



Postgraduate
Medical Council
of
Western Australia

Western Australian Junior Doctor Curriculum

GUIDELINES FOR

TEACHING AND LEARNING:

POSTGRADUATE

YEARS 1 AND 2

2006

SUPPORTED AND FUNDED BY



Department of
Health

Acknowledgements

This WA Junior Doctor Curriculum has been developed by the Education Committee of the Postgraduate Medical Council of Western Australia, building on the extensive work of the Postgraduate Medical Council of New South Wales and the earlier work of the Prevocational Training and Accreditation Committee of WA.

We gratefully acknowledge the work of these organisations and the feedback received as a result of the consultation with a number of groups representing junior doctors, employers, professional bodies, medical students, teachers, educators and the Postgraduate Medical Councils of the other states and territories. The input of all of these groups is greatly valued.

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Message from the Director General, Department of Health

Since its inception in August 2003, the Postgraduate Medical Council of Western Australia (PMCWA) has established itself as an important partner in medical education and training for pre-vocational doctors in Western Australia.

The Universities of Western Australia and Notre Dame will be producing over 300 medical graduates by 2010, more than double the current numbers.

We need to take every opportunity to support and nurture these graduates, by providing them with a great foundation for their continuing medical careers, and making a contribution to quality health services in Western Australia.

The *WA Junior Doctor Curriculum* has been developed to provide support and guidance to the WA Health System in ensuring these graduates receive appropriate ongoing education.

I am sure that both junior doctors and their supervisors will find this *Curriculum* a valuable asset for their involvement in and development of medical education initiatives across the state.



Dr Neale Fong
DIRECTOR GENERAL

Message from the Chair, Postgraduate Medical Council WA

The *WA Junior Doctor Curriculum* is a valuable resource to ensure optimal safety and quality in health care for the community while addressing service needs and the training requirements of junior doctors.

It is a program that defines the capabilities to be achieved to practise as a good doctor and outlines the optimal training outcomes to be aimed for by each individual doctor and their health service.

The Curriculum has been designed to be dynamic and responsive to changes in the needs of the doctor, health care practice or the service. It articulates with undergraduate and vocational training, and is flexible so that it can be used in all environments from the community to general hospitals, tertiary hospitals or high technology facilities. The Curriculum has been developed to be used as a learning tool for the fair assessment of capabilities achieved and readiness for further training.

The Curriculum has been prepared with reference to the National Curriculum being developed by the Postgraduate Medical Council of New South Wales incorporating feedback from other states.

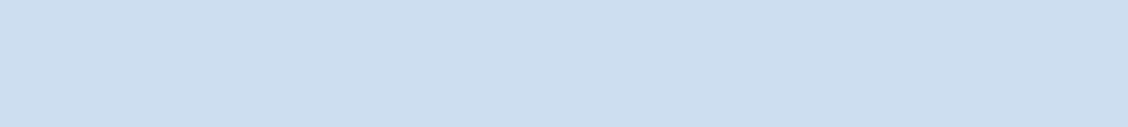
We would like to thank the PMCWA Education Committee, the Directors of Postgraduate Medical Education, the Medical Education Officers, the Directors of Clinical Training, the Junior Doctors and the PMCWA Secretariat and all others who have put in many hours helping develop a document that is readable and easily implementable.

A handwritten signature in blue ink, reading "Louis I. Landau". The signature is written in a cursive style and is underlined.

Professor Louis I. Landau
CHAIR

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Background

The WA Junior Doctor Curriculum has been developed to address a previously identified gap in detailed information regarding the requirements of medical education for Postgraduate Years one and two (PGY1 and 2). Work began in Western Australia in 2002 when the Prevocational Training and Accreditation Committee of Western Australia (PTAC) conducted some preliminary research. This resulted in a list of skills important for junior doctors to achieve in their first two years of postgraduate training.

