

# PGY2/SHO

## PGY2 / SHO – FORMAL EDUCATION COURSE

22 January – 4 November 2020

**WEDNESDAYS: 1.30 – 2.30pm**

**VENUE: Bryant Education Centre (subject to availability - to be notified prior)**

- ▶ *This programme is subject to changes due to availability*
- ▶ *Topic/facilitator to be confirmed by email on the Tuesday prior (Carol Stevenson)*
- ▶ *A page text to be sent out the morning of training as a reminder (Carol Stevenson)*

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
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#### **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**

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- 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

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- **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

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Date:	Topic:	Competencies covered in the New Zealand Curriculum Framework for Prevocational Medical training	Facilitator
22.1.20 SH BEC Aud 1.15 – 2.30	<b>Tips on survival as a Medical and Surgical Reliever</b>   RMO_Relief logbook Printshop Aug 2019.p	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Time management</b></p> <ul style="list-style-type: none"> <li>• Demonstrate punctuality</li> <li>• Prioritise workload to maximise patient outcomes and health service functions</li> </ul> <p><b>Working in teams</b></p> <p><b>Communication in healthcare teams</b></p> <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>• Engage patients and carers in the team decision-making process where possible</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</li> <li>• team member, service to service, hospital to general practice)</li> </ul> <p><b>Team structure</b></p> <ul style="list-style-type: none"> <li>• Adopt an appropriate role within a healthcare team</li> <li>• Recognise and understand the role and functions of a range of</li> </ul>	Dr Allen Hogg

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		<p>healthcare teams and team members, including teams that extend outside the hospital</p> <ul style="list-style-type: none"> <li>• Recognise, understand and respect the roles and responsibilities of multidisciplinary team members</li> <li>• Understand the characteristics of effective teams, leaders and team members</li> </ul> <p><b>Working in healthcare 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>29.1.20</p> <p>BEC Aud 1.15 – 2.30</p> <p>?SH</p>	<p><b>“Choose Wisely” – an sensible and efficient approach to ordering tests and investigations</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> <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> <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>Dr Paul Reeve</p>
<p>5.2.20</p> <p>BEC Aud</p>	<p><b>Prescribing for babies and children: what do I need to know?</b></p>	<p><b>Patient Management:</b></p> <p><b>Management options:</b></p>	<p>Rachel Howlett</p>

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<p>1.15 – 2.30 ?SH</p>		<ul style="list-style-type: none"> <li>• Identify and justify the patient management options for common problems and conditions</li> <li>• Recognise complex and uncertain situations and seek advice appropriately.</li> </ul> <p><b>Therapeutics:</b></p> <ul style="list-style-type: none"> <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>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> </ul> <p>Routinely report medication errors and near misses in accordance with local requirements</p>	
<p>12.2.20 L4, Waioira 1.15 – 2.30</p>	<p><b>Providing Safe Oxygen Therapy/Non-invasive ventilation/BiPAP</b></p>	<p><b>Medication safety</b></p> <ul style="list-style-type: none"> <li>• Prescribe and administer medications safely</li> </ul> <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>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</li> </ul>	<p>Dr Oliver Howlett</p>

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		<p>medication management</p> <ul style="list-style-type: none"> <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>Abnormal investigation results</b></p> <ul style="list-style-type: none"> <li>Arterial blood gases</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>Obstructive sleep apnoea</li> <li>Pneumonia / respiratory infection</li> <li>Respiratory failure</li> </ul>	
<p>19.2.20</p> <p>L1 Hockin Committee Room</p> <p>1.15 – 2.30pm</p>	<p><b>Approach to the management of perioperative pain in the patient already on high dose opioids.</b></p>	<p><b>Patient assessment:</b></p> <ul style="list-style-type: none"> <li>History and examination</li> <li>Investigations</li> <li>Problem formulation</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>Mike Foss</p>

