work required to ensure that the HSP fulfils its goals in supporting the professional development needs of non-specialist doctors in NSW.

The document outlines the capabilities required of a non specialist doctor to function efficiently and safely within NSW hospitals. It is intended that future versions of the HSP curriculum will also include suggested teaching and learning activities/resources to support the development of doctors' capabilities, as well as suggested assessment strategies and assessment tools to determine HSP participants' achievement of each capability. Where possible suggested teaching and learning activities/resources and assessment strategies/tools will be made accessible via the IMET Online Learning Centre.

The curriculum comprises nine sections:

- Section 1: Patient Safety
- Section 2: Quality
- Section 3: Managing Change
- Section 4: Managing People
- Section 5: Working Effectively with Communities
- Section 6: Managing Resources
- Section 7: Working Effectively within the Organisation
- Section 8: Communication
- Section 9: Professionalism

Across all nine sections, each Core Skills capability has been allocated an HSP level. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required of increasingly complex clinical management scenarios and increasing workrole responsibility and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience, and responsibility.

References

1. Australian Curriculum Framework for Junior Doctors, Version 2.1, Confederation of Postgraduate Medical Education Councils, www.cpmec.org.au/curriculum
2. Vocational Preparation Handbook, Australian College of Remote and Rural Medicine
3. Safety and Quality Council (2005) National Patient Safety Education Framework. The Australian Council for Safety and Quality in Healthcare, Commonwealth of Australia. www.patientsafety.org.au
4. A Hospital Skills Program for Staff Medical Officers (Non-Specialist Medical Staff) of NSW (Blueprint), IMET NSW Institute of Medical Education and Training

The following is a summary of the criteria on which the HSP levels have been determined.

	HSP 1	HSP 2	HSP 3
E	Has limited workplace experience in this discipline.	Has moderate to large workplace experience in this discipline.	Has substantial workplace experience in this discipline.
CP	Reliably recognises familiar situations and key issues. Has a good working knowledge of the management of these. Decision-making is largely bound by protocol. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises many atypical presentations, recognises case specific nuances and their relational significance, thus reliably identifies key issues and risks. Decision-making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation as a means of linking his or her understanding of a situation to appropriate action. Able to provide a large repertoire of management options. Has a comprehensive understanding of the hospital service, referral networks and the links to community services.
R	Uses and applies integrated management approach for all cases; consults prior to disposition or definitive management; and arranges senior review of the patient in numerous instances, especially serious, complex, unclear or uncommon cases.	Autonomously able to manage simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and consults admitting team about patients who require admission.
PS	Level 2	Level 2 – 3	Level 3

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience (E), clinical proficiency (CP) and responsibility (R) to ensure patients receive care which is appropriate, effective and safe. The levels are cross referenced with levels described for Patient Safety (PS) competencies in the National Patient Safety Education Framework (3).

KEY

- E Level of Experience
- CP Clinical Proficiency
- R Responsibility
- PS Patient Safety
- SRMO Senior Resident Medical Officer
- CMO Career Medical Officer

CORE SKILLS

SECTION 1: Patient Safety

- 1.1 Systems
- 1.2 Risk and Prevention
- 1.3 Adverse Events and Near Misses
- 1.4 Public Health
- 1.5 Infection Control
- 1.6 Radiation Safety

SECTION 1: Patient Safety

1.1 SYSTEMS

- 1.1.1 Manage the complex health care environment to the advantage of patients, carers, family and community (HSP 2).
- 1.1.2 Make the appropriate use of practices that minimise error (e.g. check lists, time outs, protocols, clinical pathways) (HSP 1).
- 1.1.3 Incorporate the principles of the Australian National Patient Safety Education Framework (ANPSEF) in everyday clinical practice (HSP 1).

1.2 RISK AND PREVENTION

- 1.2.1 Identify the main sources of error and risk in the health care workplace (HSP 1).
- 1.2.2 Identify how personal limitations and cognitive biases contribute to risk and error to patients and health care staff (HSP 1).
- 1.2.3 Define human error and the role of system changes to minimise such error (HSP 2).
- 1.2.4 Identify, report and help manage potential occupational health risks to patients and health care staff (HSP 1).

1.3 ADVERSE EVENTS AND NEAR MISSES

- 1.3.1 Describe examples of the harm caused by errors, system failures and other adverse events (HSP 1).
- 1.3.2 Document and report adverse events in accordance with local incident reporting systems (HSP 1).
- 1.3.3 Evaluate and respond appropriately to the consequences of adverse events and near misses (HSP 2).
- 1.3.4 Participate in quality and safety improvement projects, morbidity and mortality meetings and other peer review activities (HSP 2).
- 1.3.5 Coordinate and promote quality and safety improvement projects, morbidity and mortality meetings and other peer review activities (HSP 3).

