

# PGY1s

## PGY1 – FORMAL EDUCATION COURSE – 2020



**TUESDAYS: 1.15 – 2.30pm**

**VENUES: to be informed prior to the session**

**The Bryant Education Centre (BEC), Level 4 Waiora Room, L9 ERB; L1 Hockin**

- ▶ *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 Monday 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

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- 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

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Date	Topic	Competencies covered in the New Zealand Curriculum Framework for Prevocational Medical training	Tutor / facilitator
26.11.19 L1, Hockin Boardroom	<b>Tips on how to cope with the typical ward call: -</b> <b>An introduction to the characteristic, everyday ward problems including:</b> <ul style="list-style-type: none"> <li>▪ Using SBARR (communication tool)</li> <li>▪ How to prioritise your clinical tasks</li> <li>▪ When and who to call for help</li> <li>▪ A quick guide to prescribing on ward calls (i.e. prescribing analgesia, sedation, anti-emetics, sleeping medications /hypnotics)</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               SBARR.pdf           </div> <div style="text-align: center;">               SBARR scenarios.pdf           </div> </div>	<b>CULTURAL COMPETENCE</b> <b>HEALTHCARE RESOURCES</b> <b>MEDICINE AND THE LAW</b> <b>Professional responsibility</b> <ul style="list-style-type: none"> <li>• Demonstrate accountability for their practice</li> <li>• Demonstrate reliability and fulfil obligations</li> </ul> <b>Time management</b> <ul style="list-style-type: none"> <li>• Demonstrate punctuality</li> <li>• Prioritise workload to maximise patient outcomes and health service functions</li> </ul> <b>Providing information</b> <b>Respect</b> <b>Working in teams</b> <b>Communication in healthcare teams</b> <b>Team structure</b> <b>Working in health care teams</b> <b>Managing information</b> <b>PATIENT ASSESSMENT</b>	Dr Timothy Wareing (SHO)
3.12.19 BEC Aud	<b>An approach to the management of electrolyte disturbances in medical and surgical patients –</b> <ul style="list-style-type: none"> <li>• A focus on the pathophysiology and approach to fluid balance disturbances, calcium, sodium, potassium and other serum level abnormalities.</li> <li>• How to chart potassium; Indications and IV vs oral replacement</li> </ul>	<b>PATIENT ASSESSMENT</b> <b>MANAGEMENT OPTIONS</b> <b>CLINICAL PROBLEMS AND CONDITIONS</b> <b>Abnormal investigation results</b> <ul style="list-style-type: none"> <li>• Abnormal blood results</li> <li>• Electrolyte abnormalities</li> </ul>	Dr Ryan Paul (Endocrinology)
10.12.19 1.30 – 3.00pm ✓ BEC Aud	<b>How do I prescribe safely?</b>	<b>MEDICINE AND THE LAW:</b> <ul style="list-style-type: none"> <li>• Complete required medico-legal documentation appropriately</li> </ul> <b>Professional standards</b> <ul style="list-style-type: none"> <li>• Adhere to professional standards and professional codes of conduct</li> </ul> <b>Providing information</b> <ul style="list-style-type: none"> <li>• Apply the principles of good communication (verbal and non-verbal) and communicate with patients and carers in ways they understand</li> <li>• Involve patients in discussions and decisions about their care</li> <li>• Use interpreters for non-English speaking backgrounds when appropriate</li> </ul>	Dr Madison Goulden (Specialist - Anaesthetics) Julie Vickers (Pharmacist)

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		<p><b>Managing information</b></p> <p><b>Electronic</b></p> <ul style="list-style-type: none"> <li>Use electronic resources appropriately in patient care e.g. ...referencing pharmacopoeia.</li> </ul> <p><b>Health records:</b></p> <ul style="list-style-type: none"> <li>Comply with legal / institutional requirements for health records.</li> </ul> <p><b>Written</b></p> <ul style="list-style-type: none"> <li>Accurately document drug prescription and administration</li> </ul> <p><b>Medication safety</b></p> <ul style="list-style-type: none"> <li>Document patient allergies in every case</li> <li>Identify the medications most commonly involved in prescribing and administration errors</li> <li>Prescribe and administer medications safely</li> <li>Provide adverse drug reaction reporting</li> <li>Routinely report medication errors and near misses in accordance with local requirements</li> </ul>	
21.1.20 SH BEC Aud 1.15 – 2.30	<p><b>How to complete an electronic death certificate</b></p> <ul style="list-style-type: none"> <li>Email re e-death documents (Wayne's email – embed document, paste and copy and imbed in word document)</li> </ul>	<p><b>MEDICINE AND THE LAW</b></p> <ul style="list-style-type: none"> <li>Complete required medico-legal documentation appropriately</li> <li>Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation</li> </ul> <p><b>Professional responsibility</b></p> <ul style="list-style-type: none"> <li>Demonstrate accountability for their practice</li> <li>Demonstrate reliability and fulfil obligations</li> </ul>	Dr David Harris (Registrar – General Medicine)
28.1.20 SH? BEC Aud 1.15 – 2.30	<p><b>The role of the house officer in the management of acute pain of both known and unknown aetiology</b></p> <ul style="list-style-type: none"> <li>An emphasis on prescribing opioids</li> </ul>	<p><b>PAIN MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>Evaluate the pain management plan to ensure it is clinically relevant</li> <li>Prescribe pain therapies to match the patient's analgesia requirements</li> <li>Specify and can justify the hierarchy of therapies and options for pain control</li> </ul> <p><b>THERAPEUTICS</b></p> <ul style="list-style-type: none"> <li>Evaluate the outcomes of medication therapy</li> <li>Involve nurses, pharmacists and other allied health professionals appropriately in medication management</li> <li>Prescribe safely for women who are pregnant or breastfeeding</li> <li>When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements and potential adverse effects of each medication used</li> </ul>	Dr Conrad Engelbrecht (Specialist – Anaesthetics)
4.2.20 BEC Aud 1.15 – 2.30	<p><b>The approach and management of the acute abdomen</b></p>	<p><b>PATIENT ASSESSMENT</b></p> <p><b>Referral and consultation</b></p> <ul style="list-style-type: none"> <li>Apply the criteria for referral or consultation relevant to a particular</li> </ul>	Dr Rennie Qin (Registrar – General Surgery)