More recently, the Postgraduate Medical Council of New South Wales (PMCNSW) began work on the development of a junior doctor curriculum for national implementation. The WA Junior Doctor Curriculum has now been developed, building on the work of PTAC, the PMCNSW and feedback from key stakeholders involved in medical education across WA.

The Postgraduate Medical Council of WA (PMCWA) is supportive of a unified and nationally supported curriculum and will continue to work with other states and territories to achieve this. In the interim, the WA Junior Doctor Curriculum utilises broad learning outcomes, which it believes will be congruent with those in the proposed national curriculum.

WA will be seeing an increase in medical school graduate numbers from 111 in 2005 to 306 in 2009. As a result, various health services across WA are investigating their potential to provide suitable opportunities for the clinical placement and training of these graduates and their first question is often about the curriculum. One of the key reasons the WA Junior Doctor Curriculum has been developed prior to the finalisation of a National Curriculum is as a result of these various requests.

PMCWA has considered that a junior doctor curriculum should interface with the undergraduate medical school curriculums and with those for vocational specialist training. This curriculum has been designed to be applicable in different training environments, for different streams of training, different rates of learning, and lateral entry from outside the normal undergraduate medical school programs.

Guiding Principles

The following guiding principles were used in the development of the WA Junior Doctor Curriculum.

1. The Curriculum provides guidance to health services/supervisors/educators on the education and training they are required to provide to PGY1s and 2s.
2. The Curriculum provides guidance to PGY1s and 2s on the learning outcomes to achieve and the education and training they should expect from their health service/supervisor/educator.
3. The Curriculum is flexible to provide adaptability across numerous health services and their differing learning environments.
4. The Curriculum supports life long, continuous and complementary learning, from undergraduate training, through to prevocational and vocational education and training, ensuring a smooth transition whilst continually consolidating prior learning.
5. The Curriculum encompasses the entire continuum of care, including health promotion and disease prevention.
6. Safety and quality in health care underpins all themes of the Curriculum and is fundamental to junior doctor education.

Introduction

The WA Junior Doctor Curriculum has been designed as a guide for the supervisors and those responsible for the training and education of PGY1s and 2s, and for PGY1s and 2s themselves.

Learning Outcomes

The most important component of the Curriculum is the Learning Outcomes, which are the broad descriptions of the behaviour that the junior doctor should exhibit at the conclusion of the term and/or year. They are the key elements of the Curriculum and are designed to be applied across all terms and in a broad range of learning environments.

Terms should be designed to incorporate various medical education strategies to assist the PGY1 or 2 to achieve the maximum possible number of Learning Outcomes. It is recognised that not all Learning Outcomes will be achievable in any one term.

Content

The Content describes the specific knowledge, skills and attitudes that may lead to the achievement of the Learning Outcome within the limits of the available terms.

The Content Lists are a SUGGESTION or GUIDE.

The Content Lists are NOT EXHAUSTIVE and are NOT MANDATORY.

They are provided to GUIDE learning and the construction of suitable junior doctor terms.

Appraisal

Appraisal of PGY1s and 2s is an ongoing process to ensure they:

- are aware of the learning objectives of each of their terms;
- are aware of their progress against the learning objectives; and
- have an understanding of strategies they can implement to address any areas they need improving.

The WA Junior Doctor Curriculum has been designed to assist the appraisal process by providing the detail within the Learning Outcomes. These specific content lists may only be required for junior doctors who are experiencing difficulties in achieving the Learning Outcome, by identifying the potential specific problem areas within the broad Learning Outcome.

Assessment

The Assessment process is the formalised process occurring at the end of the term and should include an analysis of the junior doctors achievement against the Learning Outcomes. The PMCWA Assessment Form (see Appendix A) maps directly the Learning Outcomes of this Curriculum.

The Supervisor DOES NOT NEED TO ASSESS all of the content listed within each Learning Outcome of the Curriculum.