1.4 PUBLIC HEALTH

- 1.4.1 Describe the important health issues and problems affecting the local community (HSP 1).
- 1.4.2 Advocate on behalf of the local community and patients on public health issues (HSP 2).
- 1.4.3 Inform authorities of each case of a 'notifiable disease' (HSP 1).
- 1.4.4 Demonstrate as part of a team response, the timely and appropriate management of a disease outbreak (HSP 2).

1.5 INFECTION CONTROL

- 1.5.1 Implement actions to minimise the risk to patients, other health care consumers and providers from acquiring a health care associated or occupational infection (e.g. practising correct hand-washing and aseptic techniques) (HSP 1).
- 1.5.2 Comply with the NSW Health Infection Control Policy (HSP 1).
- 1.5.3 Participate in the activities described in the organisation's Infection Control Risk Management Plan (HSP 1).
- 1.5.4 Justify on the basis of evidence the selection of each antibiotic/antiviral regimen prescribed (HSP 1).

1.6 RADIATION SAFETY

- 1.6.1 Specify the risks associated with exposure to each radiological investigation or procedure ordered and incorporate into the decision to order (HSP 1).
- 1.6.2 Order radiological investigations and procedures appropriately in accordance with evidence based decision support rules (HSP 1).
- 1.6.3 As part of a clinical audit, regularly evaluate the appropriateness and indication for each radiological investigation and procedure ordered (HSP 3).

1.7 MEDICATION SAFETY

- 1.7.1 When prescribing, identify and anticipate risks with medications administered within and outside the hospital environment including the consideration of relative and absolute contraindications, possible interactions and adverse reactions and patient allergies (HSP 1).
- 1.7.2 Prescribe and administer medications safely in accordance with law, policy and best practice (HSP 1).
- 1.7.3 Routinely report medication errors and near misses in accordance with local requirements (HSP 1).

CORE SKILLS

SECTION 2: Quality

- 2.1 Accreditation Activities
- 2.2 Clinical Practice Improvement
- 2.3 Incident Management

SECTION 2: Quality

2.1 ACCREDITATION ACTIVITIES

- 2.1.1 Contribute to the development and/or review of accreditation standards for the health care workplace and the preparation of required documentation (HSP 3).
- 2.1.2 Participate in self and team assessment activities with regard to accreditation standards (HSP 1).
- 2.1.3 Ensure that accreditation standards are maintained within the healthcare workplace (HSP 1).

2.2 CLINICAL PRACTICE IMPROVEMENT

- 2.2.1 Participate in clinical re-design initiatives (HSP 1).
- 2.2.2 Participate in practice improvement activities in the workplace e.g. specific projects; short Plan Do Study Act (PDSA) cycles (HSP 2).
- 2.2.3 Implement practice improvement strategies using approved NSW Health implementation methodology (HSP 3).
- 2.2.4 Initiate and evaluate practice improvement activities e.g. specific projects; short PDSA cycles (HSP 3).

2.3 INCIDENT MANAGEMENT

- 2.3.1 Participate in incident management processes and consultation (e.g. membership of a Hospital Incident Management Planning Committee) (HSP 2).
- 2.3.2 Contribute to hazard reduction and risk assessment processes in the health workplace (HSP 1).
- 2.3.3 Utilise the Incident Information Management System (IIMS) as required (HSP 1).
- 2.3.4 In the event of an incident, participate in root cause analysis maintaining a health workplace system focus and "Just Culture" principles (HSP 1).

CORE SKILLS

SECTION 3: Managing Change

- 3.1 Communicating and Promoting New Services and Information
- 3.2 Policy Development and Implementation
- 3.3 Developing the role of the Hospital Generalist

SECTION 3: Managing Change

3.1 COMMUNICATING AND PROMOTING NEW SERVICES AND INFORMATION

- 3.1.1 Participate in local health communication working groups (e.g. Hospital Information Management and Communications Group) (HSP 2).
- 3.1.2 Summarise the components of the new service, policy or program (HSP 2).
- 3.1.3 Identify the important messages, which need communicating to the target audience (HSP 3).
- 3.1.4 Identify the target audience, their needs, behaviours, attitudes, current knowledge and perspectives and their likely responses to the new service, policy or program (HSP 3).
- 3.1.5 Develop a clear communication strategy to inform and educate the public or organisation of new, existing or proposed policies or programs (HSP 3).