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		<p><b>Abnormal investigation results</b></p> <ul style="list-style-type: none"> <li>• Abnormal blood results</li> <li>• White cell abnormalities</li> <li>• Arterial blood gases</li> <li>• Abnormal imaging</li> </ul> <p><b>Circulatory</b></p> <ul style="list-style-type: none"> <li>• Cardiac arrhythmias</li> <li>• Chest pain</li> <li>• Electrolyte disturbances</li> <li>• Heart failure</li> <li>• Hypertension</li> <li>• Ischaemic heart disease</li> <li>• Shock</li> <li>• Thrombo-embolic disease</li> </ul> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Breathlessness</li> <li>• Chronic Obstructive Pulmonary Disease</li> <li>• Cough</li> <li>• Obstructive sleep apnoea</li> <li>• Pneumonia / respiratory infection</li> <li>• Respiratory failure</li> <li>• Upper airway obstruction</li> </ul>	
<p>25.2.20 L9, ERB <u>1.45 – 2.45</u></p>	<p><b>An approach to the febrile or septic patient</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Adult tool - Sepsis.pdf         </div> <div style="text-align: center;">               Maternal tool - Sepsis.pdf         </div> </div> <div style="text-align: center; margin-top: 20px;">               Paediatric tool - Sepsis.pdf         </div>	<p><b>PATIENT ASSESSMENT</b> <b>SAFE PATIENT CARE:</b></p> <p><b>Infection control</b></p> <ul style="list-style-type: none"> <li>• Practise correct hand-hygiene and aseptic techniques</li> <li>• Prescribe appropriate antibiotic/antiviral therapy for common conditions</li> <li>• Use methods to minimise transmission of infection between patients</li> </ul> <p><b>Medicine safety:</b></p> <ul style="list-style-type: none"> <li>• Document patient allergies in every case</li> <li>• Identify the medications most commonly involved in prescribing and administration errors</li> <li>• Prescribe and administer medications safely</li> <li>• Provide adverse drug reaction reporting</li> <li>• Routinely report medication errors and near misses in accordance with local requirements</li> </ul> <p><b>Public health</b></p> <ul style="list-style-type: none"> <li>• Inform authorities of each case of a 'notifiable disease'</li> </ul>	<p>Dr Paul Huggan Dr Katie Walland Odette Paul (CNS)</p>

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		<ul style="list-style-type: none"> <li>• Know which diseases are notifiable</li> </ul> <p><b>Management options</b></p> <ul style="list-style-type: none"> <li>• Identify and justify the patient management options for common problems and conditions</li> <li>• Implement and evaluate the management plan in consultation with the patient</li> <li>• Recognise complex or uncertain situations and seek advice appropriately</li> </ul>	<p><i>Dr Robert Martynoga</i> <i>Dr Kai Qwah</i></p>
<p>3.3.20 BEC Aud 1.15 – 2.30</p>	<p><b>Patient blood management / Single Unit prescription of red blood cells</b></p> <p><b>Blood policies and guidelines:</b> <a href="https://intranet.sharepoint.waikato.health.govt.nz/Pages/Policies%20and%20Guidelines/Blood-policies-and-guidelines.aspx">https://intranet.sharepoint.waikato.health.govt.nz/Pages/Policies%20and%20Guidelines/Blood-policies-and-guidelines.aspx</a></p>	<p><b>CLINICAL MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• Safe patient care</li> <li>• Patient assessment</li> <li>• Emergencies</li> <li>• Patient management</li> </ul> <p><b>CLINICAL PROBLEMS AND CONDITIONS</b></p> <p><b>Haemopoietic</b></p> <ul style="list-style-type: none"> <li>• Abnormal bleeding due to platelet and coagulation disorders</li> <li>• Anaemia</li> <li>• Bleeding in the anticoagulated patient</li> <li>• Cytopenia</li> <li>• Thromboembolic disease</li> </ul> <p><b>PATIENT ASSESSMENT:</b></p> <p><b>EVIDENCE-BASED PRACTICE</b></p> <ul style="list-style-type: none"> <li>• Critically appraise evidence and information</li> <li>• Describe the principles of evidence-based practice and hierarchy of evidence</li> <li>• Use best available evidence in clinical decision-making</li> </ul> <p><b>History and examination</b></p> <ul style="list-style-type: none"> <li>• Elicit symptoms and signs relevant to the presenting of problems or conditions</li> <li>• Recognise how patients present with common acute and chronic problems and conditions</li> <li>• Undertake and can justify clinically relevant patient assessments</li> <li>• Undertake specific examinations, for example, a bimanual pelvic examination, rectal examination and bedside neurocognitive examination/mental state</li> <li>• examination where indicated</li> </ul> <p><b>Referral and consultation</b></p> <ul style="list-style-type: none"> <li>• Apply the criteria for referral or consultation relevant to a particular problem or condition</li> </ul>	<p>Mr Christopher Corkery (CNS-Haematology and Oncology)</p>