How To Use This Curriculum

For the Supervisor/Teacher/Health Service

1. Assist in the development of specific learning objectives and education strategies for individual terms.
2. Assist in the assessment and appraisal of PGY1s and 2s, particularly if they are not achieving at an expected level.
3. Development of new terms for the placement of PGY1s and 2s, including sites not traditionally accommodating junior doctors.

For Learner

1. Assist in discussions with supervisors to determine expectations for each term.
2. Assist in clarifying whether the term is suitable for PGY1s and/or 2s.
3. Assist in determining the key outcomes they can seek to achieve in a term.

How Not to Use This CURRICULUM

The WA Junior Doctor Curriculum was not designed to:

1. be used by supervisors or employing health services as a mandatory checklist of procedures and skills to assess junior doctors;
2. be used as a checklist to determine if junior doctors have 'passed' their PGY1 or PGY2 year;
3. to act as a barrier to health services who are considering employing PGY1s or 2s;

Clinical Management

Patient Safety, Quality in Health Care and Risk

Management: PGY1s and 2s will be able to understand and be involved in continuous quality improvement as it relates to the enhancement of patient care, safety and management. Although listed in Clinical Management, Patient Safety and Quality in Health Care underpins all the themes outlined.

Clinical Assessment and Patient Management: PGY1s and 2s will 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. PGY1s and 2s will be able to deal with the undifferentiated problems and specific conditions (see page 13), and seek help where they recognise they have insufficient knowledge or skills to deal with the problem or condition.

Procedural Skills: PGY1s and 2s will be able to provide safe treatment to patients through competently performing certain procedural and/or assessment skills. Some may only be possible under supervision.

Emergency Management: PGY1s and 2s will be able to recognise critically ill patients (impending or actual circulatory, respiratory and renal failure and situations that are likely to lead to them) and initiate immediate management as needed. They will be required to take part in life support, be competent to participate with a resuscitation team under supervision and be able to contribute to discussion and decisions regarding resuscitation of patients.

Communication

Interpersonal Skills with Patients: PGY1s and 2s will be able to communicate with patients and involve them in the provision of health care in an effective manner to ensure they are treated with respect and dignity.

Teamwork/Interpersonal Skills with Others in the Health Care Team: PGY1s and 2s will be able to understand and be capable of managing the duties expected of him/her as a team member, understand the roles and duties of others and to anticipate, recognise and manage conflict.

Written Communication/Record Keeping: PGY1s and 2s will be able to complete all the necessary paper work and records in an appropriate, efficient, effective and legible manner. PGY1s and 2s will be able to demonstrate the ability and application to maintain medical records, provide prompt reports and certificates, manage time and priorities particularly when on admitting duties, and participate in planning and management of patients' discharge from hospital.

Professionalism

Professional Behaviour: PGY1s and 2s will be able to reflect and maintain a level of behaviour that is commensurate with the community standard expected of the medical profession.

Scholarly Practice: PGY1s and 2s will be able to involve themselves in activities that promote the continuation of education and learning throughout their working life and contribute to the education and training of colleagues, patients and others.

Doctor's Role in Society: PGY1s and 2s will be able to understand the doctors' role within the context of the health care system and the community.

Patient safety, quality in health care and risk management involves advocating for safe patient care, understanding the underlying factors (organisation, personal, system, hospital, environment) contributing to adverse incidents and making improvements to prevent them happening again.

Learning Outcome:

PGY1s and 2s will be able to understand and be involved in continuous quality improvement as it relates to the enhancement of patient care, safety and management.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Be aware of one's own abilities and limitations, work within these, and actively remediate where required.
- Understand and be aware of one's potential to make errors.
- Be aware of the health care environment and one's interaction with it and how this may impact on patient care.
- Recognise and report incidents using the appropriate systems, such as AIMS or Coroners Reports.
- Understand the basic principles of incident investigation, such as root cause analysis.
- Adhere to best practice, as outlined in hospitals' policies and procedures.
- Understand and participate in risk management practices where required.
- Understand common medico-legal issues and pitfalls.