3.2 POLICY DEVELOPMENT AND IMPLEMENTATION

- 3.2.1 Contribute to the development of health care policy as required (HSP 2).
- 3.2.2 Implement NSW Health policies, clinical pathways and guidelines as required (HSP 2).

3.3 DEVELOPING THE ROLE OF THE HOSPITAL GENERALIST

- 3.3.1 Enthusiastically practise medicine within the scope of hospital generalist positions (e.g. Career Medical Officer, Hospitalist) in a manner that will promote role validation (HSP 2).
- 3.3.2 Participate in collegial meetings and forums to share information and resources (HSP 1).
- 3.3.3 Participate in and publish research related to the hospital generalist role (HSP 3).

CORE SKILLS

SECTION 4: Managing People

- 4.1 Functioning in a Supervisory Role
- 4.2 Functioning in an Advisory Role
- 4.3 Operating within the limits of Role/Expertise
- 4.4 Working with Peers/Colleagues
- 4.5 Managing Staff
- 4.6 Managing the Doctor in Difficulty
- 4.7 Managing Violent and Difficult Situations
- 4.8 Managing Interaction with the Media

SECTION 4: Managing People

4.1 FUNCTIONING IN A SUPERVISORY ROLE

- 4.1.1 Describe current Department of Health requirements for the supervision of junior staff (HSP 2).
- 4.1.2 Recognise that supervision is essential to the training and professional development of junior staff and implement into practice (HSP 2).
- 4.1.3 Assess the professional learning needs of junior staff (HSP 2).
- 4.1.4 Demonstrate skills in performing and balancing multiple roles in supervising junior staff and providing medical services for patients (HSP 3).
- 4.1.5 As a supervisor, express, role model and reinforce positive communication with patients, carers and other staff (HSP 3).

4.2 FUNCTIONING IN AN ADVISORY ROLE

- 4.2.1 Provide advice, information and mentoring support for colleagues, junior medical staff, patients and carers (HSP 3).
- 4.2.2 Provide advice, liaise and develop positive working relationships with other health care professionals (HSP 3).
- 4.2.3 Recognise and respond effectively to inappropriate advice (HSP 3).

4.3 OPERATING WITHIN THE LIMITS OF ROLE/ EXPERTISE

- 4.3.1 Recognise personal level of expertise within the context of workplace role (HSP 1).
- 4.3.2 Refer to more expert practitioners as required (HSP 1).
- 4.3.3 Provide advice within the scope of individual professional expertise (HSP 1).

4.4 WORKING WITH PEERS/COLLEAGUES

- 4.4.1 Recognise unprofessional and unsafe behaviours among colleagues, report any concerns to supervisors and respond appropriately including notification to The Medical Board when required by legislation (HSP 1).

4.4.2 Respect the values and opinions of colleagues and communicate in an effective and non confrontational manner (HSP 1).

4.5 MANAGING STAFF

4.5.1 Respond professionally to workplace disagreement in a fair and considered manner, preferably before any grievance arises (HSP 1).

4.5.2 Provide and participate in a workplace context which allows divergent views to be expressed respectfully and without fear of recrimination (HSP 1).

4.5.3 In the event of formal complaint and the initiation of grievance procedures, maintain respect and professional behaviour at all times, as a manager, complainant or respondent (HSP 1).

4.5.4 With regard to current individual work role, effectively engage in performance management activities (e.g. staff orientation, planning, coaching and reviewing individual, work unit team and organisational performance) (HSP 1).

4.5.5 Participate in recruitment (including external recruitment on behalf of NSW Health) as requested (HSP 1).

4.5.6 Provide and participate in on-going and two-way performance management feedback (HSP 1).

4.5.7 Provide feedback that is: objective, specific, constructive, focused on behaviours, free from the use of negative language and behaviours and occurs as soon as possible after an event or key milestone (HSP 1).

4.5.8 Implement disciplinary action procedures in response to misconduct in a fair and impartial manner (HSP 3).

4.6 MANAGING THE DOCTOR IN DIFFICULTY

4.6.1 Recognise the signs of a doctor in difficulty (HSP 1).

4.6.2 Summarise the potential underlying causes and contributing factors of a doctor experiencing difficulties (HSP 1).

4.6.3 Recognise obligations under the Medical Practice Act in relation to reporting professional misconduct (HSP 1).

4.6.4 Assist colleagues in the recognition of practice impairment and encourage and facilitate appropriate referral to independent medical and psychological services (HSP 2).