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		<ul style="list-style-type: none"> <li>• Collaborate with other health professionals in patient assessment</li> <li>• Identify and provide relevant and succinct information</li> </ul> <b>Psychiatric/drug and alcohol</b> <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Deliberate self-harm</li> <li>• Depression</li> <li>• Disturbed or aggressive patient</li> <li>• Psychosis</li> </ul> Suicide risk assessment	<i>Gill Archer</i> <i>(Specialty Clinical Nurse – Blood Products)</i>  <i>Lucia Best</i> <i>(Clinical Nurse Coordinator)</i>
10.3.20 BEC Lounge 1.15 – 2.30	<b>Antibiotic selection in infectious conditions</b>	<b>PATIENT ASSESSMENT</b> <b>SAFE PATIENT CARE:</b> <b>Infection control</b> <ul style="list-style-type: none"> <li>• Practise correct hand-hygiene and aseptic techniques</li> <li>• Prescribe appropriate antibiotic/antiviral therapy for common conditions</li> <li>• Use methods to minimise transmission of infection between patients</li> </ul> <b>Medication safety:</b> <ul style="list-style-type: none"> <li>• Document patient allergies in every case</li> <li>• Identify the medications most commonly involved in prescribing and administration errors</li> <li>• Prescribe and administer medications safely</li> </ul>	Dr Parvinder Heran (Registrar – General Medicine)
17.3.20 BEC Aud 1.15 – 2.30	<b>An approach to anticoagulation:</b> <ul style="list-style-type: none"> <li>• Warfarin and anticoagulation monitoring</li> <li>• the use of hospital anticoagulation guidelines</li> <li>• Bridging Heparin to Anticoagulant/Clexane</li> </ul> <b>**presn put on RMOs Intranet front page</b>	<b>MEDICATION SAFETY</b> <ul style="list-style-type: none"> <li>• Identify the medications most commonly involved in prescribing and administration errors</li> <li>• Prescribe and administer medications safely</li> <li>• Provide adverse drug reaction reporting</li> <li>• Routinely report medication errors and near misses in accordance with local requirements</li> </ul> <b>PATIENT ASSESSMENT</b> <b>Evidence-based practice</b> <b>Investigations</b> <ul style="list-style-type: none"> <li>• Follow up and interpret investigation results appropriately to guide patient management</li> <li>• Identify and provide relevant and succinct information when ordering investigations</li> <li>• Negotiate with patients the need for tests and explain results</li> <li>• Select, request and justify investigations in the course and context of particular patient presentation</li> </ul> <b>Therapeutics</b> <ul style="list-style-type: none"> <li>• Evaluate the outcomes of medication therapy</li> <li>• Involve nurses and pharmacists, and other allied health</li> </ul>	Dr Julia Phillips (Specialist – Haematology)      <i>Dr Julie-Anne Bell</i> <i>(Specialist – Haematology)</i>



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		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	
24.3.20 L9, ERB <u>1.45 – 2.45</u>	<b>Palliative prescribing and transfer of palliative care on discharge into primary / community care services</b>	<b>PATIENT ASSESSMENT</b> <b>Discharge planning / transfer of care</b> <ul style="list-style-type: none"> <li>Follow organisational guidelines to ensure smooth discharge and transfer</li> <li>Liaise with appropriate health professionals, family and other support personnel to ensure proper discharge or transfer of care</li> <li>Undertake effective discharge planning</li> </ul> <b>Pain management</b> <ul style="list-style-type: none"> <li>Evaluate the pain management plan to ensure it is clinically relevant</li> <li>Prescribe pain therapies to match the patient's analgesia requirements</li> </ul> Specify and can justify the hierarchy of therapies and options for pain control <b>Referral and consultation</b> <ul style="list-style-type: none"> <li>Apply the criteria for referral or consultation relevant to a particular problem or condition</li> </ul>	Dr Lana Ferguson (Specialist – Palliative Care) Dr Debbie Barnham (Specialist – Palliative Care)
31.3.20 BEC Aud <u>1.00 – 2.00pm</u>	<b>How do I maintain my personal, physical and emotional wellbeing during the House officer years –</b> <i><b>“Is it more than mere survival?”</b></i>	<b>Professional behaviour:</b> <b>Personal well-being</b> <ul style="list-style-type: none"> <li>Balance availability to others with care for personal health, managing fatigue, stress and illness</li> <li>Behave in ways which mitigate the potential risk to others from own health status, for example infection</li> <li>Have own GP</li> <li>Show awareness of and optimise personal health and well-being</li> </ul>	Dr Moushumi Das (Registrar – Gen Med)  *returned 14 June 2020
7.4.20 BEC Aud <u>1.15 – 2.30</u>	<b>Post-operative complications and care</b> - e.g. wound care, hypotension, sepsis management etc.	<b>PATIENT ASSESSMENT</b> <b>Infection control</b> <ul style="list-style-type: none"> <li>Practise correct hand-hygiene and aseptic techniques</li> <li>Prescribe appropriate antibiotic/antiviral therapy for common conditions</li> <li>Use methods to minimise transmission of infection between patients</li> </ul> <b>Discharge planning / transfer of care</b> <ul style="list-style-type: none"> <li>Follow organisational guidelines to ensure smooth discharge and transfer</li> </ul>	Dr Bernadette Goodwin (Registrar – Gen Surgery)



