

PGY2 / SHO – FORMAL EDUCATION COURSE

25 January – 8 November 2017

WEDNESDAYS: 1.30 – 2.30pm

VENUE: Bryant Education Centre (BEC) meeting room, CETU Meeting Room, Level 1, Campbell Johnstone

(attendees will be advised prior to, and on the day)

Skills Laboratory sessions are held at the Waikato Clinical School (1.30 – 3pm)

- ▶ *This programme is subject to changes due to availability - NB: updated regularly on the intranet: RMOs / House Officer Training*
- ▶ *Topic/facilitator to be confirmed by email on the Tuesday prior*

Many of the sessions listed below are based on clinical scenarios. Consequently, many of these learning sessions incorporate the Patient Assessment competencies and I have not listed these competencies in each of the sessions. These are:

Patient assessment

Evidence-based practice

- Critically appraise evidence and information
- Understand the principles of evidence-based practice and hierarchy of evidence
- Use best available evidence in clinical decision-making

History and examination

- Elicit symptoms and signs relevant to the presenting of problems or conditions
- Recognise how patients present with common acute and chronic problems and conditions
- Undertake and can justify clinically relevant patient assessments

Investigations

- Follow up and interpret investigation results appropriately to guide patient management
- Identify and provide relevant and succinct information when ordering investigations
- Negotiate with patients the need for tests and explains results
- Select, request and justify investigations in the course and context of particular patient presentation

Patient identification

- Comply with the organisation's procedures for avoiding patient misidentification
- Follow the stages of a verification process to ensure the correct identification of a patient

Problem formulation

- Establish a possible differential diagnosis relevant to patients presenting problems or conditions
- Regularly re-evaluate the patient problem list as part of the clinical reasoning process
- Synthesise clinical information to generate a ranked problem list containing appropriate provisional diagnoses

Referral and consultation

- Apply the criteria for referral or consultation relevant to a particular problem or condition
- Collaborate with other health professionals in patient assessment
- Identify and provide relevant and succinct information

Skills and procedure learning:

Doctors should be able to provide safe treatment to patients by competently performing certain procedural and assessment skills. The following outcome statements apply to all procedures and interventions.

- **Decision-making**
 - Explain the indications and contraindications for common procedures
 - Select appropriate procedures with involvement of senior clinicians and the patient
- **Informed consent**
 - Apply the principles of informed consent in day to day clinical practice
 - Identify the circumstances that require informed consent to be obtained by a more senior clinician
 - Provide a full explanation of a procedure to patients when undertaking that procedure
- **Preparation**
 - Arrange appropriate equipment and describe its use
 - Prepare and position the patient appropriately
 - Recognise the indications for local, regional or general anaesthesia
- **Procedures**
 - Arrange appropriate support staff and define their roles

Date:	Topic:	Competencies covered in the New Zealand Curriculum Framework for Prevocational Medical training	Facilitator
25.1.17	<p>Tips on the clinical audit and writing a paper for a journal.</p>	<p>Teaching learning and supervision:</p> <p>Self-directed learning</p> <ul style="list-style-type: none"> • Commit to continuous improvement of performance through lifelong learning • Develop research skills • Establish and use current evidence based resources to support learning • Participate in clinical audit • Participate in quality improvement activities • Seek opportunities to reflect on and learn from clinical practice 	Veronique Gibbons
1.2.17	<p>The Medical Reliever and Surgical Reliever</p>	<ul style="list-style-type: none"> • By the end of PGY1, doctors are able to practise medicine in a professional manner, while recognising the limits of their personal capabilities. They should be able to recognise complex or uncertain situations and seek advice appropriately. • By the end of PGY2 the core professional skills identified for PGY1 should be developed and consolidated. In addition, competencies should be extended with the acquisition of new skills including those relevant to future vocational training. <p>Time management</p> <ul style="list-style-type: none"> • Demonstrate punctuality • Prioritise workload to maximise patient outcomes and health service functions <p>Working in teams</p> <p>Communication in healthcare teams</p> <ul style="list-style-type: none"> • Communicate effectively with team members in a variety of 	Dr Allen Hogg

