

Professionalism

PROFESSIONAL BEHAVIOUR

Practitioner in difficulty

Identifies the support services available
Recognises the signs of a colleague in difficulty
Refers appropriately & responds with empathy

Doctors as leaders

Shows an ability to work well with and lead others
Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

Professional Development

Explores and is open to a variety of career options
Participates in a variety of continuing education opportunities

TEACHING, LEARNING & SUPERVISION

Self-directed learning

Identifies and addresses personal learning objectives
Establishes and uses current evidence based resources to support own learning
Seeks opportunities to reflect on and learn from clinical practice
Seeks and responds to feedback on learning
Participates in research and quality improvement activities where possible

Teaching

Plans, develops and conducts teaching sessions for peers and juniors
Uses varied approaches to teaching small and large groups
Incorporates teaching into clinical work
Evaluates and responds to feedback on own teaching

Supervision

Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
Adapts level of supervision to the learner's competence and confidence

Assessment and Feedback

Provides constructive, timely and specific feedback based on observation of performance
Participates in feedback and assessment processes
Provides constructive guidance or refers to an appropriate support to address problems (ADV)

Skills & Procedures

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

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 (M&F)
Urine dipstick interpretation
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)

Clinical Problems and Conditions

Doctors should be able to appropriately assess patients presenting with common, important conditions, including the accurate identification of symptoms, signs and/or problems and their differential diagnosis and then use that information to further manage the patient, consistent with their level of responsibility. The 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 &/or frequent micturition
Pyelonephritis and UTIs
Reduced urinary output
Renal failure
Urinary Incontinence
Abnormal menstruation
Contraception

OBSTETRIC

PainPain and bleeding in pregnancy

ENDOCRINE

Diabetes: new cases & complications

HAEMOPOIETIC

Anaemia

NUTRITION / METABOLIC

Weight gain
Weight loss

MENTAL STATE

Disturbed or aggressive patient

PSYCHIATRIC / DRUG & 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

Introduction

The prevocational phase of medical training and development encompasses the period between graduation and vocational training.The Australian Curriculum Framework for Junior Doctors (ACF) is an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care. The ACF is built around three learning areas: Clinical Management, Communication, and Professionalism. These areas are divided into categories each of which is further subdivided into learning topics. These topics have been identified in the literature and from supervisors' experiences as being critical to both safe prevocational practice and a basis for future training.

The principles that underpin the ACF include:

- Adult Learning theory, including: respect for prior learning and experience, provision of clear learning outcomes, regular feedback on performance and provision of opportunities for reflection
- A focus on translating learning from university into performance in the workplace
- Vertical integration of medical education across the continuum
- Clear expectations of outcomes for all involved in prevocational medical education and training
- Safety and quality in healthcare.

The ACF is a continuing collaborative project between Postgraduate Medical Councils (PMCs) and a broad range of stakeholders under the leadership of the Confederation of Postgraduate Medical Education Councils (CPMEC) and funded by the Australian Government Department of Health and Ageing.

The history of the development of the ACF, references and useful downloads and links are available on the CPMEC website: www.cpmec.org.au

Using the AFC

The ACF can be used in a variety of ways to support prevocational training and development:

For Prevocational Doctors

- The ACF can be used to guide your journey through the prevocational years. It outlines the desired learning outcomes, however it is recognised that proficiency in achievement of the capabilities will occur at different stages in your training but should ideally be achieved prior to vocational training.
- The ACF is designed to be used as a self-assessment tool to identify strengths, weaknesses and opportunities for learning and professional development. It can then be used as a basis for monitoring your progress during the prevocational years.
- When commencing new rotations, the ACF provides a useful guide for discussing the learning opportunities that may be available from a given term. It may help to identify particular skills and procedures that may be learnt during the term and to plan in advance to receive such training.

For Supervisors, educators, employers and managers:

- The ACF can be used to review the learning opportunities offered by existing rotations or to plan the development of innovative positions in new and expanded settings. For example, clinical staff can use the ACF as a starting point for discussions about what doctors in vocational training should learn and how best to teach it.
- The ACF can be mapped to undergraduate and vocational training curricula, prevocational education programs, position descriptions and rosters in order to identify gaps or duplication across the continuum of medical education.
- Clinical unit staff can use the ACF as a starting point for discussions about innovative approaches to clinical teaching and professional development.
- The ACF provides a structure for mid and end of term feedback and assessment.