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		<ul style="list-style-type: none"> <li>Comply with the Code of Health and Disability Services Consumers' Rights 1996</li> <li>Liaise with legal and statutory authorities, including mandatory reporting where applicable</li> </ul> <p><b>DOCTORS AS LEADERS</b></p> <ul style="list-style-type: none"> <li>Commit to improving the performance of others and the system in which they work</li> <li>Exhibit the qualities of a good leader and take the leadership role when required</li> <li>Show an ability to work well with and lead others</li> </ul> <p><b>ETHICAL PRACTICE</b></p> <ul style="list-style-type: none"> <li>Accept responsibility for ethical decisions</li> <li>Behave in ways that acknowledge the ethical complexity of practice and follow professional and ethical codes</li> <li>Consult colleagues about ethical concerns</li> </ul> <p>Show integrity, honesty and moral reasoning</p>	
5.5.20 BEC Aud 1.15 – 2.30	<b>How to deal with obesity in patients</b>	<p><b>Health promotion</b></p> <ul style="list-style-type: none"> <li>Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health</li> <li>Evaluate the positive and negative aspects of health screening and prevention when making healthcare decisions</li> <li>Use a non-judgemental approach to patients' lifestyle choices, for example discuss options, offer choices</li> </ul> <p><b>Working in health care teams</b></p> <ul style="list-style-type: none"> <li>Contribute to teamwork by behaving in ways that maximise the team's effectiveness</li> <li>Demonstrate an ability to work with others</li> <li>Demonstrate flexibility and ability to adapt to change</li> <li>Lead when appropriate</li> <li>Seek to prevent or resolve conflicts that may arise</li> </ul> <p><b>Clinical problems and conditions</b> <b>Nutrition / Metabolic</b> Weight gain</p>	Mark Leydon (Dietician) Jill McClymont (Dietician)
12.5.20 BEC Lounge 1.15 – 2.30	<b>An approach to abnormal liver function tests on routine screening</b>	<p><b>PATIENT ASSESSMENT</b> <b>Investigations</b></p> <ul style="list-style-type: none"> <li>Follow up and interpret investigation results appropriately to guide patient management</li> </ul> <p><b>CLINICAL PROBLEMS AND CONDITIONS:</b> <b>Gastrointestinal</b></p>	Dara de las Heras (Specialist – Gastroenterology)

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		<ul style="list-style-type: none"> <li>Abdominal pain</li> </ul> <p>Common liver disease for example alcoholic liver disease, hepatitis, non-alcoholic fatty liver disease</p>	<i>James Fulforth</i>
19.5.20 L4, Waioira 1.15 – 2.30	<b>An approach to ‘Code Stroke</b>	<b>NB: Matthew Phillips ran a Neurology series so cancelled this</b>	
26.5.20 L9, ERB <u>1.45 – 2.45</u>	<b>Commencing the night call:</b> Orientation to night duty and on-call roster – AMU/Ward	<b>COMMUNICATION</b> <b>Context</b> <ul style="list-style-type: none"> <li>Arrange an appropriate environment for communication, for example, private, no interruptions</li> <li>Use principles of good communication to ensure effective healthcare relationships</li> </ul> <b>WORKING IN TEAMS</b> <b>Communication in healthcare teams</b> <ul style="list-style-type: none"> <li>Communicate effectively with team members in a variety of situations, including acute settings, team meetings, ward rounds, telephone consultations</li> <li>Concisely present cases to senior medical staff and other healthcare professionals in a range of contexts</li> <li>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)</li> </ul> <b>Professional responsibility</b> <ul style="list-style-type: none"> <li>Demonstrate accountability for their practice</li> <li>Demonstrate reliability and fulfil obligations</li> </ul> <b>Time management</b> <ul style="list-style-type: none"> <li>Demonstrate punctuality</li> <li>Prioritise workload to maximise patient outcomes and health service functions</li> </ul>	Dr Natalie Joe (PGY2 House Officer)  Dr Lizzi Wilson (Senior House Officer)
2.6.20 BEC Aud 1.15 – 2.30	<b>An approach to dealing with the aggressive patient or family member in the inpatient setting.</b> <ul style="list-style-type: none"> <li>De-escalation strategies</li> </ul> An approach to pharmacological management of the disruptive patient (including aggression, delirium, mania, psychosis)	<b>Patient assessment</b> <b>Clinical problems and conditions</b> <b>Critical care/ Emergency</b> <ul style="list-style-type: none"> <li>Family violence</li> <li>Injury prevention</li> </ul> <b>Psychiatric / Drug and Alcohol</b> <ul style="list-style-type: none"> <li>Addiction (smoking, alcohol, drug)</li> <li>Disturbed or aggressive patient</li> </ul>	Dr Wayne de Beer (Director of Training/ Specialist – Psychiatry)



