

# Prevocational Training Term Description template

Based on the Prevocational Education and Training Term Description Report (2023) developed by Health Education and Training Institute (HETI)

This template has been developed in consultation with PMCs about how they use the term description. Items identified with a star '★' indicate the minimum information the term description must define as described in Section 3 of *National standards and requirements for programs and terms*.

Term Detail			
<b>Accredited Prevocational Training Provider</b>			
<b>Term Name ★</b>			
<b>Term Location</b>			
<b>Term Specialty ★</b>			
<b>For Offsite Term</b> <i>Includes affiliated private hospitals, general practices, community based medical services</i>			
<b>Classification of clinical experience in Term ★</b> <i>(Maximum of 2) A-Undifferentiated illness patient care; B-Chronic illness patient care; C-Acute critical illness patient care; D-Peri-operative / procedural patient care; or Non-direct clinical experience (PGY2 Only)</i>			
<b>Is this a service term?</b> <i>Service terms (relief or nights) in this context refers to terms that have; discontinuous learning experiences, such as limited access to formal education program or regular unit learning activities; less or discontinuous overarching supervision (for example, nights with limited staff)</i>		Yes	No
<b>Term Min Duration (weeks) ★</b>		<b>Term Max Duration (weeks) ★</b>	
<b>Term Accredited for</b> <i>PGY1 terms are accredited for PGY1 and PGY2</i>	PGY1	PGY2 Only	
<b>Variation in PGY1/PGY2 Capacity</b>		Yes	No
<b>Total Number of Prevocational doctors</b>		<b>PGY1 Capacity</b>	<b>PGY2 Only Capacity</b>
<b>Unique term identifier (PMC specific)</b>		<b>Accreditation Status</b>	
<b>Date of Accreditation</b>		<b>Last Approved</b>	

## Overview of the Unit or Service

**The role of the unit and range of clinical services provided**

**Outline of the patient case mix, turnover and how acutely ill the patients generally are**

## Term Supervision

<p><b>Name, Position and Contact Details of Term Supervisor</b>★</p> <p><i>Responsible for prevocational doctor term orientation and assessment</i></p>			
<p><b>Clinical Term Supervisor Contact with the prevocational doctor</b></p> <p><i>Term supervisor to provide a plan for contact with the prevocational doctor/s during the training term</i></p>	<p><b>General Contact</b></p> <p><i>Contact person name and email/phone</i></p>		
	<p><b>Orientation Plan</b></p> <p><i>Contact person name and email/phone</i></p>		
	<p><b>Midterm Assessment Plan</b></p> <p><i>Contact person name and email/phone</i></p>		
	<p><b>End of Term Assessment Plan</b></p> <p><i>Contact person name and email/phone</i></p>		
<p><b>Primary Clinical Supervisor (if not Term Supervisor)</b>★</p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>			
<p><b>Immediate Clinical Supervisor with direct responsibility for day-to-day supervision</b>★</p> <p><i>(PGY3+)</i></p>			
<p><b>Clinical Team Structure</b>★</p> <p><i>Provide position of all members of the clinical team who provide supervision and beside teaching to prevocational doctors including AMOs and Registrars. Please also identify and describe how PGY1 &amp; PGY2s will be distributed amongst the team</i></p>			
<p><b>Clinical Team Structure</b>★</p>	Ward Based	Team Based	Other

# Prevocational Outcome Statements

Select the statements that describe the capabilities that prevocational doctors undertake as part of providing health care during the term

## Domain 1

*The prevocational doctor as practitioner*

- 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.
- 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.
- 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care
- 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues
- 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness
- 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.
- 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team
- 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically
- 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.
- 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making

## Domain 2

*The prevocational doctor as professional and leader*

- 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.
- 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.
- 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.
- 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.
- 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.
- 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.
- 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.
- 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

## Domain 3

*The prevocational doctor as a health advocate*

- 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients
- 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.
- 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.
- 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.
- 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.
- 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).

## Domain 4

*The prevocational doctor as a scientist and scholar*

- 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.
- 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.
- 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.
- 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

## Term Learning Objectives

Please list top 5 learning objectives★	1	
	2	
	3	
	4	
	5	

During this term prevocational doctors should expect to complete the following EPAs★	<b>EPA 1</b> <i>Clinical Assessment</i>	<b>EPA 2</b> <i>Recognition and care of the acutely unwell patient</i>	<b>EPA 3</b> <i>Prescribing</i>	<b>EPA 4</b> <i>Team communication – documentation, handover and referrals</i>
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## Role/Expectations of the prevocational doctor★

<p><b>Please list expectations at the commencement of the term★</b></p> <ul style="list-style-type: none"> <li>• Courses (e.g., life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p>If there are any specific requirements, please provide details of how the prevocational doctor will receive this training/will be assessed.</p>	
<p><b>Patient Load</b></p> <p>Average Per Shift</p>	<p>Patient load per prevocational doctor</p>
	<p>Patient load for team</p>
<p><b>After hours roster</b></p> <p>Does this term include participation in hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</p>	

## Attachments

<b>Rover guide</b>	<a href="#">[link]</a>
<b>Unit orientation guide</b>	<a href="#">[link]</a>

## Sign Off

<b>Revision date and by who</b>	
<b>Reviewed by</b>	
<b>Endorsed by</b>	

**TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER ★**

**POSITION TYPE:**

Please include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to

Please show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible.

If there are extended shifts or evening shifts as part of the term, please attach four weeks of rosters for the whole team.

If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer to the accreditation procedure).

**Alternatively, a description of the unit roster can be provided in the free text space below.**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

<b>Description of unit roster</b>