4.6.5 Conduct a review of support and remediation programs currently available for doctors in difficulty and develop support and remediation programs as appropriate (HSP 3).

4.7 MANAGING VIOLENT AND DIFFICULT SITUATIONS

4.7.1 Employ interpersonal strategies to defuse a conflict situation (HSP 2).

4.7.2 Seek assistance as appropriate and before conflict escalates (HSP 1).

4.7.3 Summarise and apply appropriate guidelines for dealing with conflict (e.g. the NSW Health Code of Conduct and NSW Health Guideline for Grievance Resolution) (HSP 1).

4.7.4 Apply local workplace procedures for managing potential conflict situations (HSP 1).

4.7.5 Implement actions to recognise and minimise risk in conflict situations (HSP 2).

4.7.6 Recognise the influence of and manage spatial factors for responding effectively in violent situations (e.g. maintain access to exit doors, utilise duress alarm to contact security staff, avoid proximity to glass materials) (HSP 2).

4.8 MANAGING INTERACTION WITH THE MEDIA

4.8.1 Recognise the role and influence of the media in health care (HSP 1).

4.8.2 Describe the local workplace policy and procedures for interaction with the media, including who in the workplace has the authority to comment or answer media inquiries (HSP 1).

4.8.3 Respond appropriately to interactions with the media (HSP 1).

CORE SKILLS

SECTION 5: Working Effectively with Communities

- 5.1 Managing Community Expectations of Working as a Doctor
- 5.2 Working Effectively within the Health Professional Community
- 5.3 Working with the Indigenous Community
- 5.4 Working with Community Groups
- 5.5 Working Effectively with Health Advisory Council
- 5.6 Knowing How to Access Key People and Resources in the Community and Within the Hospital

SECTION 5:

Working Effectively with Communities

5.1 MANAGING COMMUNITY EXPECTATIONS OF WORKING AS A DOCTOR

- 5.1.1 Recognise community expectations of working as a doctor (e.g. availability of medical services, provision of expert empathic medical care) (HSP 1).
- 5.1.2 Listen to community requests for and expectations about what services should be provided by a doctor and communicate clearly and respectfully with regard to what can be realistically delivered (HSP 2).
- 5.1.3 In routine professional practice conduct oneself in a manner that meets community expectations of working as a doctor (HSP 1).

5.2 WORKING EFFECTIVELY WITHIN THE HEALTH PROFESSIONAL COMMUNITY

- 5.2.1 Maintain effective communication with general practitioners (HSP 1).
- 5.2.2 Conduct education sessions with local health professions as requested (HSP 2).
- 5.2.3 Liaise effectively with community health services (e.g. sexual health, early childhood services) (HSP 1).

5.3 WORKING WITH INDIGENOUS COMMUNITIES

- 5.3.1 Recognise that the uneven burden of social, economic and environmental circumstances in which many Aboriginal people live (e.g. poverty, poor housing and inadequate food supply) place Aboriginal people at greater risk for chronic conditions (HSP 1).
- 5.3.2 Recognise the disproportionately high burden of chronic conditions in the Aboriginal community (e.g. diabetes-related death and illness is 10 times more for Aboriginal people than non-Aboriginal people) (HSP 1).
- 5.3.3 Contribute to improved health outcomes for Aboriginal people by participating in evidence-based standards of practice for Area Health Services (e.g. implemented through local Area Health Service Aboriginal Health Partnerships and in collaboration with a range of other services and organisations) (HSP 2).
- 5.3.4 In the context of one's individual work role, contribute to improving the accessibility and appropriateness of health services and programs for the prevention and management of chronic conditions in indigenous communities (HSP 2).
- 5.3.5 Utilise available ancillary and support services such as Aboriginal health liaison Officers to improve access to services and communication with indigenous patients (HSP 1).

5.4 WORKING WITH COMMUNITY GROUPS

- 5.4.1 Liaise effectively with local government agencies and institutions (HSP 1).
- 5.4.2 Support community engagement and links with hospitals especially in rural communities (HSP 2).

5.5 WORKING EFFECTIVELY WITH HEALTH ADVISORY COUNCILS

- 5.5.1 Participate in the planning of local health service provision and respond to the Area Health Service's policies, plans and initiatives in consultation with the local Health Advisory Council (HSP 3).
- 5.5.2 Contribute to the development of clinical networks and improved liaison with other health care providers, consumers of health services and other members of the community by participating in meetings and other interaction mechanisms formalised through the Health Advisory Council communication protocol (HSP 3).