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		<p><b>Clinical problems and conditions</b></p> <p><b>Critical care / emergencies</b></p> <ul style="list-style-type: none"> <li>• Minor trauma</li> </ul> <p><b>Pain Management:</b></p> <ul style="list-style-type: none"> <li>• Identify and justify pain management options for common problems and conditions</li> <li>• Prescribe pain therapies to match patient’s analgesia requirements.</li> <li>• Specify and justify the hierarchy of therapies and options for pain control</li> </ul>	
<p>26.02.20</p> <p>L4, Waioira</p> <p>1.15 – 2.30</p>	<p><b>Approach to the child with a rash.</b></p>	<p><b>Patient assessment:</b></p> <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> </ul> <p><b>Clinical problems and conditions</b></p> <p><b>Dermatological</b></p> <ul style="list-style-type: none"> <li>• Common skin conditions for example eczema, allergic skin conditions</li> </ul> <p><b>Infectious Diseases</b></p> <ul style="list-style-type: none"> <li>• Local infections</li> <li>• Meningitis</li> <li>• Non-specific febrile illness</li> </ul> <p>Septicaemia</p>	<p>Rachel Howlett</p>



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<p>04.03.20 BEC Aud 1.15 – 2.30</p>	<p><b>Choosing a career in Medicine: preferences, interests, sustainability and personal values</b> - = how do I decide?</p>	<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><b>Professional Responsibilities</b></p> <ul style="list-style-type: none"> <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>	<p>Dr Wayne de Beer</p>
<p>11.3.20 L4, Waiora 1.15 – 2.30</p>	<p><b>Common dysrhythmias</b></p>	<p><b>Circulatory</b></p> <ul style="list-style-type: none"> <li>• Cardiac arrhythmias</li> </ul> <p><b>Critical care/ Emergency</b></p> <ul style="list-style-type: none"> <li>• Postoperative care</li> </ul> <p><b>Cardiopulmonary</b></p> <ul style="list-style-type: none"> <li>• 12 lead electrocardiogram recording and interpretation</li> </ul>	<p>Dr Ali Alsinan (Specialist – Cardiology)</p>

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		<p><b>Post-procedure</b></p> <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>	
<p>18.3.20 BEC Aud 1.15 – 2.30</p>	<p><b>Managing diabetes-related complications</b></p> <p><b>CANCELLED - CORONAVIRUS</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>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><b>Medication safety</b></p> <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> </ul> <p><b>Management options</b></p> <ul style="list-style-type: none"> <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>Therapeutics</b></p> <ul style="list-style-type: none"> <li>• Evaluate the outcomes of medication therapy</li> </ul> <p><b>Clinical problems and conditions</b></p> <p><b>Endocrine</b></p>	<p>Dr Ryan Paul (Specialist – Endocrinology)</p>

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		<ul style="list-style-type: none"> <li>• General management of diabetes and its complications</li> </ul> <p>Post-operative diabetic management</p>	
25.3.20 BEC Aud 1.15 – 2.30	<p><b>An approach to breathing difficulties in babies and children and common ward calls in Paediatrics</b></p> <p><b>CANCELLED – CORONAVIRUS</b></p>	<p><b>Patient assessment:</b></p> <ul style="list-style-type: none"> <li>• History and examination</li> <li>• Investigations</li> <li>• Problem formulation</li> </ul> <p><b>Emergencies</b></p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Prioritisation</li> </ul> <p><b>Clinical problems and conditions:</b></p> <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> </ul> <p>Upper airway obstruction</p>	Rachel Howlett
1.4.20 BEC Aud 1.15 – 2.30	<b>Common antenatal/gynae ward calls</b>	<p><b>Clinical problems and conditions</b></p> <p><b>Gynaecological</b></p> <ul style="list-style-type: none"> <li>• Abnormal menstruation</li> <li>• Urinary Incontinence</li> </ul>	Dr Hannah Price (SHO)