Integral to the work of a doctor is the ability to assess, make decisions and manage patients according to principles of evidence-based practice.

Learning Outcome:

PGY1s and 2s will 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.

PGY1s and 2s will be able to deal with the undifferentiated problems and specific conditions (see page 13), and seek help where they recognise they have insufficient knowledge or skills to deal with the problem or condition.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Elicit and assess symptoms and signs.
- Formulate a differential diagnosis from which to plan initial investigations.
- Interpret investigation results and initiate management.
- Recognise and manage conditions under supervision.
- Communicate provisional diagnosis and prognosis.
- Arrange for appropriate discharge, ongoing care and medication.
- Know where to find, and how to use management guidelines and understand the evidence on which they are based.

- Be familiar with commonly used drugs, their administration, contraindications and side effects, and how to prescribe for inpatients and outpatients.
- Understand the effects of the interaction between medications.
- Be able to access and use medication guidelines/resources to enable safe prescription and use of medications.
- Discuss care with patients and relatives and support patient autonomy.
- Increase independent decision-making by the junior doctor as experience increases.
- Work within the limits of responsibility required for patient management.
- Elicit, record, and verbally present a patient's medical history and relevant findings based on a physical and mental state examination.
- Recognise a person who has unstable vital signs and recognise the urgency required for intervention eg shock, respiratory failure, decreased level of consciousness.
- Identify conditions needing urgent referral.
- Understand the epidemiology and social determinants of common conditions.

Problems and Conditions

Acute asthma
Acute cough
Abdominal pain
Anaphylaxis
Bleeding in the 1st trimester
Breathlessness
Cardiac Arrhythmias
Chest pain
Chronic cough
Chronic Obstructive Pulmonary Disease
Coma
Constipation
Delirium
Dementia
Depression and anxiety
Diabetes: new cases and complications
Diarrhoea
Domestic Violence, including Child Abuse
Dysuria and/or frequent micturition
Envenomation
Falls, especially in the elderly
Gastrointestinal bleeding
Headache
Heart failure
Hypertension
Ischaemic heart disease
Injury
Liver disease - acute and chronic
Loss of consciousness
Minor trauma
Non-specific febrile illness
Pain - acute and chronic
Palliative Care: Cancer/other end stage disease
Patient transfer
Pneumonia/other respiratory infections
Poisoning
Post Operative Care, including monitoring vital signs, fluid balance and pain relief
Psychosis
Pyelonephritis and UTIs
Reduced Urinary Output
Rehabilitation
Renal failure – acute and chronic
Septicaemia
Sexually Transmitted Infections
Stroke/TIA
Subarachnoid haemorrhage
Tiredness/Anaemia
Upper airway obstruction
Urinary Incontinence
Weight gain
Weight loss

Procedural Skills

Central to the doctor's role is the ability to assist in the treatment of patients, which often includes various procedural skills.

Learning Outcome:

PGY1s and 2s will be able to provide safe treatment to patients through competently performing certain procedural and/or assessment skills. Some may only be possible under supervision.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

General:

- Obtain vital signs including blood pressure, pulse oximetry, core temperature, blood sugar level via glucometer.
- Blood sampling/venepuncture.
- Perform an IV cannulation.
- Undertake an appropriate surgical scrub and aseptic technique.
- Administer nebuliser treatment.
- Set up an IV infusion.
- Perform vaccinations.
- Perform subcutaneous and intramuscular injections.
- Administer intravenous drugs.
- Administer IV fluid and electrolyte therapy.

- Prescribe and monitor anticoagulants.
- Prescribe and monitor antibiotics.
- Administer Insulin therapy.
- Administer appropriate analgesics.

Mental Health

- Perform mini-mental state examination.
- Assess suicide risk and risk to others.
- Assess alcohol withdrawal scale.
- Identify overdose syndromes.
- Identify intoxication with drugs of abuse.
- Apply appropriate schedule under Mental Health Act.