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<p>23.6.20 L1, Hockin Boardroom 1.15 – 2.30</p>	<p><b>NFR Resuscitation Status</b></p>	<p><b>Patient assessment</b> <b>Patient interaction</b> <b>Breaking bad news</b></p> <ul style="list-style-type: none"> <li>• Participate in breaking potentially distressing news to patients and carers</li> <li>• Recognise and manage potentially distressing communications with patients and carers</li> <li>• Show empathy and compassion</li> </ul> <p><b>End of life care</b></p> <ul style="list-style-type: none"> <li>• Contribute to effective initiation and coordination of palliative care</li> <li>• Manage the confirmation and certification of death and complete death certificates under supervision</li> <li>• Recognise cases that may need to be referred to the Coroner</li> <li>• Show awareness of the Coroner's procedures</li> </ul>	<p>Dr Lara Hoskins (Specialist – Palliative Care) Dr Lana Ferguson</p>
<p>30.6.20 L1, Hockin Boardroom 1.15 – 2.30</p>	<p><b>Recognising the patient with alcohol dependence in the ward;</b></p> <ul style="list-style-type: none"> <li>• Alcohol &amp; Drug Addiction Act (ADA Act)</li> <li>• Taking an alcohol and drug history</li> <li>• Preventing emergence of withdrawal symptoms in a patient whilst in the wards</li> <li>• Detoxification treatment programmes in Waikato</li> <li>• Community care options of the patient with alcohol dependence (i.e. what GPs should know about community care of alcohol dependence)</li> <li>• Fixed Benzodiazepine dose/fluctuating doses in alcohol withdrawal state</li> </ul>	<p><b>Health promotion</b></p> <ul style="list-style-type: none"> <li>• Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health</li> </ul> <p><b>Healthcare resources</b></p> <ul style="list-style-type: none"> <li>• Identify the impact of resource constraint on patient care</li> <li>• Use healthcare resources wisely to achieve the best outcomes</li> </ul> <p><b>PATIENT ASSESSMENT</b> <b>Investigations</b></p> <ul style="list-style-type: none"> <li>• Follow up and interpret investigation results appropriately to guide patient management</li> </ul> <p><b>MEDICINE AND THE LAW</b></p> <ul style="list-style-type: none"> <li>• Comply with the legal requirements in patient care In this setting, for example: HDC code for managing emergencies where a patient cannot consent, Enduring Power of Attorney, Substance Addiction (Compulsory Assessment and Treatment Act) 2017 (SACAT)</li> </ul> <p><b>THERAPEUTICS</b></p> <ul style="list-style-type: none"> <li>• Evaluate the outcomes of medication therapy</li> <li>• Involve nurses and pharmacists, and other allied health professionals appropriately in medication management</li> <li>• When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements and potential adverse effects of each medication used</li> </ul> <p><b>CLINICAL PROBLEMS AND CONDITIONS:</b> <b>Psychiatric / Drug and Alcohol</b></p> <ul style="list-style-type: none"> <li>• Addiction (smoking, alcohol, drug)</li> </ul> <p>Substance abuse</p>	<p>Dr Tejpal Singh Psychiatry Specialist</p>

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<p>7.7.20 1<sup>st</sup> wk SH BEC Aud 1.15 – 2.30</p>	<p><b>Informed Consent:</b> An approach for house officers about taking informed consent for patients.</p> <ul style="list-style-type: none"> <li>• <b>“When can I take informed consent for a procedure?”</b></li> <li>• <b>“What is my responsibility when taking informed consent?”</b></li> <li>• <b>“Can I refuse to take informed consent?” “Under what conditions can I refuse?”</b></li> </ul>	<p><b>Medicine and the law</b></p> <ul style="list-style-type: none"> <li>• Complete required medico-legal documentation appropriately</li> <li>• Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation</li> </ul> <p><b>Professional responsibility</b></p> <ul style="list-style-type: none"> <li>• Demonstrate accountability for their practice</li> <li>• Demonstrate reliability and fulfil obligations</li> </ul> <p><b>Providing information</b></p> <ul style="list-style-type: none"> <li>• Apply the principles of good communication (verbal and non-verbal) and communicate with patients and carers in ways they understand</li> <li>• Involve patients in discussions and decisions about their care</li> <li>• Use interpreters for non-English speaking backgrounds when appropriate</li> </ul> <p><b>Informed consent</b></p> <ul style="list-style-type: none"> <li>• Apply the principles of informed consent in day to day clinical practice</li> <li>• Identify the circumstances that require informed consent to be obtained by a more senior clinician</li> <li>• Provide a full explanation of a procedure to patients when undertaking that procedure</li> </ul>	<p>Dr Nand Kejriwal (Specialist – Cardiothoracic)</p>
<p>14.7.20 2<sup>nd</sup> wk SH BEC Aud 1.15 – 2.30</p>	<p><b>Suicide in the Waikato:</b> Performing the risk assessment.</p>	<p><b>MANAGEMENT OPTIONS</b></p> <ul style="list-style-type: none"> <li>• Identify and justify the patient management options for common problems and conditions</li> <li>• Implement and evaluate the management plan in consultation with the patient</li> <li>• Provide appropriate advice in situations where a patient’s lifestyle may be impacting adversely on their health</li> <li>• Recognise complex or uncertain situations and seek advice appropriately</li> </ul> <p><b>Psychiatric/drug and alcohol</b></p> <ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Deliberate self-harm</li> <li>• Depression</li> <li>• Disturbed or aggressive patient</li> <li>• Psychosis</li> <li>• Suicide risk assessment</li> </ul>	<p>Dr Wayne de Beer Clinical Training Director – Psychiatrist</p>
<p>21.7.20 BEC Aud 1.15 – 2.30</p>	<p><b>Indications for blood transfusions and the approach to the management of adverse reactions to blood products.</b></p>	<p><b>Fluid, electrolyte and blood product management</b></p> <ul style="list-style-type: none"> <li>• Develop, implement, evaluate and maintain an individualised patient management plan for fluid, electrolyte and blood product use</li> <li>• Identify the indications for and risks of fluid and electrolyte therapy</li> </ul>	<p>Dr Helen Moore (Specialist – Pathology / Haematology)</p>