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	<b>CANCELLED – CORONAVIRUS</b>	<p><b>Obstetric</b></p> <ul style="list-style-type: none"> <li>• Pain and bleeding in early pregnancy</li> </ul> <p><b>Critical care/ Emergency</b></p> <ul style="list-style-type: none"> <li>• Postoperative care</li> <li>• Shock</li> </ul> <p><b>Genito Urinary</b></p> <ul style="list-style-type: none"> <li>• Contraception &amp; sexual health</li> </ul> <p><b>Procedural knowledge</b></p> <p><b>Women’s health</b></p> <ul style="list-style-type: none"> <li>• Genital swabs/cervical smear</li> <li>• Vaginal speculum exam</li> </ul>	
8.4.20 BEC Aud 1.15 – 2.30	<b>Update: Legal aspects to medical care – MHA, EPOA, critically ill patients, medical emergencies, confidentiality and privacy.</b>	<p><b>Medicine and the Law</b></p> <ul style="list-style-type: none"> <li>• Complete required medical-legal documentation appropriately</li> <li>• Comply with legal requirements in patient care</li> </ul> <p>Liaise with legal and statutory authorities, including mandatory reporting where applicable.</p>	Dr Wayne de Beer
15.4.20 BEC Aud 1.15 – 2.30  1 <sup>st</sup> wk SH	<b>Obstetric emergencies</b>	<p><b>Clinical problems and conditions</b></p> <p><b>Obstetric</b></p> <ul style="list-style-type: none"> <li>• Post-partum haemorrhage</li> </ul> <p><b>Critical care/ Emergency</b></p> <ul style="list-style-type: none"> <li>• Postoperative care</li> <li>• Shock</li> </ul>	Britta Gombocz

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<p>29.4.20 L9, ERB <u>1.45 – 2.45</u></p>	<p><b>An approach to Chronic Obstructive Pulmonary Disease</b></p>	<p><b>Patient assessment:</b></p> <ul style="list-style-type: none"> <li>• Evidence –based practice</li> <li>• History and examination</li> <li>• Investigations</li> <li>• Patient identification</li> <li>• Problem formulation</li> <li>• Referral and consultation</li> </ul> <p><b>Clinical problems and conditions:</b></p> <p><b>Respiratory</b></p> <ul style="list-style-type: none"> <li>• Chronic Obstructive Pulmonary Disease.</li> </ul>	<p>Dr Cat Chang</p> <p><i>Harry Gallagher</i></p> <p><i>Janice Wong</i></p> <p><i>Reg. - Ollie</i></p>
<p>6.5.20 BEC Aud 1.15 – 2.30</p>	<p><b>An approach to mild cognitive impairment</b></p>	<p><b>Patient assessment</b></p> <p><b>Medicine and the Law</b></p> <ul style="list-style-type: none"> <li>• Complete required medical-legal documentation appropriately</li> <li>• Comply with legal requirements in patient care</li> </ul> <p>Liaise with legal and statutory authorities, including mandatory reporting where applicable.</p> <p><b>Communication:</b></p> <p><b>Meetings with families and whānau or carers</b></p> <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> <li>• Respect the role of families/whānau in patient healthcare</li> </ul> <p><b>Clinical problems and conditions:</b></p>	<p>Etu Mau</p>

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		<p><b>Neurological</b></p> <ul style="list-style-type: none"> <li>• Delirium</li> <li>• Stroke / TIA</li> </ul> <p><b>Psychiatric</b></p> <ul style="list-style-type: none"> <li>• Dementia</li> <li>• Disturbed and aggressive patient</li> <li>• Psychosis</li> </ul>	
<p>20.5.20 BEC Aud 1.15 – 2.30</p>	<p><b>Antipsychotic and psychotropic medication effects requiring treatment in a medical or surgical setting</b></p>	<p><b>Medication safety</b></p> <ul style="list-style-type: none"> <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>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 David Menkes</p>
<p>27.5.20 L4, Waiora 1.15 – 2.30</p>	<p><b>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?</b></p>	<p><b>Professional standards</b></p> <ul style="list-style-type: none"> <li>• Adhere to professional standards and professional codes of conduct</li> <li>• Comply with the legal requirements of being a doctor, for example maintaining registration</li> <li>• Maintain professional boundaries</li> </ul>	<p>Dr Wayne de Beer Clinical Training Director – Psychiatrist</p>