		<p>situations, including acute settings, team meetings, ward rounds, telephone consultations</p> <ul style="list-style-type: none"> • Concisely present cases to senior medical staff and other healthcare professionals in a range of contexts • Engage patients and carers in the team decision-making process where possible • Perform effective written and verbal handover at different stages of medical care for patient safety and continuity of care (for example, team member to • team member, service to service, hospital to general practice) <p>Team structure</p> <ul style="list-style-type: none"> • Adopt an appropriate role within a healthcare team • Recognise and understand the role and functions of a range of healthcare teams and team members, including teams that extend outside the hospital • Recognise, understand and respect the roles and responsibilities of multidisciplinary team members • Understand the characteristics of effective teams, leaders and team members <p>Working in healthcare teams</p> <ul style="list-style-type: none"> • Contribute to teamwork by behaving in ways that maximise the team's effectiveness • Demonstrate an ability to work with others • Demonstrate flexibility and ability to adapt to change • Lead when appropriate • Seek to prevent or resolve conflicts that may arise 	
8.2.17	<p>Five minutes introduction to the PGY2 and SHO training programme.</p> <p>Introduction to the PGY-2 and SHO</p>	<p>PROFESSIONALISM</p> <p>Doctor and Society</p> <ul style="list-style-type: none"> • Professional standards 	<p>Dr Wayne de Beer</p> <p>Clinical Training Director – Psychiatrist</p>

	<p>training programme:</p> <ul style="list-style-type: none"> • Academic programme • Completing your e-portfolio • Supervision needs- Participating in feedback • Electronic end of clinical attachment assessment (Supervisor-HO) • PHEEM (Clinical attachment and hospital learning environment) evaluation • NZMC Practicing Certificates Mid –year or year-end review and feedback session 	<p>Professional behaviour</p> <ul style="list-style-type: none"> • Professional development • Professional responsibility <p>Teaching, learning and supervision</p> <ul style="list-style-type: none"> • Assessment and feedback • Self-directed learning 	
15.2.17	<p>Skills Lab: Joint aspiration</p>	<p>Patient assessment:</p> <ul style="list-style-type: none"> • Investigations <p>Clinical problems and conditions:</p> <p>Musculoskeletal</p> <p>Acute joint swelling</p> <p>Procedures and interventions:</p> <p>Preparation</p> <ul style="list-style-type: none"> • Arrange appropriate equipment and describe its use • Prepare and position the patient appropriately • Recognise the indications for local, regional or general anaesthesia 	

		<p>Procedures</p> <ul style="list-style-type: none"> • Arrange appropriate support staff and define their roles • Provide appropriate analgesia <p>Post-procedure</p> <ul style="list-style-type: none"> • Identify and manage common complications • Interpret results and evaluate outcomes of treatment • Monitor the patient and provide appropriate aftercare 	
22.2.17	<p>Approach to the management of perioperative pain in the patient already on high dose opioids.</p>	<p>Patient assessment:</p> <ul style="list-style-type: none"> • History and examination • Investigations • Problem formulation <p>Management options</p> <ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Implement and evaluate the management plan in consultation with the patient • Recognise complex or uncertain situations and seek advice appropriately <p>Clinical problems and conditions</p> <p>Critical care / emergencies</p> <ul style="list-style-type: none"> • Minor trauma <p>Pain Management:</p> <ul style="list-style-type: none"> • Identify and justify pain management options for common problems and conditions • Prescribe pain therapies to match patient's analgesia requirements. 	Dr Thomas Reid