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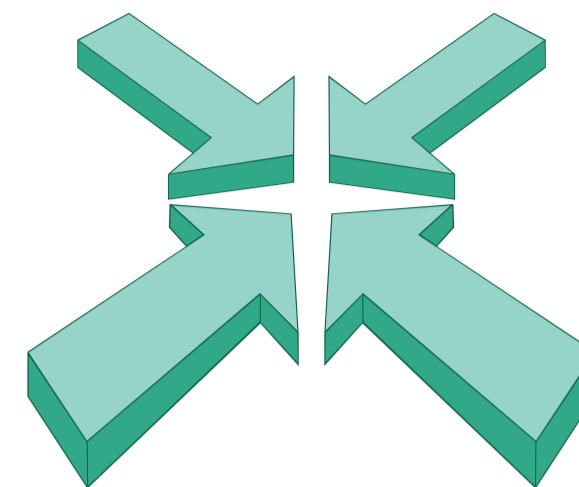
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Assoc Prof Merrilyn Walton
Dr Alex Markwell
Mr Jamie Alexander
Dr Derinda Arangala
Ms Susanne Le Bouthillier

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Confederation of Postgraduate Medical Education Councils

AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

version2.2

Introduction

Clinical Management

Professionalism

Communication

Clinical Problems and Conditions

Skills & Procedures

Clinical Management

SAFE PATIENT CARE

Systems

Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient

Uses mechanisms that minimise error e.g. checklists, clinical pathways
Participates in continuous quality improvement e.g. clinical audit

Risk & prevention

Identifies the main sources of error & risk in the workplace

Recognises and acts on personal factors which may contribute to patient and staff risk

Explains and reports potential risks to patients & staff

Adverse events & near misses

Describes examples of the harm caused by errors & system failures

Documents & reports adverse events in accordance with local incident reporting systems

Recognises & manages adverse events & near misses (ADV)

Public health

Informs authorities of each case of a 'notifiable disease'

Acts in accordance with the management plan for a disease outbreak

Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

Infection control

Practices correct hand-washing and aseptic techniques

Uses methods to minimise transmission of infection between patients

Rationally prescribes antibiotic/antiviral therapy for common conditions

Radiation safety

Minimise the risk to patient or self associated with exposure to radiological investigations or procedures

Rationally requests radiological investigations and procedures

Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

Medication safety

Identifies the medications most commonly involved in prescribing & administration errors

Prescribes & administers medications safely

Routinely reports medication errors & near misses in accordance with local requirements

PATIENT ASSESSMENT

Patient identification

Follows the stages of a verification process to ensure the correct identification of a patient

Complies with the organisation's procedures for avoiding patient misidentification

Confirms with others the correct identification of a patient

History & Examination

Recognises how patients present with common acute and chronic problems and conditions

Elicits symptoms & signs relevant to the presenting problem or condition

Undertakes and can justify clinically relevant patient assessments

Problem formulation

Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses

Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions

Regularly re-evaluates the patient problem list as part of the clinical reasoning process

Investigations

Selects, requests and can justify investigations in the context of particular patient presentation

Follows up and interprets investigation results appropriately to guide patient management

Identifies and provides relevant and succinct information when ordering investigations

Referral & consultation

Identifies & provides relevant & succinct information

Applies the criteria for referral or consultation relevant to a particular problem or condition

Collaborate with other health professionals in patient assessment

EMERGENCIES

Assessment

Recognises the abnormal physiology & clinical manifestations of critical illness

Recognises & effectively assesses acutely ill, deteriorating or dying patients

Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

Describes the principles of triage

Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET

Provides clinical care in order of medical priority

Clinical Management

EMERGENCIES

Basic Life Support

Implements basic airway management, ventilatory & circulatory support

Effectively uses semi-automatic and automatic defibrillators

Advanced Life Support

Identifies the indications for advanced airway management

Recognises malignant arrhythmias, uses resuscitation/drug protocols & manual defibrillation

Participates in decision-making about & debriefing after cessation of resuscitation

Acute patient transfer

Identifies factors that need to be addressed for patient transfer

Identifies and manages risks prior to and during patient transfer (ADV)

PATIENT MANAGEMENT

Management Options

Identifies and can justify the patient management options for common problems and conditions

Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

Therapeutics

When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used

Involves nurses, pharmacists & allied health professionals appropriately in medication management

Evaluates the outcomes of medication therapy (ADV)

Pain management

Specifies and can justify the hierarchy of therapies and options for pain control

Prescribes pain therapies to match the patient's analgesia requirements (ADV)

Evaluates the pain management plan to ensure it is clinically relevant (ADV)

Fluid, electrolyte & blood product management

Identifies the indications for and risks of fluid & electrolyte therapy and use of blood products

Recognises and manages the clinical consequences of fluid & electrolyte imbalance in a patient

Develops, implements, evaluates and maintains an individualised patient management plan for fluid,electrolyte and blood product use

Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

Subacute care

Identifies appropriate subacute care services for a patient

Identifies patients suitable for aged care, rehabilitation or palliative care programs

Ambulatory & community care

Identifies and arranges ambulatory and community care services appropriate for each patient

Discharge planning

Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary

Follows organisational guidelines to ensure smooth discharge

Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

End of Life Care

Arranges appropriate support for dying patients

SKILLS & PROCEDURES

Decision-making

Explains the indications and contraindications for common procedures

Selects appropriate procedures with involvement of senior clinicians and the patient