Neurology

- Assess level of consciousness using Glasgow Coma Score.
- Test for neck stiffness.
- Identify spinal cord or nerve root compression.
- Identify focal neurological signs.
- Identify peripheral nerve lesions.
- Identify papilloedema.
- Perform lumbar puncture.
- Interpret results of CSF exam.
- Identify indications for urgent CT scan in trauma, headache and impaired consciousness.

Surgery

- Apply a sterile dressing to a wound.
- Scrub, gown and glove.
- Assist in operating theatre.
- Tie surgical knots and simple wound suturing.
- Remove sutures.
- Administer local anaesthesia.
- Provide wound care.
- Treat minor burns.

Obstetrics

- Assess fundal height.
- Detect fetal heart sounds.
- Interpret blood pressure measurements.

Eyes

- Assess visual fields.
- Test visual acuity.
- Perform direct ophthalmoscopy.
- Administer eye drops.
- Apply eye bandages.
- Irrigate eyes.
- Evert upper eye lid.
- Estimate intraocular pressure.
- Perform slit lamp examination.
- Remove corneal foreign body.

Paediatrics

- Perform a newborn examination.
- Assess Apgar score.
- Perform neonatal CPR.
- Assess respiratory distress in infants.
- Assess infant/child dehydration.
- Recognise and report children at risk.

Ears, Nose and Throat

- Perform auroscopy/otoscopy.
- Perform anterior rhinoscopy.
- Perform external auditory canal irrigation.
- Insert anterior nasal pack.
- Insert wick to external auditory canal

Gynaecology

- Perform urine pregnancy test.
- Examine vagina and cervix.
- Perform gynaecological pelvic examination.
- Perform a PAP smear.

Gastrointestinal

- Percuss for ascites.
- Perform abdominal paracentesis.
- Insert a nasogastric tube.
- Perform rectal examination.
- Perform anoscopy/proctoscopy.
- Analyse faecal occult blood.

Urogenital

- Perform bladder catheterization (male & female).
- Recognise contraindications to urethral catheterisation.
- Perform and interpret urine dipstick.
- Perform urethral swab.

Trauma

- Conduct primary and secondary trauma survey.
- Maintain in-line immobilisation of cervical spine.
- Apply cervical collar.
- Apply pressure haemostasis.
- Identify hypovolaemia.
- Identify chest trauma.
- Insert an intercostal catheter.
- Assess adequacy of peripheral neurovascular function.
- Identify fractures and dislocations.
- Immobilise limb in appropriate plaster cast/splint.
- Reduce shoulder dislocation.

Cardiopulmonary

- Recognise stable and unstable dysrhythmias.
- Recognise ST elevation myocardial infarction.
- Perform and interpret the results of an electrocardiogram.
- Recognise acute coronary syndrome.
- Perform and interpret results of ABG.
- Measure and interpret peak flow.
- Interpret a chest x-ray.
- Perform and interpret spirometry.
- Insert a central venous line.
- Aspirate a pleural effusion or pneumothorax.
- Recognise abnormalities present on chest x-rays.
- Recognise abnormalities in arterial blood gas estimations and electrolyte and blood count results.

Learning Outcome:

PGY1s and 2s will be able to recognise critically ill patients (impending or actual circulatory, respiratory and renal failure and situations that are likely to lead to them) and initiate immediate management as needed. They will be required to take part in life support, be competent to participate with a resuscitation team under supervision and be able to contribute to discussion and decisions regarding resuscitation of patients.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Understand the disturbed physiology reflected in critical care situations.
- Demonstrate the ability to recognise and assess acutely ill patients, arrange appropriate urgent investigations and initiate immediate management.
- Understand the principles of triage.
- Understand indications for change to a palliative approach to management.
- Be able to participate in more advanced life support.
- Be able to practice safe airway management and to have skills for basic CPR, such as:
 - secure a patent airways;
 - apply oxygen therapy;
 - conduct external cardiac massage;
 - bag valve mask ventilation;
 - conduct defibrillation;
 - insert an IV cannula at appropriate sites;
 - set up IV infusion;
 - administer blood transfusion; and
 - identify conditions requiring urgent referral.