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		<p>and use of blood products</p> <p>Manage blood transfusion reactions</p>	
<p>28.7.20 L9, ERB <u>1.45 – 2.45</u></p>	<p><b>A case-based, interactive session on the role of palliative care in the patient with a terminal condition</b></p>	<p><b>PATIENT ASSESSMENT</b></p> <p><b>PATIENT INTERACTION</b></p> <p><b>Breaking bad news</b></p> <ul style="list-style-type: none"> <li>• Participate in breaking potentially distressing news to patients and carers</li> <li>• Recognise and manage potentially distressing communications with patients and carers</li> <li>• Show empathy and compassion</li> </ul> <p><b>End of life care</b></p> <ul style="list-style-type: none"> <li>• Contribute to effective initiation and coordination of palliative care</li> <li>• Manage the confirmation and certification of death and complete death certificates under supervision</li> <li>• Recognise cases that may need to be referred to the Coroner</li> <li>• Show awareness of the Coroner's procedures</li> </ul>	<p>Dr Lara Hoskins (Specialist – Palliative Care)</p>
<p>4.8.20 BEC Aud 1.15 – 2.30</p>	<p><b>An approach to the patient presenting with upper and lower gastrointestinal bleeding</b></p>	<p><b>PATIENT ASSESSMENT</b></p> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• Follow up and interpret investigation results appropriately to guide patient management</li> </ul> <p><b>CLINICAL PROBLEMS AND CONDITIONS:</b></p> <p><b>Gastrointestinal</b></p> <ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Gastrointestinal bleeding</li> </ul>	<p>Dara de las Heras (Specialist – Gastroenterology)</p> <p>Dr Graeme Dickson</p>
<p>11.8.20 BEC Aud 1.15 – 2.30</p>	<p>An approach to the patient with chest Pain</p>	<p><b>Patient assessment</b></p> <p><b>Emergencies</b></p> <p><b>Management options</b></p> <ul style="list-style-type: none"> <li>• Identify and justify the patient management options for common problems and conditions</li> <li>• Implement and evaluate the management plan in consultation with the patient</li> <li>• Recognise complex or uncertain situations and seek advice appropriately</li> </ul> <p><b>Clinical problems and conditions</b></p> <p><b>General</b></p> <ul style="list-style-type: none"> <li>• Recognition of the deteriorating patient</li> </ul> <p><b>Abnormal investigation results</b></p> <ul style="list-style-type: none"> <li>• Abnormal blood results</li> <li>• White cell abnormalities</li> <li>• Arterial blood gases</li> </ul>	<p>Dr Lance Ng (Registrar – Cardiology)</p>



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		<ul style="list-style-type: none"> <li>Abnormal imaging</li> </ul> <b>Circulatory</b> <ul style="list-style-type: none"> <li>Cardiac arrhythmias</li> <li>Chest pain</li> <li>Electrolyte disturbances</li> <li>Heart failure</li> <li>Hypertension</li> <li>Ischaemic heart disease</li> <li>Shock</li> <li>Thrombo-embolic disease</li> </ul> <b>Respiratory</b> <ul style="list-style-type: none"> <li>Asthma</li> <li>Breathlessness</li> <li>Chronic Obstructive Pulmonary Disease</li> <li>Cough</li> <li>Obstructive sleep apnoea</li> <li>Pneumonia / respiratory infection</li> <li>Respiratory failure</li> <li>Upper airway obstruction</li> </ul>	
18.8.20 BEC Aud 1.15 – 3.00pm	<b>Family Violence Intervention Workshop</b>	<b>Management options</b> <ul style="list-style-type: none"> <li>Recognise complex or uncertain situations and seek advice appropriately</li> </ul> <b>CLINICAL PROBLEMS AND CONDITIONS</b> <b>Critical care/ Emergency</b> <ul style="list-style-type: none"> <li>Family violence</li> <li>Injury prevention</li> </ul> <b>Psychiatric / Drug and Alcohol</b> <ul style="list-style-type: none"> <li>Addiction (smoking, alcohol, drug)</li> <li>Substance abuse</li> </ul>	Helene May (Violence Intervention Coordinator) Gaye Andrews
25.8.20 BEC Aud 1.15 – 2.30	<b>Recognising the Deteriorating Patient and what to do?</b>	<b>Working in teams</b> <b>Communication in healthcare teams</b> <b>Team structure</b> <b>Working in health care teams</b> <b>Emergencies: Assessment</b> <ul style="list-style-type: none"> <li>Initiate resuscitation when clinically indicated</li> <li>Recognise and effectively assess potentially acutely ill, deteriorating or dying patients</li> <li>Recognise the abnormal physiology and clinical manifestations of critical illness</li> </ul> <b>Clinical problems and conditions</b> <b>General</b>	Dr Ayan Sabih (Registrar – General Medicine)

# PGY1s

<p>1.9.20 BEC Aud 1.15 – 2.30</p>	<p><b>Best practices in opioid prescribing</b></p>	<p>Recognition of the deteriorating patient</p> <p><b>MEDICATION SAFETY</b></p> <ul style="list-style-type: none"> <li>• Document patient allergies in every case</li> <li>• Identify the medications most commonly involved in prescribing and administration errors</li> <li>• Prescribe and administer medications safely</li> <li>• Provide adverse drug reaction reporting</li> <li>• Routinely report medication errors and near misses in accordance with local requirements</li> </ul> <p><b>RISK AND PREVENTION OF ERROR AND / OR HARM</b></p> <ul style="list-style-type: none"> <li>• Explain and report potential risks to patients and staff</li> <li>• Minimise risk and identify the main sources of error to prevent harm where possible</li> </ul> <p><b>END-OF-LIFE CARE</b></p> <ul style="list-style-type: none"> <li>• Contribute to team plans involving initiation and coordination of palliative care</li> <li>• Manage the confirmation and certification of death and complete death certificates under supervision</li> <li>• Recognise cases that may need to be referred to the Coroner</li> <li>• Identify and follow the Coroner's procedures</li> </ul> <p><b>PAIN MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• Evaluate the pain management plan to ensure it is clinically relevant</li> <li>• Prescribe pain therapies to match the patient's analgesia requirements</li> <li>• Specify and can justify the hierarchy of therapies and options for pain control</li> </ul> <p><b>THERAPEUTICS</b></p> <ul style="list-style-type: none"> <li>• Evaluate the outcomes of medication therapy</li> <li>• Involve nurses, pharmacists and other allied health professionals appropriately in medication management</li> <li>• Prescribe safely for women who are pregnant or breastfeeding</li> <li>• When prescribing, take account of the interactions and actions, indications and contraindications, monitoring requirements and potential adverse effects of each medication used</li> </ul>	<p>Dr Tom Reid (Specialist – Palliative Care)</p>
<p>8.9.20 BEC Lounge 1.45 – 2.45 Cancelled</p>	<p>Room too small</p>		