5.6 KNOWING HOW TO ACCESS KEY PEOPLE AND RESOURCES IN THE COMMUNITY AND WITHIN THE HOSPITAL

- 5.6.1 Formalise the use of non-clinical time to develop effective contact and collaboration with local health services, community services, and other relevant community organisations (HSP 3).

CORE SKILLS

SECTION 6: Managing Resources

- 6.1 Managing Physical Resources
- 6.2 Financial Management

SECTION 6: Managing Resources

6.1 MANAGING PHYSICAL RESOURCES

- 6.1.1 Summarise the services that are delivered by the clinical unit/hospital department/Area Health Service and what physical resources are required to support service delivery (HSP 2).
- 6.1.2 Ensure that the unit/hospital department has necessary equipment and other physical resources to complete work requirements (HSP 3).
- 6.1.3 According to work role responsibilities, demonstrate appropriate and timely access of equipment and other physical resources (HSP 1).
- 6.1.4 Regularly check that equipment is in proper and safe working condition (HSP 1).
- 6.1.5 As far as possible, request/purchase standard equipment (HSP 2).
- 6.1.6 Recognise important workplace factors related to the human/technology interface (e.g. overriding alarms as a short-term and potentially unsafe response to managing work flow blocks) and implement more effective solutions (HSP 2).

6.2 FINANCIAL MANAGEMENT

- 6.2.1 Apply rational test ordering protocols in clinical work (e.g. RACP Rational Test Ordering Scenarios) (HSP 2).
- 6.2.2 Recognise the opportunity costs associated with health expenditure (HSP 2).
- 6.2.3 Recognise and operate within financial management delegations (HSP 3).
- 6.2.4 Employ standard NSW Health and AHS accounting and budget processes (e.g. consistently use cost centre and account codes) in recording/reporting financial details (HSP 3).
- 6.2.5 Recognise the budget planning cycle and effectively manage an operational budget (HSP 3).
- 6.2.6 Negotiate in an environment of scarce resources (e.g. priority access to imaging and other resources necessary for patient care) (HSP 3).
- 6.2.7 Develop a business case for extra resources (HSP 3).

CORE SKILLS

SECTION 7: Working Effectively within the Organisation

- 7.1 Prepare for Meetings
- 7.2 Patient Transfer
- 7.3 Patient Flow

SECTION 7: Working Effectively

within the Organisation

7.1 PREPARE FOR MEETINGS

- 7.1.1 Prepare for meeting (e.g. read meeting papers and prepare for discussion) (HSP 1).
- 7.1.2 Participate effectively in the meeting, listening and responding as appropriate and deferring to the Chairperson's role of presiding over the meeting (HSP 1).
- 7.1.3 As Chairperson, ensure that meeting agenda has been prepared and that members have been advised of the meeting time and location (HSP 2).
- 7.1.4 As Chairperson, preside over the meeting to ensure that proceedings are conducted in a proper and orderly manner and to guide the meeting towards achieving its aims (HSP 2).

7.2 PATIENT TRANSFER

- 7.2.1 Recognise when a patient needs transfer and liaise with appropriate multidisciplinary team members involved in a patient's care during the transfer process (e.g. nursing and social staff) (HSP 2).
- 7.2.2 Identify an appropriate service to transfer patients (HSP 2).
- 7.2.3 Negotiate with the receiving health service (HSP 2).
- 7.2.4 Minimise the risk of the physical transfer utilising appropriately trained staff and adequate monitoring and communication equipment 2 (HSP 2).
- 7.2.5 Recognise and effectively use retrieval services (HSP 2).

7.3 PATIENT FLOW

- 7.3.1 Use organisational or otherwise established guidelines to triage the patient regarding requirements for resuscitation, assessment, monitoring and staff protection (HSP 1).
- 7.3.2 Prioritise access to services (e.g. diagnostic tests and indicating that patient is waiting on test before discharge) (HSP 1).
- 7.3.3 Monitor patient flows within hospital (e.g. define goals of admission and estimate date of discharge, early recognition and assessment of patients with potential problems that could extend hospital stay). Facilitate consults and handover between teams (HSP 2).
- 7.3.4 Demonstrate proactive management of bed block including liaison and consultation with others to help unblock beds (HSP 2).
- 7.3.5 Lead/participate in projects to reduce bed block (e.g. use of 'hospital in the home', aged care outreach to help manage patients outside hospital, implement JONAH system) (HSP 3).