Interpersonal skills with patients

Patients are the centre of the health care experience and as such should be involved in all steps of the health care process.

Learning Outcome:

PGY1s and 2s will be able to communicate with patients and involve them in the provision of health care in an effective manner to ensure they are treated with respect and dignity.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Demonstrate active listening and elicit accurate information from patients and their families/carers.
- Openly communicate with patients and their families/carers.
- Provide information effectively and sensitively to patients and their families/carers.
- Be aware of differences in communication techniques and the appropriateness of their use in various situations.
- Understand value and utilise the process of 'Open Disclosure'.
- Be sensitive to the needs of patients from various cultural, ethnic, religious, lifestyle and socio-economic circumstances.
- Be able to obtain informed consent.
- Understand the importance of maintaining patient confidentiality.
- Develop mechanisms of managing the 'difficult patient'.

Team work/Interpersonal Skills with others in the health care team

Working effectively in a team involves collaboration and co-operation among team members and understanding of each other's role.

Learning Outcome:

PGY1s and 2s will be able to understand and be capable of managing the duties expected of him/her as a team member, understand the roles and duties of others and to anticipate, recognise and manage conflict.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Demonstrate active listening.
- Observe objectively.
- Be responsive, flexible and co-operative.
- Be organised and self aware.
- Understand group dynamics.
- Show an ability to work well with others.
- Demonstrate good interpersonal skills
- Understand and respect the roles, responsibilities and boundaries of JMOs.
- Understand and respect the roles, responsibilities and boundaries of other professions in the health setting.
- Demonstrate an understanding of the leadership role required of Doctors.
- Demonstrate accurate appraisal and positive critiquing skills on yourself and others.

- Contribute to multidisciplinary teams through the delivery of appropriate and concise information.
- Elicit accurate advice.
- Demonstrate differences in communication techniques with different groups and in different situations, as appropriate.
- Demonstrate conflict prevention and management strategies.
- Abide by the responsibilities and designated authority of the JMO position.
- Understand the organisational structure of the health care system and community services that interact with the hospital.

Written Communication/Record Keeping

Written communication and record keeping is essential to ensure workplace efficiency and effectiveness and to ensure safe and competent practice. Administrative functions, such as maintaining all forms of medical records, providing accurate reports and certificates and managing time and priorities are crucial to the role of PGY1s and 2s.

Learning Outcome:

PGY1s and 2s will be able to complete all the necessary paper work and records in an appropriate, efficient, effective and legible manner. PGY1s and 2s will be able to demonstrate the ability and application to maintain medical records, provide prompt reports and certificates, manage time and priorities particularly when on admitting duties, and participate in planning and management of patients' discharge from hospital.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Demonstrate high quality written skills.
- Provide written documentation accurately, clearly and legibly.
- Manage time and deal with priorities in record keeping.
- Maintain up to date and accurate medical case notes.
- Be able to accurately convey the intention of a consultation request.
- Participate in discharge planning by providing reports.
- Write prescriptions accurately and legibly.
- Complete timely and informative discharge summaries, death certificates and other certificates.

- Be able to use electronic resources as required in the management of patients (eg; obtain results, maintain patient notes, discharge letters).
- Be able to fulfil statutory notification obligations.

Individuals within the medical profession are expected to conduct themselves in a manner worthy of the trust they are given by many members of the community. This includes working with honesty, integrity, respect, ethics and not outside one's own abilities or outside one's area of professional competence.