		<ul style="list-style-type: none"> Specify and justify the hierarchy of therapies and options for pain control 	
1.3.17	<p>Update: Legal aspects to medical care – MHA, EPOA, critically ill patients, medical emergencies, confidentiality and privacy.</p>	<p>Medicine and the Law</p> <ul style="list-style-type: none"> Complete required medical-legal documentation appropriately Comply with legal requirements in patient care Liaise with legal and statutory authorities, including mandatory reporting where applicable. 	<p>Dr Sarah Fowler (Specialist – Rehab)</p>
8.3.17	<p>Safe Oxygen Therapy/Non-invasive ventilation/BiPAP</p>	<p>Medication safety</p> <ul style="list-style-type: none"> Prescribe and administer medications safely <p>Investigations</p> <ul style="list-style-type: none"> Follow up and interpret investigation results appropriately to guide patient management <p>Therapeutics</p> <ul style="list-style-type: none"> Evaluate the outcomes of medication therapy Involve nurses and pharmacists, and other allied health professionals appropriately in medication management When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements, and potential adverse effects of each medication used <p>Abnormal investigation results</p>	<p>Dr Asad Khan (Specialist – Respiratory)</p>

		<ul style="list-style-type: none"> • Arterial blood gases Respiratory <ul style="list-style-type: none"> • Asthma • Breathlessness • Chronic Obstructive Pulmonary Disease • Obstructive sleep apnoea • Pneumonia / respiratory infection • Respiratory failure 	
15.3.17	Common dysrhythmias	Circulatory <ul style="list-style-type: none"> • Cardiac arrhythmias Critical care/ Emergency <ul style="list-style-type: none"> • Postoperative care Cardiopulmonary <ul style="list-style-type: none"> • 12 lead electrocardiogram recording and interpretation Post-procedure <ul style="list-style-type: none"> • Identify and manage common complications • Interpret results and evaluate outcomes of treatment • Monitor the patient and provide appropriate aftercare 	Dr Amit Michael (Registrar – Cardiology)
22.3.17	Diabetes: Prescribing errors and confusion around what to do with clinical situations on the ward	Patient assessment Investigations <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management Referral and consultation <ul style="list-style-type: none"> • Apply the criteria for referral or consultation relevant to 	Dr Shekhar Sehgal (Registrar – General Medicine)

		<p>a particular problem or condition</p> <p>Medication safety</p> <ul style="list-style-type: none"> Identify the medications most commonly involved in prescribing and administration errors Prescribe and administer medications safely <p>Management options</p> <ul style="list-style-type: none"> Implement and evaluate the management plan in consultation with the patient Recognise complex or uncertain situations and seek advice appropriately <p>Therapeutics</p> <ul style="list-style-type: none"> Evaluate the outcomes of medication therapy <p>Clinical problems and conditions</p> <p>Endocrine</p> <ul style="list-style-type: none"> General management of diabetes and its complications Post-operative diabetic management 	
29.3.17	<p>Subspec ward call issues II:</p> <p>ENT</p> <p>Ophthalmology</p>	<p>Ear, Nose, Throat</p> <ul style="list-style-type: none"> Epistaxis Upper Airway compromise <p>Eyes (Ophthalmology)</p> <ul style="list-style-type: none"> Foreign body identification Red eye Refractive difficulties Sudden loss of vision 	<p>Dr Kent Chow</p> <p>(Registrar – Ophthalmology)</p>

5.4.17	Prescribing for babies and children: what do I need to know?	Patient Management: Management options: <ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Recognise complex and uncertain situations and seek advice appropriately. Therapeutics: <ul style="list-style-type: none"> • When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements, and potential adverse effects of each medication used. Medication safety <ul style="list-style-type: none"> • Document patient allergies in every case • Identify the medications most commonly involved in prescribing and administration errors • Prescribe and administer medications safely • Provide adverse drug reaction reporting Routinely report medication errors and near misses in accordance with local requirements 	
12.4.17	Approach to the child with a rash.	Patient assessment: History and examination <ul style="list-style-type: none"> • Elicit symptoms and signs relevant to the presenting of problems or conditions • Recognise how patients present with common acute and chronic problems and conditions • Undertake and can justify clinically relevant patient 	