CORE SKILLS

SECTION 8: Communication

- 8.1 Patient Interaction
- 8.2 Managing Information
- 8.3 Working in Teams

SECTION 8: Communication

8.1 PATIENT INTERACTION

Context

- 8.1.1 Use the environment to facilitate communication (e.g. privacy, location) (HSP 2).
- 8.1.2 Demonstrate the skills of effective communication (HSP 1).
- 8.1.3 Demonstrate effective communication with difficult or vulnerable patients (HSP 2).

Respect

- 8.1.4 Demonstrate courtesy and respect, displaying awareness and sensitivity for patients and families with diverse backgrounds (HSP 1).
- 8.1.5 Communicate in a professional manner, drawing on the principles of privacy and confidentiality (HSP 1).
- 8.1.6 Provide clear and honest information to patients, carers and families and encourage other members of the healthcare team to do the same (HSP 2).
- 8.1.7 Involve patients (and carers and families, where appropriate) in treatment choices (HSP 2).

Providing Information

- 8.1.8 Apply the principles of good communication (e.g. demonstrating active listening and avoiding information overload) (HSP 1).
- 8.1.9 Communicate with patients in a variety of ways (e.g. clear language, diagrams and images) (HSP 1).

Meetings with Families and/or Carers

- 8.1.10 Make positive use of family dynamics in effective communication with family members and carers (HSP 2).
- 8.1.11 Ensure that relevant family members/carers are included as appropriate in meetings, especially during decision-making (HSP 2).

Breaking Bad News

- 8.1.12 Communicate empathically and compassionately in breaking bad news to patients, families and carers (HSP 1).
- 8.1.13 Inform patients, families and carers of end of life options (e.g. advanced care directives) (HSP 2).
- 8.1.14 Recognise the impact of grief, loss and bereavement for patients, families and carers (HSP 1).
- 8.1.15 Involve junior medical officers in the process of breaking bad news and debrief healthcare team members following the breaking of bad news (HSP 2).

End of Life Care

- 8.1.16 When life cannot be preserved, provide comfort and dignity to the dying person (HSP 2).
- 8.1.17 Recognise the right of all persons receiving healthcare to be informed about their condition and their treatment options. They have a right to receive or refuse life-prolonging treatment (HSP 2).
- 8.1.18 Respect advanced care directives but recognise that end-of-life decisions are subject to change and are not final (HSP 2).
- 8.1.19 Utilise consensus decisions with family and follow the provisions of the Guardianship Act when communication is not possible with the patient (HSP 2).
- 8.1.20 Utilise the NSW Health Guideline on End of Life Care and Decision Making (HSP 2).
- 8.1.21 Recognise that withholding or withdrawal of life-sustaining medical interventions may be permissible in the best interests of the dying patient (HSP 2).
- 8.1.22 Recognise that treatment decisions at the end of life should be non-discriminatory and should be dependent only on factors that are relevant to the patient's medical condition, values and wishes (HSP 2).
- 8.1.23 Recognise that health professionals are under no obligation to provide treatments that, in the circumstances, are unreasonable, in particular, those that offer negligible prospect of benefit to the patient (HSP 2).

Open Disclosure

- 8.1.24 Outline and implement the principles of open disclosure in the event of an unexpected outcome or adverse event (HSP 1).
- 8.1.25 Outline and implement the principles of support and care for patients, carers and staff after an adverse event (HSP 1).

Complaints

- 8.1.26 Identify factors likely to lead to complaints and factors likely to minimise complaints (HSP 1).
- 8.1.27 Respond to complaints as required and refer to other staff and supervisors where appropriate (HSP 2).
- 8.1.28 Ensure the maintenance of confidentiality during the complaint process (HSP 2).

8.2 MANAGING INFORMATION

Written

- 8.2.1 Comply with organisational policies regarding timely and accurate documentation (HSP 1).
- 8.2.2 Demonstrate high quality written skills (e.g. legible, concise and informative discharge summaries) (HSP 1).
- 8.2.3 Effectively write documents (e.g. referrals, investigation requests), using appropriate structure and content (HSP 1).

Electronic

- 8.2.4 Compare and contrast the uses and limitations of electronic patient information and decision support systems with conventional paper based systems (HSP 2).
- 8.2.5 Demonstrate effective use of electronic resources in patient care (e.g. to obtain results, discharge summaries, pharmacopoeia) (HSP 1).
- 8.2.6 Comply with policies regarding information technology (e.g. passwords, email and internet) (HSP 1).