Informed consent

Applies the principles of informed consent in day to day clinical practice

Identifies the circumstances that require informed consent to be obtained by a more senior clinician

Provides a full explanation of procedures to patients

Preparation & anaesthesia

Prepares & positions the patient appropriately

Recognises the indications for local, regional or general anaesthesia (ADV)

Arranges appropriate equipment & describes its use

Procedures

Provides appropriate analgesia and/or premedication

Arranges appropriate support staff & defines their roles

Post-procedure

Monitors the patient & provides appropriate aftercare

Identifies & manages common complications

Interprets results & evaluates outcomes of treatment

Communication

PATIENT INTERACTION

Context

Arranges an appropriate environment for communication, e.g. private, no interruptions

Uses principles of good communication to ensure effective healthcare relationships

Uses effective strategies to deal with the difficult or vulnerable patient

Respect

Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds

Maintains privacy & confidentiality

Provides clear & honest information to patients & respects their treatment choices

Providing information

Applies the principles of good communication (e.g. verbal and non verbal) and communicates with patients and carers in ways they understand

Uses interpreters for non English speaking backgrounds when appropriate

Involves patients in discussions and decisions about their care

Meetings with families or carers

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

Breaking bad news

Identifies symptoms and signs of loss and bereavement

Participates in breaking bad news to patients & carers

Shows empathy & compassion

Open disclosure

Explains and participates in implementing the principles of open disclosure

Ensures patients and carers are supported & cared for after an adverse event

Complaints

Acts to minimise or prevent the factors that would otherwise lead to complaints

Uses local protocols to respond to complaints

Adopts behaviours such as good communication designed to prevent complaints

MANAGING INFORMATION

Written

Complies with organisational policies regarding timely and accurate documentation

Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries

Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters

Accurately documents drug prescription and administration

Electronic

Uses electronic patient information & decision-support systems recognising his/her strengths and limitations

Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia

Complies with policies regarding information technology e.g. passwords, e-mail & internet

Health Records

Complies with legal/institutional requirements for health records

Uses the health record to ensure continuity of care

Facilitates appropriate coding & classification by accurate documentation

Evidence-based practice

Describes the principles of evidence-based practice & hierarchy of evidence

Uses best available evidence in clinical decision-making (ADV)

Critically appraises evidence & information (ADV)

Handover

Describe the importance and features of handover that ensure patient safety and continuity of care

Performs effective handover e.g. team member to team member, hospital to GP, to ensure patient safety and continuity of care

WORKING IN TEAMS

Team structure

Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient

Includes the patient & carers in the team decision making process where possible

Identifies that team leaders can be from different health professions and respects their roles

Uses graded assertiveness when appropriate

Respects the roles & responsibilities of team members

Team dynamics

Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital

Demonstrates an ability to work with others and resolve conflicts when they arise

Demonstrates flexibility & ability to adapt to change

Communication

WORKING IN TEAMS

Teams in action

Identifies and adopts a variety of roles within a team (ADV)

Case Presentation

Presents cases effectively, to senior medical staff & other health professionals

Professionalism

DOCTOR & SOCIETY

Access to healthcare

Identifies how physical or cognitive disability can limit patients' access to healthcare services

Provides access to culturally appropriate healthcare

Demonstrates a non-discriminatory approach to patient care

Culture, society & healthcare

Behaves in ways which acknowledge the social, economic & political factors in patient illness

Behaves in ways which acknowledge the impact of culture, ethnicity & spirituality on health

Identifies his/her own cultural values that may impact on his/her role as a doctor

Indigenous patients

Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians

Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land

Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

Professional standards

Complies with the legal requirements of being a doctor e.g. maintaining registration

Adheres to professional standards

Respects patient privacy & confidentiality

Medicine & the law

Complies with the legal requirements in patient care e.g. Mental Health Act, death certification

Completes appropriate medico-legal documentation

Liaises with legal & statutory authorities, including mandatory reporting where applicable (ADV)

Health promotions

Advocates for healthy lifestyles and explains environmental & lifestyle risks to health

Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)

Evaluates the positive and negative aspects of health screening and prevention when making healthcare decisions (ADV)

Healthcare resources

Identifies the potential impact of resource constraint on patient care

Uses finite healthcare resources wisely to achieve the best outcomes

Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

PROFESSIONAL BEHAVIOUR

Professional responsibility

Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role

Maintains an appropriate standard of professional practice & works within personal capabilities

Reflects on personal experiences, actions & decision-making

Acts as a role model of professional behaviour

Time management

Prioritises workload to maximise patient outcomes and health service function

Demonstrates punctuality

Personal well-being

Is aware of and optimises personal health & well-being

Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress

Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

Behaves in ways which acknowledge the ethical complexity of practice & follows professional & ethical codes

Consults colleagues about ethical concerns

Accepts responsibility for ethical decisions