		<p>assessments</p> <p>Clinical problems and conditions</p> <p>Dermatological</p> <ul style="list-style-type: none"> • Common skin conditions for example eczema, allergic skin conditions <p>Infectious Diseases</p> <ul style="list-style-type: none"> • Local infections • Meningitis • Non-specific febrile illness Septicaemia 	
19.4.17	<p>An approach to breathing difficulties in babies and children and common ward calls in Paediatrics</p>	<p>Patient assessment:</p> <ul style="list-style-type: none"> • History and examination • Investigations • Problem formulation <p>Emergencies</p> <ul style="list-style-type: none"> • Assessment • Prioritisation <p>Clinical problems and conditions:</p> <p>Respiratory</p> <ul style="list-style-type: none"> • Asthma • Breathlessness • Chronic Obstructive Pulmonary Disease • Cough • Obstructive sleep apnoea • Pneumonia / respiratory infection 	

		<ul style="list-style-type: none"> Respiratory failure Upper airway obstruction 	
26.4.17	<p>Exploring the validity of medical myths from internship:</p> <p>1) <i>"I need to have seen a deceased person alive to be able to sign a death certificate"</i></p> <p>2) <i>"Informed consent has no legal basis and is a waste of time"</i></p> <p>3) <i>"Geriatricians or psychiatrists are the only medical professionals who can determine a patient's competency"</i></p> <p>4) <i>"Next of kin/doctors can automatically decide what to do for a patient if they are incapacitated"</i></p>	<p>Professionalism:</p> <p>Medicine and the Law:</p> <ul style="list-style-type: none"> Comply with legal requirements in patient care. Liaise with legal and statutory authorities, including mandatory reporting where applicable <p>Ethical practice</p> <ul style="list-style-type: none"> Accept responsibility for ethical decisions Behave in ways which acknowledge the ethical complexity of practice and follow professional and ethical codes Consult colleagues about ethical concerns <p>Show integrity, honesty and moral reasoning</p>	Dr Tony Muller
3.5.17	<p>Skills Lab: Leadership and Communication in Clinical Crisis</p>	<p>PROFESSIONAL BEHAVIOUR</p> <p>Doctors as leaders</p> <ul style="list-style-type: none"> Commit to improving the performance of others and the system in which they work Exhibit the qualities of a good leader and take the 	

		<p>leadership role when required</p> <ul style="list-style-type: none"> • Show an ability to work well with and lead others <p>COMMUNICATION:</p> <p>Communication in healthcare teams</p> <ul style="list-style-type: none"> • Communicate effectively with team members in a variety of situations, including acute settings, team meetings, ward rounds, telephone consultations • Concisely present cases to senior medical staff and other healthcare professionals in a range of contexts • Engage patients and carers in the team decision-making process where possible <p>Team structure</p> <ul style="list-style-type: none"> • Adopt an appropriate role within a healthcare team • Recognise and understand the role and functions of a range of healthcare teams and team members, including teams which extend outside the hospital • Recognise, understand and respect the roles and responsibilities of multidisciplinary team members • Understand the characteristics of effective teams, leaders and team members <p>Working in health care teams</p> <ul style="list-style-type: none"> • Contribute to teamwork by behaving in ways that maximise the team's effectiveness • Demonstrate an ability to work with others • Demonstrate flexibility and ability to adapt to change • Lead when appropriate • Seek to prevent or resolve conflicts that may arise 	
10.5.17	Common antenatal/gynae ward	Clinical problems and conditions	(Dr Jessica Hiess has

	calls	<p>Gynaecological</p> <ul style="list-style-type: none"> • Abnormal menstruation • Urinary Incontinence <p>Obstetric</p> <ul style="list-style-type: none"> • Pain and bleeding in early pregnancy <p>Critical care/ Emergency</p> <ul style="list-style-type: none"> • Postoperative care • Shock <p>Genito Urinary</p> <ul style="list-style-type: none"> • Contraception & sexual health <p>Procedural knowledge</p> <p>Women's health</p> <ul style="list-style-type: none"> • Genital swabs/cervical smear • Vaginal speculum exam 	volunteered)
17.5.17	Obstetric emergencies	<p>Clinical problems and conditions</p> <p>Obstetric</p> <ul style="list-style-type: none"> • Post partum haemorrhage <p>Critical care/ Emergency</p> <ul style="list-style-type: none"> • Postoperative care Shock 	(Dr Jessica Hiess has volunteered)