# PGY1s

<p>15.9.20 BEC Aud 1.15 – 2.30</p>	<p><b>The workup and immediate care of the patient with changed level of consciousness</b></p>	<p><b>Patient assessment</b> <b>Clinical problems and conditions:</b> <b>Neurological</b></p> <ul style="list-style-type: none"> <li>• Acute headache</li> <li>• Delirium</li> <li>• Falls, especially in the elderly</li> <li>• Loss of consciousness</li> <li>• Seizure disorders</li> <li>• Stroke/TIA</li> <li>• Subarachnoid haemorrhage</li> <li>• Syncope</li> </ul>	<p>Dr Jules Schofield (Specialist – Emergency)</p>
<p>22.9.20 L9, ERB 1.45 – 2.45</p>	<p><b>An approach to Maori patients in the inpatient setting</b></p>	<p><b>Doctor and society</b> <b>Access to healthcare</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a non-discriminatory approach to patient care</li> <li>• Identify how access to and use of healthcare is influenced by the patient's ethnicity and education</li> <li>• Provide access to culturally appropriate healthcare</li> </ul> <p><b>Cultural competence</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Demonstrate an awareness of the limitations of their knowledge and an openness to ongoing learning and development in partnership with patients</li> <li>• Demonstrate awareness that cultural factors influence health and illness, including disease prevalence and response to treatment</li> <li>• Demonstrate respect for patients and an understanding of their cultural beliefs, values and practices</li> <li>• Develop a rapport and communicate effectively with patients of other cultures</li> <li>• Elicit the cultural issues which might impact on the doctor-patient relationship</li> <li>• Seek appropriate cultural advice</li> <li>• Understand their own cultural values and the influence these may have on their interactions with patients</li> <li>• Work with the patient's cultural beliefs, values and practices in developing a relevant management plan</li> </ul>	<p>Dr Nina Scott (Clinical Director – Maori Health)</p>

# PGY1s

<p>29.9.20 1<sup>st</sup> wk SH BEC Aud 1.15 – 2.30</p>	<p><b>ECG's in myocardial infarction</b></p>	<p><b>PATIENT ASSESSMENT</b> <b>EMERGENCIES</b> <b>Management options</b></p> <ul style="list-style-type: none"> <li>• Identify and justify the patient management options for common problems and conditions</li> <li>• Implement and evaluate the management plan in consultation with the patient</li> <li>• Recognise complex or uncertain situations and seek advice appropriately</li> </ul> <p><b>CLINICAL PROBLEMS AND CONDITIONS</b> <b>General</b></p> <ul style="list-style-type: none"> <li>• Recognition of the deteriorating patient</li> </ul> <p><b>Abnormal investigation results</b></p> <ul style="list-style-type: none"> <li>• Abnormal blood results</li> <li>• White cell abnormalities</li> <li>• Arterial blood gases</li> <li>• Abnormal imaging</li> </ul> <p><b>Circulatory</b></p> <ul style="list-style-type: none"> <li>• Cardiac arrhythmias</li> <li>• Chest pain</li> <li>• Electrolyte disturbances</li> <li>• Heart failure</li> <li>• Hypertension</li> <li>• Ischaemic heart disease</li> <li>• Shock</li> <li>• Thrombo-embolic disease</li> </ul> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Asthma</li> <li>• Breathlessness</li> <li>• Chronic Obstructive Pulmonary Disease</li> <li>• Cough</li> <li>• Obstructive sleep apnoea</li> <li>• Pneumonia / respiratory infection</li> <li>• Respiratory failure</li> <li>• Upper airway obstruction</li> </ul>	<p>Dr Wei Tan (Specialist – Emergency Medicine)</p>
<p>6.10.20 2<sup>nd</sup> wk SH BEC Aud 1.15 – 2.30</p>	<p><b>Breaking bad news to patients and their families and caregivers</b> (incorporating the terminal patient where family members are requesting additional information after the consultant has already held discussions with the patient).</p>	<p><b>PATIENT INTERACTION</b> <b>Breaking bad news</b></p> <ul style="list-style-type: none"> <li>• Participate in breaking potentially distressing news to patients and carers</li> <li>• Recognise and manage potentially distressing communications with patients and carers</li> </ul>	<p>Dr Michael Jameson (Specialist – Oncology) Ian Kennedy Marian Kuper</p>