Prescribing

- 8.2.7 Accurately communicate prescriptions and check that the patient has understood (HSP 1).
- 8.2.8 Accurately record drug prescription and administration (HSP 1).
- 8.2.9 Effectively use prescribing as an important form of communication within the healthcare team (HSP 2).

Health Records

- 8.2.10 Recognise the benefits of accurate documentation in constructing health records and the uses to which records are employed (HSP 1).
- 8.2.11 Comply with the legal and institutional requirements for health records (HSP 1).
- 8.2.12 Sign, date and time all entries to the medical record (HSP 1).
- 8.2.13 Contribute and participate in the formation of the health record to provide continuity of patient care (HSP 1).

Evidence-Based Practice

- 8.2.14 Implement the principles of evidence-based practice (HSP 1).
- 8.2.15 Use best available evidence in clinical decision making (HSP 1).
- 8.2.16 Critically appraise evidence and information (HSP 1).

Results

- 8.2.17 Ensure that the results of all investigations and tests are appropriately checked, filed, acknowledged and acted upon (HSP 1).
- 8.2.18 Ensure that the patient and other treating doctors are informed of the results of relevant diagnostic investigations and that appropriate follow-up is completed (HSP 1).

Handover

- 8.2.19 Summarise the importance of handover in terms of patient safety and continuity of care (HSP 1).

- 8.2.20 Describe the risks of ineffective handover (HSP 1).
- 8.2.21 Perform an effective handover to another healthcare team member (HSP 1).

8.3 WORKING IN TEAMS

Team Structure

- 8.3.1 Identify different types and structure of healthcare teams (e.g. the medical team, the multidisciplinary team) suitable for the care of the patient (HSP 1).
- 8.3.2 Include patients and carers in the healthcare team where appropriate and if possible (HSP 1).
- 8.3.3 Provide appropriate leadership within a healthcare team (HSP 2).

Team Dynamics

- 8.3.4 Identify the characteristics of effective healthcare teams (HSP 1).
- 8.3.5 Work constructively with others in the healthcare team and resolve conflicts if they arise (HSP 1).
- 8.3.6 Within the healthcare team demonstrate flexibility and adaptability in responding to changes in the workplace (HSP 1).

Teams in Action

- 8.3.7 Participate fully in teams across healthcare settings, displaying respect for other team members (HSP 1).
- 8.3.8 Demonstrate support for the roles and responsibilities of healthcare team members (HSP 1).
- 8.3.9 Demonstrate the flexibility to adapt to a variety of roles within the healthcare team (HSP 2).

Case Presentation

- 8.3.10 Outline the elements and principles of an effective case presentation (HSP 1).
- 8.3.11 Perform an effective case presentation to members of the healthcare team, including senior medical staff (HSP 1).

CORE SKILLS

SECTION 9: Professionalism

- 9.1 Doctor and Society
- 9.2 Professional Behaviour
- 9.3 Teaching and Learning

SECTION 9: Professionalism

9.1 DOCTOR AND SOCIETY

Access to Healthcare

- 9.1.1 Indicate how disability can limit access to healthcare services (HSP 1).
- 9.1.2 Provide culturally appropriate healthcare (HSP 1).
- 9.1.3 Adopt an inclusive and non discriminatory approach to healthcare (HSP 1).

Culture, Society and Healthcare

- 9.1.4 Describe social, economic and political factors in patient illness (HSP 1).
- 9.1.5 Outline the impact of culture, ethnicity and spirituality on health (HSP 1).
- 9.1.6 Identify one's own cultural values and their potential impact on the role of being a doctor (HSP 1).

Indigenous Patients

- 9.1.7 Briefly describe the history and experiences of indigenous Australians and explain how these may affect indigenous patient illness presentation (HSP 1).
- 9.1.8 Demonstrate sensitivity to indigenous Australians' spirituality and relationship to the land (HSP 1).
- 9.1.9 Recognise the diversity of indigenous cultures, experiences and communities (HSP 1).

9.2 PROFESSIONAL BEHAVIOUR

Medicine and the Law

- 9.1.10 Comply with the legal requirement in patient care (e.g. in implementing provisions of the NSW Mental Health Act, the Medical Practitioners Act, Coroners Act, NSW Health Codes of Conduct and other legislative and policy instruments applicable to the practice of medicine) (HSP 1).
- 9.1.11 Complete medico-legal documentation appropriately (HSP 1).
- 9.1.12 Liaise with and report to legal and statutory authorities as required (HSP 1).