24.5.17	<p>Maintaining personal wellbeing and managing professional responsibilities in the field of Medicine</p>	<p>Professional standards</p> <ul style="list-style-type: none"> • Adhere to professional standards and professional codes of conduct • Comply with the legal requirements of being a doctor, for example maintaining registration • Maintain professional boundaries <p>Personal well-being</p> <ul style="list-style-type: none"> • Balance availability to others with care for personal health, managing fatigue, stress and illness • Behave in ways which mitigate the potential risk to others from own health status, for example infection • Have own GP • Show awareness of and optimise personal health and well-being 	<p>Dr Wayne de Beer</p> <p>Clinical Training Director – Psychiatrist</p>
31.5.17	<p>The sick doctor; what happens if I become ill? Is it OK to be ill? What are the employer and the medical council's role in this? What about my privacy?</p>	<p>Professional standards</p> <ul style="list-style-type: none"> • Adhere to professional standards and professional codes of conduct • Comply with the legal requirements of being a doctor, for example maintaining registration • Maintain professional boundaries • Respect patient privacy and confidentiality <p>Personal well-being</p> <ul style="list-style-type: none"> • Balance availability to others with care for personal health, managing fatigue, stress and illness • Behave in ways which mitigate the potential risk to others from own health status, for example infection • Have own GP 	<p>Dr Wayne de Beer</p> <p>Clinical Training Director – Psychiatrist</p>

		<ul style="list-style-type: none"> • Show awareness of and optimise personal health and well-being 	
7.6.17	<p>Managing the ambulatory diabetic patient; fine tuning insulin needs (especially during concomitant common infections etc).</p>	<p>Clinical problems and conditions</p> <p>Endocrine</p> <ul style="list-style-type: none"> • General management of diabetes and its complications • Post operative diabetic management <p>Management options</p> <ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Implement and evaluate the management plan in consultation with the patient • Recognise complex or uncertain situations and seek advice appropriately <p>Therapeutics</p> <ul style="list-style-type: none"> • Evaluate the outcomes of medication therapy • Involve nurses and pharmacists, and other allied health professionals appropriately in medication management <p>When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements and potential adverse effects of each medication used</p>	Dr Ryan Paul
14.6.17	<p>Managing substance dependency in the pre-pregnant patient and early pregnancy.</p>	<p>Clinical management</p> <ul style="list-style-type: none"> • Safe patient care • Patient assessment • Patient management 	

	(include all prescribing in pregnancy)	Doctor and society Access to healthcare <ul style="list-style-type: none"> • Demonstrate a non-discriminatory approach to patient care Health promotion <ul style="list-style-type: none"> • Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health • Evaluate the positive and negative aspects of health screening and prevention when making healthcare decisions • Use a non-judgemental approach to patients' lifestyle choices, for example discuss options, offer choices Psychiatric / Drug and Alcohol <ul style="list-style-type: none"> • Addiction (smoking, alcohol, drug) Substance abuse 	
21.6.17	An approach to Chronic Obstructive Pulmonary Disease	Clinical problems and conditions: Respiratory Chronic Obstructive Pulmonary Disease.	
28.6.17	Approach to investigations and management of primary and secondary amenorrhoea (including infertility).	History and examination <ul style="list-style-type: none"> • Elicit symptoms and signs relevant to the presenting of problems or conditions • Recognise how patients present with common acute and 	