# PGY1s

		<ul style="list-style-type: none"> <li>• Show empathy and compassion</li> </ul> <b>Context</b> <ul style="list-style-type: none"> <li>• Arrange an appropriate environment for communication, for example, private, no interruptions</li> <li>• Use effective strategies to deal with difficult situations or vulnerable patients</li> <li>• Use principles of good communication to ensure effective healthcare relationships</li> </ul> <b>Meetings with families and whānau, or carers</b> <ul style="list-style-type: none"> <li>• Ensure relevant family/whānau/carers are included appropriately in meetings and decision making</li> <li>• Identify the impact of family dynamics on effective communication</li> </ul> Respect the role of families/whānau in patient health care	
13.10.20 L9, ERB <u>1.45 – 2.45</u>	A case-based, interactive session on the role of professional boundaries in clinical practice	<b>DOCTOR AND SOCIETY</b> <b>Access to healthcare</b> <ul style="list-style-type: none"> <li>• Demonstrate a non-discriminatory approach to patient care</li> </ul> <b>Professional standards</b> <ul style="list-style-type: none"> <li>• Adhere to professional standards and professional codes of conduct</li> <li>• Maintain professional boundaries</li> <li>• Respect patient privacy and confidentiality</li> </ul> <b>Personal well-being</b> <ul style="list-style-type: none"> <li>• Balance availability to others with care for personal health, managing fatigue, stress and illness</li> </ul> <b>Professional responsibility</b> <ul style="list-style-type: none"> <li>• Act as a role model of professional behaviour both within the workplace and outside including the appropriate use of social media</li> <li>• Demonstrate accountability for their practice</li> <li>• Demonstrate reliability and fulfil obligations</li> <li>• Demonstrate respectful and effective interactions with others in the health system</li> <li>• Maintain an appropriate standard of professional practice and work within personal capabilities</li> <li>• Reflect on and learn from personal experiences, actions and decision-making</li> </ul>	Dr Wayne de Beer (Specialist – Consultation-Liaison Psychiatry)
20.10.20 BEC Aud 1.15 – 2.30	<b>‘Neonates – your fears allayed’</b>	<b>Patient interaction</b> <ul style="list-style-type: none"> <li>• Meetings with families and whanau, or carers</li> </ul> <b>Working in teams</b> <b>Safe patient care</b> <ul style="list-style-type: none"> <li>• Risk and prevention, systems</li> </ul> <b>Patient assessment</b>	Dr Jutta Van den Boom (Specialist – Paediatrics) Aaron Ooi

# PGY1s

		<ul style="list-style-type: none"> <li>History and examination, investigations</li> </ul> <b>Emergencies</b> <ul style="list-style-type: none"> <li>Assessment, basic life support</li> </ul> <b>Patient management</b> <ul style="list-style-type: none"> <li>Fluid, electrolytes</li> <li>Management options</li> <li>Therapeutics</li> </ul> <b>Abnormal results</b>	
27.10.20 BEC Aud 1.15 – 2.30	<b>Management of pain syndromes:</b> Regional Anaesthesia options at Waikato Hospital Lower back pain, Fibromyalgia, CRPS	<b>Decision making</b> <ul style="list-style-type: none"> <li>Explain the indications and contraindications for common procedures</li> <li>Select appropriate procedures with the involvement of senior clinicians and the patient</li> </ul> <b>Informed consent</b> <ul style="list-style-type: none"> <li>Apply the principles of informed consent in day-to-day practice</li> <li>Identify the circumstances that require informed consent to be obtained by a more senior clinician</li> <li>Provide a full explanation of a procedure to a patient when undertaking that procedure</li> </ul> <b>Preparation</b> <ul style="list-style-type: none"> <li>Arrange appropriate equipment and describe its use</li> <li>Prepare and position the patient appropriately</li> <li>Recognise the indications for local, regional or general anaesthesia</li> </ul> <b>Procedures</b> <ul style="list-style-type: none"> <li>Arrange appropriate staff and define their roles</li> <li>Provide appropriate analgesia</li> </ul> <b>Post-procedure</b> <ul style="list-style-type: none"> <li>Identify and manage common complications</li> <li>Interpret results and evaluate outcomes of treatment</li> <li>Monitor the patient and provide appropriate aftercare</li> </ul> <b>PGY1 Surgical</b> Administer local anaesthesia <b>PGY2 Anaesthetic techniques</b> Simple regional anaesthesia	Dr Benjamin Simpson (Registrar – Anaesthetics) Dr Stephanie Keele (Specialist – Anaesthetics) Dr David Kibblewhite (Specialist – Anaesthetics) Mike Foss (Specialist – Anaesthetics)
3.11.20 BEC Aud 1.15 – 2.30	<b>How to deal with obesity in patients</b>	<b>Health promotion</b> <ul style="list-style-type: none"> <li>Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health</li> <li>Evaluate the positive and negative aspects of health screening and prevention when making healthcare decisions</li> <li>Use a non-judgemental approach to patients' lifestyle choices, e.g. discuss options, offer choices</li> </ul>	Mark Leydon (Dietician) Jill McClymont (Dietician)

# PGY1s

		<p><b>Working in health care teams</b></p> <ul style="list-style-type: none"> <li>• Contribute to teamwork by behaving in ways that maximise the tea's effectiveness</li> <li>• Demonstrate an ability to work with others</li> <li>• Demonstrate flexibility and ability to adapt to change</li> <li>• Lead when appropriate</li> <li>• Seek to prevent or resolve conflicts that may arise</li> </ul> <p><b>Clinical problems and conditions</b></p> <p><b>Nutrition/Metabolic</b></p> <ul style="list-style-type: none"> <li>• Weight gain</li> </ul>	
<p>10.11.20 L4, Waioira 1.15 – 2.30</p>	<p><b>END OF YEAR MEETING</b></p> <ul style="list-style-type: none"> <li>• Quiz and Prize giving</li> </ul>	<p><b>Personal well-being</b></p> <ul style="list-style-type: none"> <li>• Balance availability to others with care for personal health, managing fatigue, stress and illness</li> <li>• Show awareness of and optimise personal health and well-being</li> </ul> <p><b>Professional development</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a commitment to improving performance</li> <li>• Participate in a variety of continuing education opportunities</li> </ul>	<p>Director of Clinical training MEO CETU RMOSS PES's</p>