Health Promotion

- 9.1.13 Describe environmental and lifestyle risks to health and advocate for healthy environmental and lifestyle choices during encounters with patients (HSP 1).
- 9.1.14 Demonstrate a non-judgemental approach to patients and their lifestyle choices (HSP 1).
- 9.1.15 Contrast the positive and negative aspects of health screening and prevention (HSP 2).

Healthcare Resources

- 9.1.16 Deploy healthcare resources wisely to achieve the best outcomes (HSP 1).
- 9.1.17 Demonstrate behaviour that acknowledges that healthcare is a finite resource (HSP 1).
- 9.1.18 Describe the complexities and potential blocks of gaining healthcare access for patients (HSP 2).

Professional Responsibility

- 9.2.1 Exercise professional responsibilities relevant to the current work role (HSP 1).
- 9.2.2 Describe elements of reflective professional practice with regard to current personal capabilities (HSP 1).
- 9.2.3 Describe the parameters of individual professional skills (HSP 1).

Time Management

- 9.2.4 Explain how time limits affect patient care and hospital function (HSP 2).
- 9.2.5 Prioritise daily workload and multiple demands on time and activities (HSP 2).
- 9.2.6 Demonstrate punctuality in the workplace (HSP 1).
- 9.2.7 Describe how working in multidisciplinary teams impacts on time management (HSP 2).

Personal Well-being

- 9.2.8 Identify the personal health risks of medical practice (e.g. fatigue, stress) (HSP 1).
- 9.2.9 Describe behaviours that will optimise personal health and well-being (HSP 1).
- 9.2.10 Recognise the potential harm to others due to the lack of personal well-being (HSP 1).
- 9.2.11 Describe unhealthy responses to work stress (e.g. substance abuse) (HSP 1).

Ethical Practice

- 9.2.12 Recognise the ethical complexity of medical practice (HSP 1).
- 9.2.13 Follow professional and ethical codes relevant to medical practice (HSP 1).
- 9.2.14 Demonstrate ethical practice within and outside the workplace (HSP 1).

Practitioner in Difficulty

- 9.2.15 Describe the support services available to practitioners in difficulty (HSP 1).
- 9.2.16 Describe appropriate responses to a practitioner in difficulty (HSP 1).

Doctors as Leaders

- 9.2.17 Describe the variety of leadership roles that may be required as a doctor and demonstrate the attributes of these as required (HSP 2).
- 9.2.18 Describe and demonstrate the attributes of a good leader (HSP 2).
- 9.2.19 Enact the roles of collaborator and leader in the workplace (HSP 2).

9.3 TEACHING AND LEARNING

Self-Directed Learning

- 9.3.1 Demonstrate a commitment to continuous learning in medicine (HSP 1).
- 9.3.2 Identify and address personal learning needs (HSP 1).
- 9.3.2 Link the acquisition of new skills, knowledge and behaviours to the requirements of your position and role (HSP 1).
- 9.3.4 Describe and apply where relevant common research methodologies (HSP 1).
- 9.3.5 Summarise levels of evidence with regard to learning in medicine (HSP 2).

Teaching

- 9.3.6 Identify varied teaching approaches appropriate to different settings of teaching and learning in medicine (HSP 2).
- 9.3.7 Actively include positive teaching opportunities for junior medical officers in everyday clinical practice, demonstrating effective practice (e.g. in handovers) (HSP 2).
- 9.3.8 Incorporate teaching into professional practice as required (HSP 2).
- 9.3.9 Respond appropriately to feedback on teaching in professional practice (HSP 2).

Supervision

- 9.3.10 Describe the elements of effective supervision (HSP 1).
- 9.3.11 Participate in personal supervision and respond to feedback (HSP 1).
- 9.3.12 Provide supervision and feedback to other members of the health care team as required (HSP 1).
- 9.3.13 Participate in assessment and appraisal as required (HSP 1).

Career Development

- 9.3.14 Describe the career options as a medical practitioner working in a variety of hospital practice settings (HSP 2).
- 9.3.15 Identify in consultation with senior colleagues and peers pathways to alternative careers in medicine, if desired (HSP 2).

NSW Institute of Medical Education and Training (IMET)

Building 12 Gladesville Hospital

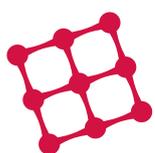
GLADESVILLE NSW 2060

Tel: (02) 9844 6551

Fax: (02) 9844 6544

Email: info@imet.health.nsw.gov.au

Post: Locked Bag 5022, GLADESVILLE NSW 1675



IMET
NSW Institute of
Medical Education
and Training



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HOSPITAL SKILLS PROGRAM