		<p>chronic problems and conditions</p> <ul style="list-style-type: none"> • Undertake and can justify clinically relevant patient assessments <p>Investigations</p> <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management • Select, request and justify investigations in the course and context of particular patient presentation <p>Clinical Problems and conditions</p> <p>Gynaecological</p> <ul style="list-style-type: none"> • Abnormal menstruation 	
5.7.17	<p>Medically unexplained diagnoses: communicating to patients the absence of demonstrable medical illness</p> <p>An approach to the patient with Medically Unexplained Symptoms</p>	<p>Patient assessment:</p> <ul style="list-style-type: none"> • History and examination • Investigations • Problem formulation <p>Management options</p> <ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Implement and evaluate the management plan in consultation with the patient <p>Clinical Problems and conditions</p>	

		Psychiatric / Drug and alcohol.	
12.7.17	Detecting and managing depression and anxiety in the general medical setting	<p>Patient assessment:</p> <p>Evidence-based practice</p> <ul style="list-style-type: none"> • Critically appraise evidence and information • Describe the principles of evidence-based practice and hierarchy of evidence • Use best available evidence in clinical decision-making <p>History and examination</p> <ul style="list-style-type: none"> • Elicit symptoms and signs relevant to the presenting of problems or conditions • Recognise how patients present with common acute and chronic problems and conditions • Undertake and can justify clinically relevant patient assessments • Undertake specific examinations, for example, a bimanual pelvic examination, rectal examination and bedside neurocognitive examination/mental state examination where indicated <p>Referral and consultation</p> <ul style="list-style-type: none"> • Apply the criteria for referral or consultation relevant to a particular problem or condition • Collaborate with other health professionals in patient assessment • Identify and provide relevant and succinct information <p>Psychiatric/drug and alcohol</p> <ul style="list-style-type: none"> • Anxiety • Deliberate self-harm • Depression • Disturbed or aggressive patient • Psychosis 	<p>Dr Wayne de Beer</p> <p>Clinical Training Director – Psychiatrist</p>

		<ul style="list-style-type: none"> • Suicide risk assessment 	
19.7.17	Cultural Competence in the clinical setting	<p>Doctor and society</p> <p>Access to healthcare</p> <ul style="list-style-type: none"> • Demonstrate a non-discriminatory approach to patient care • Identify how access to and use of healthcare is influenced by the patient's ethnicity and education • Identify how physical or cognitive disability can limit patients' access to and use of healthcare services • Provide access to culturally appropriate healthcare <p>Cultural competence</p> <ul style="list-style-type: none"> • Demonstrate an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered, and demonstrate knowledge of how this can be applied in the clinical situation • Demonstrate an awareness of the limitations of their knowledge and an openness to ongoing learning and development in partnership with patients • Demonstrate awareness that cultural factors influence health and illness, including disease prevalence and response to treatment • Demonstrate respect for patients and an understanding of their cultural beliefs, values and practices • Develop a rapport and communicate effectively with patients of other cultures • Elicit the cultural issues which might impact on the doctor-patient relationship • Seek appropriate cultural advice • Understand their own cultural values and the influence 	<p>Dr Etu Mau</p> <p>(Specialist – Psychiatry)</p>

		<p>these may have on their interactions with patients</p> <ul style="list-style-type: none"> • Work with the patient's cultural beliefs, values and practices in developing a relevant management plan 	
26.7.17	Skills lab: Advanced suturing skills	<p>Procedures and Interventions</p> <p>Preparation</p> <ul style="list-style-type: none"> • Arrange appropriate equipment and describe its use • Prepare and position the patient appropriately • Recognise the indications for local, regional or general anaesthesia <p>Surgical</p> <ul style="list-style-type: none"> • Administration of local anaesthesia • Scrub, gown and glove • Surgical knots and simple wound suturing • Suture removal • Wound dressing 	
2.8.17	Hyponatraemia – assessment and management	<p>Fluid, electrolyte and blood product management</p> <ul style="list-style-type: none"> • Develop, implement, evaluate and maintain an individualised patient management plan for fluid, electrolyte and blood product use • Identify the indications for and risks of fluid and electrolyte therapy and use of blood products • Manage blood transfusion reactions • Recognise and manage the clinical consequences of fluid and electrolyte imbalance in a patient 	