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		<ul style="list-style-type: none"> <li>• Respect patient privacy and confidentiality</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>• 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>	
<p>3.6.20 BEC Aud 1.15 – 2.30</p>	<p><b>Inpatient management of diabetes</b></p>	<p><b>Clinical problems and conditions</b></p> <p><b>Endocrine</b></p> <ul style="list-style-type: none"> <li>• General management of diabetes and its complications</li> <li>• Post-operative diabetic management</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><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>Dr Ryan Paul</p>

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<p>10.6.20          BEC – LG15          1.15 – 2.30</p>	<p><b>Psychotropics in pregnancy for the treatment of serious mental illness</b></p>	<p><b>Access to healthcare</b></p> <ul style="list-style-type: none"> <li>• Demonstrate a non-discriminatory approach to patient care</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> <li>• Use a non-judgemental approach to patients’ lifestyle choices, for example discuss options, offer choices</li> </ul> <p><b>Medication safety</b></p> <ul style="list-style-type: none"> <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>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><b>Psychiatric / Drug and Alcohol</b></p> <ul style="list-style-type: none"> <li>• Addiction (smoking, alcohol, drug)</li> <li>• Substance abuse</li> </ul>	<p>Paul Daborn</p>



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<p>17.6.20 L4, Waiora 1.15 – 2.30</p>	<p><b>Exploring the validity of medical myths from internship:</b></p> <p><b>1) "I need to have seen a deceased person alive to be able to sign a death certificate"</b></p> <p><b>2) "Informed consent has no legal basis and is a waste of time"</b></p> <p><b>3) "Geriatricians or psychiatrists are the only medical professionals who can determine a patient's competency"</b></p> <p><b>4) "Next of kin/doctors can automatically decide what to do for a patient if they are incapacitated"</b></p>	<p>Professionalism:</p> <p>Medicine and the Law:</p> <ul style="list-style-type: none"> <li>• Comply with legal requirements in patient care.</li> <li>• Liaise with legal and statutory authorities, including mandatory reporting where applicable</li> </ul> <p>Ethical practice</p> <ul style="list-style-type: none"> <li>• Accept responsibility for ethical decisions</li> <li>• Behave in ways which 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>	<p>Dr Ben Kelly (Senior House Officer)</p>
<p>24.6.20 BEC Aud 1.15 – 2.30</p>	<p><b>Approach to investigations and management of primary and secondary amenorrhoea (including infertility).</b></p>	<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> </ul> <p><b>Investigations</b></p> <ul style="list-style-type: none"> <li>• Follow up and interpret investigation results appropriately to guide patient management</li> <li>• Select, request and justify investigations in the course and context of particular patient presentation</li> </ul> <p><b>Clinical Problems and conditions</b></p> <p><b>Gynaecological</b></p> <ul style="list-style-type: none"> <li>• Abnormal menstruation</li> </ul>	<p>Dr Helen Wemyss (Specialist – Obs &amp; Gynae)</p>

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<p>1.7.20</p> <p>BEC Aud 1.15 – 2.30</p>	<p><b>Medically unexplained diagnoses: communicating to patients the absence of demonstrable medical illness</b></p>	<p><b>Patient assessment:</b></p> <ul style="list-style-type: none"> <li>• History and examination</li> <li>• Investigations</li> <li>• Problem formulation</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> </ul> <p><b>Clinical Problems and conditions</b></p> <p><b>Psychiatric / Drug and alcohol.</b></p>	<p>Dr Paul Reeve</p>
<p>8.7.20</p> <p>BEC Aud 1.15 – 2.30</p> <p>1<sup>st</sup> wk SH</p>	<p><b>Connecting the dots – supporting key transition for Palliative Care patients</b></p>		<p>Debbie Barham (Specialist – Palliative Care)</p>
<p>15.7.20</p> <p>BEC Aud 1.15 – 2.30</p> <p>2<sup>nd</sup> wk SH</p>	<p><b>An approach to breathing difficulties in babies and children and common ward calls in Paediatrics</b></p>	<p><b>Patient assessment:</b></p> <ul style="list-style-type: none"> <li>• History and examination</li> <li>• Investigations</li> <li>• Problem formulation</li> </ul> <p><b>Emergencies</b></p> <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Prioritisation</li> </ul>	<p>Rachel Howlett</p>