Learning Outcome:

PGY1s and 2s will be able to reflect and maintain a level of behaviour that is commensurate with the community standard expected of the medical profession.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Be able to self govern and self regulate.
- Be able to reflect on personal experiences, behaviours and decision making processes.
- Maintain personal well-being.
- Provide appropriate medical care reflective of the ability of skills expected of a doctor at that level.
- Make responsible and ethical decisions with due reference to medical and legal requirements.
- Take appropriate action with regard to ones own health or performance or that of a colleague that may put patients or colleagues at risk.

Scholarly practice comprises the process of maintaining and enhancing knowledge in order to increase all dimensions of professional skills. Implicit in scholarly practice is the sharing of knowledge and the acquisition of skills.

Learning Outcome:

PGY1s and 2s will be able to involve themselves in activities that promote the continuation of education and learning throughout their working life and contribute to the education and training of colleagues, patients and others.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Keep abreast of new information and participate in independent learning using self directed learning techniques.
- Engage in continuous learning and teaching.
- Demonstrate critical thinking and critical evaluation of medical literature in decision making.
- Demonstrate the ability to teach others.
- Maintain up-to-date information gathering and evaluation skills especially with regard to electronic resources.

Doctor's Role in Society

This domain describes the responsibilities of the individual medical practitioner with respect to the professional, statutory, and legal obligations towards the health care system and within the medical profession.

Learning Outcome:

PGY1s and 2s will be able to understand the doctors' role within the context of the health care system and the community.

Content that may lead to the achievement of the Learning Outcome within the limits of available terms:

- Participate in professional development.
- Develop a portfolio of evidence of involvement in learning to maintain good medical practice.
- Undertake activities that are recommended as components of good practice.
- Allocate health care resources wisely.
- Successfully negotiate the interface between hospital staff and health professionals working outside hospitals and the broader community.
- Be cognisant of changing patterns of health care.
- Participate in the appropriate duties of a medical practitioner as outlined in 'The Duties of a Medical Practitioner Registered with the Medical Board'. Medical Board Policy, August 2003 (www.wa.medicalboard.com.au).
- Understand medical indemnity issues and agreements.
- Understand the context of individual's health and the health of the community including the epidemiology of disease, and practice preventative medicine.

Frequently Asked Questions

1. How can a junior doctor be expected to have exposure to all of the skills/procedures listed in this Curriculum?

The junior doctor is NOT expected to have exposure to all of the skills and procedures listed in this Curriculum. The Content lists are to be used only as a suggestion or guide and to help explain what the Learning Outcome entails. The Content is not an exhaustive or mandatory list.

2. Will this Curriculum be used as a checklist that Interns have to complete prior to the completion of their Intern year?

The Curriculum has not been designed to be used as a checklist. The Content Lists are provided as a suggestion of the skills, attitude and knowledge that the junior doctor may demonstrate as they work towards achieving the Learning Outcomes.

3. What happens if a junior doctor does not experience all that is listed in this Curriculum?

There will be no repercussions if a junior doctor does not experience all of the skills listed in this Curriculum. The key components of the Curriculum are the Learning Outcomes, which are the assessable components (see Appendix A: Assessment Form). It is important that the junior doctor progresses towards achieving the Learning Outcomes. The lists are provided to further explain what is meant by the Learning Outcomes and should only be used as a guide.

4. How will this document be linked to Accreditation?

All Health Services and the units/departments that accommodate PGY1s and 2s must be accredited in terms of such things as supervision, education, clinical experience, assessment and appraisal processes, etc. The Accreditation Standards now require that health services and units/departments demonstrate implementation of the WA Junior Doctor Curriculum by aligning their education program with the Curriculum.

5. How is this Curriculum linked to Assessment?

The criteria on the Assessment Form (see Appendix A) reflects the Learning Outcomes of this Curriculum. PGY1s and 2s will therefore be assessed on their progression towards achieving these Learning Outcomes. The lists of skills are only presented as a guide, particularly in the event of a junior doctor not achieving the Learning Outcome. In this instance, the lists can be used to further analyse the junior doctor's areas requiring improvement and develop strategies to address these areas.