		<p>Abnormal investigation results</p> <ul style="list-style-type: none"> • Electrolyte abnormalities <p>Circulatory</p> <ul style="list-style-type: none"> • Electrolyte disturbances 	
9.8.17	<p>An approach to managing chronic and severe pain in the patient with a rheumatological condition.</p>	<p>Pain Management:</p> <ul style="list-style-type: none"> • Identify and justify pain management options for common problems and conditions • Prescribe pain therapies to match patient's analgesia requirements. • Specify and justify the hierarchy of therapies and options for pain control <p>Clinical problems and conditions:</p> <p>Musculoskeletal</p> <p>Joint disorders</p>	
16.8.17	<p>Gluten enteropathy, lactose intolerance, coeliac disease and IBS; dietitian care</p>	<p>Clinical problems and conditions:</p> <p>Gastrointestinal</p> <ul style="list-style-type: none"> • Abdominal pain • Constipation • Diarrhoea <p>Nutrition / Metabolic</p> <ul style="list-style-type: none"> • Weight gain • Weight loss 	

23.8.17	<p>Approach to the diagnosis and management of psoriasis in the adolescent and adult patient.</p>	<p>Clinical management</p> <ul style="list-style-type: none"> • Safe patient care • Patient assessment • Patient management <p>Clinical problems and Conditions</p> <p>Dermatological</p> <ul style="list-style-type: none"> • Common skin conditions for example eczema, allergic skin conditions 	
30.8.17	<p>Dermatoscopy and its relevance to dermatology</p>	<p>Investigations</p> <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management • Identify and provide relevant and succinct information when ordering investigations <p>Referral and consultation</p> <ul style="list-style-type: none"> • Apply the criteria for referral or consultation relevant to a particular problem or condition • Collaborate with other health professionals in patient assessment • Identify and provide relevant and succinct information <p>Clinical problems and conditions</p> <p>Dermatological</p> <ul style="list-style-type: none"> • Common skin conditions for example eczema, allergic skin conditions • Skin malignancies for example basal cell carcinoma 	

		(BCC), Squamous cell carcinoma (SCC), melanoma	
6.9.17	How to cope when a patient or staff member has made a complaint about you? What should I do (and not do?)	<p>Professional standards</p> <ul style="list-style-type: none"> Adhere to professional standards and professional codes of conduct <p>Professional responsibility</p> <ul style="list-style-type: none"> Act as a role model of professional behaviour both within the workplace and outside including the appropriate use of social media Demonstrate accountability for their practice Demonstrate reliability and fulfil obligations Demonstrate respectful and effective interactions with others in the health system Maintain an appropriate standard of professional practice and work within personal capabilities Reflect on and learn from personal experiences, actions and decision-making <p>Communication:</p> <p>Complaints</p> <ul style="list-style-type: none"> Identify factors likely to lead to complaints and act appropriately to minimise the risk of complaints Use local protocols to respond to complaints, including notifying more senior staff 	
13.9.17	Suicide in the Waikato: performing	Management options	Dr Wayne de Beer

	<p>the risk assessment.</p>	<ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Implement and evaluate the management plan in consultation with the patient • Provide appropriate advice in situations where a patient's lifestyle may be impacting adversely on their health • Recognise complex or uncertain situations and seek advice appropriately <p>Psychiatric/drug and alcohol</p> <ul style="list-style-type: none"> • Anxiety • Deliberate self-harm • Depression • Disturbed or aggressive patient • Psychosis • Suicide risk assessment 	<p>Clinical Training Director – Psychiatrist</p>
<p>20.9.17</p>	<p>Assessing work capacity, medical certificates and sickness benefits; what the house officer should know.</p>	<p>Professionalism</p> <p>Doctor & Society</p> <p>Health and work</p> <ul style="list-style-type: none"> • Understand and promote the use of work as a part of safe treatment and rehabilitation • Understand the key relationship between employment status and health status and be able to help formulate a safe plan to either stay at work or return to work <p>Professional standards</p> <ul style="list-style-type: none"> • Adhere to professional standards and professional codes of conduct <p>Patient management</p>	

		<p>Return to Work, Ambulatory and community care</p> <ul style="list-style-type: none"> • Identify and appropriately certify work capacity • Identify and arrange ambulatory and community care services appropriate for each patient • Identify patients suitable for aged care, rehabilitation or palliative care programmes • Show awareness of available community care services 	
27.9.17	<p>ABC of dementia diagnoses; Alzheimer's, vascular, Lewy body and other dementias</p>	<p>Clinical problems and conditions</p> <p>Psychiatric / drug and alcohol</p> <ul style="list-style-type: none"> • Dementia <p>Procedures and interventions</p> <ul style="list-style-type: none"> • Mini-mental state examination 	<p>Dr Etuini Mau (Specialist – Psychiatry)</p>
4.10.17	<p>Principles of stroke rehabilitation</p>	<p>Clinical Management</p> <p>Return to work, ambulatory and community care</p> <ul style="list-style-type: none"> • Identify and appropriately certify work capacity • Identify and arrange ambulatory and community care services appropriate for each patient • Identify patients suitable for aged care, rehabilitation or palliative care programmes • Identify available community care services <p>Clinical Problems and Conditions</p> <p>General</p> <ul style="list-style-type: none"> • Cognitive or physical disability • Early recognition of the deteriorating patient 	

		<ul style="list-style-type: none"> • Functional decline or impairment • Injury prevention • Lifestyle factors adversely impacting on health • Perioperative care Neurological <ul style="list-style-type: none"> • Delirium • Falls, especially in the elderly • Loss of consciousness • Stroke / TIA • Subarachnoid haemorrhage • Syncope 	
11.10.17	Non-infectious causes of encephalitis	Diagnostic <ul style="list-style-type: none"> • Meningitis • Blood culture • Delirium 	Dr Fred Asztely (Specialist – Neurology)
18.10.17	Epilepsy – assessment of first seizure, indications for imaging, therapeutics	Management options <ul style="list-style-type: none"> • Identify and justify the patient management options for common problems and conditions • Implement and evaluate the management plan in consultation with the patient • Provide appropriate advice in situations where a patient's lifestyle may be impacting adversely on their health • Recognise complex or uncertain situations and seek advice appropriately Neurological <ul style="list-style-type: none"> • Loss of consciousness • Seizure disorders • Stroke/TIA 	

		<ul style="list-style-type: none"> • Subarachnoid haemorrhage • Syncope 	
25.10.17	Hep B and Hep C – new treatments	<p>Diagnostic</p> <ul style="list-style-type: none"> • Common liver disease – hepatitis <p>Therapeutics</p> <ul style="list-style-type: none"> • When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements and potential adverse effects of each medication used 	
1.11.17	Challenges in managing the patient with cognitive impairment	<p>Clinical Problems & conditions</p> <ul style="list-style-type: none"> • Cognitive or physical disability • Delirium • Elder abuse • Stroke/TIA • Dementia • Disturbed or aggressive patient • Mini-mental state examination <p>Communication</p> <ul style="list-style-type: none"> • Ensure relevant family/whānau/carers are included appropriately in meetings and decision making • Respect the role of families/whānau in patient health care • Apply the principles of good communication (verbal and non verbal) and communicate with patients and carers in ways they understand <p>Return to Work, Ambulatory and community care</p> <ul style="list-style-type: none"> • Identify patients suitable for aged care, rehabilitation or palliative care programmes • Show awareness of available community care services 	

8.11.17	End of year session Quiz and prize giving		Dr Wayne de Beer Clinical Training Director – Psychiatrist