6. What resources will be used to implement this Curriculum?

The WA Junior Doctor Curriculum has been designed to provide assistance and help streamline processes. As a result no additional resources will be required for its implementation. The PMCWA acknowledge that medical education is currently under resourced in terms of human and financial resources, but this Curriculum is not being implemented to specifically address this shortage.

7. How will the PMCWA ensure this Curriculum is being implemented?

This Curriculum will be included in the PMCWA Accreditation Standards. Its implementation will be assessed by the Accreditation Surveyors and by the Departments of Postgraduate Medical Education, or their equivalent.

8. How will the practice of medical education change with the implementation of the Curriculum?

It is not envisaged that the education and supervision of PGY1s and 2s will alter due to the implementation of this Curriculum. However, it is envisaged that there will be:

- improvements in the assessment and appraisal processes;
- more clearly defined learning objectives of each term;
- improved education sessions more directed towards achieving the stated learning outcomes;
- consistency and equity in training; and
- better health care outcomes.

Insert Hospital Logo

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Junior Doctor

END OF TERM ASSESSMENT FORM

This form is to provide information about the performance of Junior Doctors at the end of each term. The information will be used:

- to provide feedback to the Junior Doctor; and
- may also be used as the basis for references and future job selection.

Instructions:

1. Clinical Supervisor/s to tick appropriate boxes in columns provided.
2. Ticks in shaded areas require additional comments overleaf.
3. This completed form is to be returned by [eg supervisor, intern etc] to [contact person, department, etc]

This form may also be discussed at the start of term or mid term, for objective setting and appraisals. However, when used in this way, the completed form WILL NOT be collected by Medical Administration and NOT used for references or job selection.

Name: _____

Position: PGY1 (Intern) PGY2 PGY3+
 AMC Candidate Registrar

The following graph is to provide a general GUIDE only, of the distribution of Junior Doctor's expected performance.

Term: (circle one) 1 2 3 4 5

Unit: _____

Hospital: _____

Most Jnr Drs will be in this category.

	Not observed	Below expected level. Requires substantial assistance.	Borderline. Requires assistance	At expected level	Better than expected
CLINICAL MANAGEMENT					
1. Clinical Assessment and Patient Management		Please support these ratings with comments overleaf.			
2. Procedural Skills					
3. Emergency Management					
4. Adverse event identification and risk minimisation					
COMMUNICATION					
5. Interpersonal skills with Patients		Please support these ratings with comments overleaf.			
6. Team work/Interpersonal skills with others in the health care team.					
7. Written communication/Record keeping					
PROFESSIONALISM					
8. Professional Behaviour (<i>responsive/reflective/ethical</i>)					
9. Scholarly Practice (<i>learning/critical thinking</i>)					
10. Doctor's Role in Society (<i>manager/role model</i>)		Please support these ratings with comments overleaf.			
Other Learning Objectives, as agreed between Junior Doctor and their supervisor					
11. _____					
12. _____					
13. _____					

Please comment on the following:

1. Strengths:

2. Areas for improvement:

3. Overall Performance: (please tick one response)

- Below expected level. Requires substantial assistance. (Please support this rating with comments below)
- Borderline. Requires development. (Please support this rating with comments below)
- At expected level
- Better than expected

4. If you have indicated that the Junior Doctor requires '**substantial assistance**' or '**development**', please support with specific information and further comments:

5. This assessment form has been based on:

- Close personal observation
- General Impressions
- Observations made by other team members

Please indicate other staff from whom you have sought feedback with regard to the Junior Doctor's performance:

- Consultant/s Registrar/s Nursing Staff
- Others, specify _____

Supervisor

Name: _____ Position: _____

Signature: _____ Date: _____

Junior Doctor

I (the junior doctor) confirm that I have had the chance to discuss the above report with my assessor and know I may respond in writing within seven days should I disagree with any points

Signature: _____ Date: _____

Please forward to [contact person, department]



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