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		<p><b>Clinical problems and conditions:</b></p> <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> </ul> <p>Upper airway obstruction</p>	
<p>22.7.20</p> <p>BEC Aud 1.15 – 2.30</p>	<p><b>Prescribing anticoagulation therapy</b></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>Investigations</b></p> <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</li> </ul>	<p>Julia Phillips</p>

## PGY2/SHO

		particular patient presentation	
29.7.20 BEC Aud 1.15 – 2.30	<b>Detecting and managing depression and anxiety in the general medical setting</b>	<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> <li>• Collaborate with other health professionals in patient assessment</li> <li>• Identify and provide relevant and succinct information</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> </ul>	Dr Wayne de Beer Clinical Training Director – Psychiatrist

# PGY2/SHO

		<ul style="list-style-type: none"> <li>• Suicide risk assessment</li> </ul>	
5.8.20	<b>CANCELLED AS ROOM TOO SMALL</b>		
12.8.20 BEC Aud 1.15 – 2.30	<b>An approach to managing chronic and severe pain in the patient with a rheumatology condition.</b>	<p><b>Pain Management:</b></p> <ul style="list-style-type: none"> <li>• Identify and justify pain management options for common problems and conditions</li> <li>• Prescribe pain therapies to match patient’s analgesia requirements.</li> <li>• Specify and justify the hierarchy of therapies and options for pain control</li> </ul> <p><b>Clinical problems and conditions:</b></p> <p><b>Musculoskeletal</b></p> <p>Joint disorders</p>	Douglas White Rheumatoid Reg.
19.8.20 BEC Aud 1.15 – 2.30	<b>Dermatoscopy and its relevance to dermatology</b>	<p><b>Investigations</b></p> <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> </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> <li>• Collaborate with other health professionals in patient assessment</li> <li>• Identify and provide relevant and succinct information</li> </ul> <p><b>Clinical problems and conditions</b></p> <p><b>Dermatological</b></p>	Amanda Oakley (Specialist – Dermatology)

## PGY2/SHO

		<ul style="list-style-type: none"> <li>Common skin conditions for example eczema, allergic skin conditions</li> <li>Skin malignancies for example basal cell carcinoma (BCC), Squamous cell carcinoma (SCC), melanoma</li> </ul>	
26.8.20 BEC Aud 1.15 – 2.30	<b>Approach to the diagnosis and management of psoriasis in the adolescent and adult patient.</b>	<p><b>Clinical management</b></p> <ul style="list-style-type: none"> <li>Safe patient care</li> <li>Patient assessment</li> <li>Patient management</li> </ul> <p><b>Clinical problems and Conditions</b></p> <p><b>Dermatological</b></p> <ul style="list-style-type: none"> <li>Common skin conditions for example eczema, allergic skin conditions</li> </ul>	Karen Koch (Specialist – Dermatology)
2.9.20 BEC Aud 1.15 – 2.30	<b>How to cope when a patient or staff member has made a complaint about you? What should I do (and not do?)</b>	<p><b>Professional standards</b></p> <ul style="list-style-type: none"> <li>Adhere to professional standards and professional codes of conduct</li> </ul> <p><b>Professional responsibility</b></p> <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> <p><b>Communication:</b></p>	Jules Schofield

## PGY2/SHO

		<b>Complaints</b> <ul style="list-style-type: none"> <li>Identify factors likely to lead to complaints and act appropriately to minimise the risk of complaints</li> <li>Use local protocols to respond to complaints, including notifying more senior staff</li> </ul>	
9.9.20 L4, Waiora 12.15 – 1.00	<b>Chronic Kidney disease (CKD) and dialysis planning; how exactly does dialysis work?</b>	<b>Patient management:</b> <b>Management options</b> <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> <b>Clinical problems and conditions</b> <b>Nephrology</b> <ul style="list-style-type: none"> <li>Renal failure</li> </ul>	Andrew (Drew) Henderson
16.9.20 BEC Aud 1.15 – 2.30	<b>An approach to rationalising poly-pharmacotherapy in the elderly frail patient</b>	<b>Safe Patient care:</b> <b>Adverse events and near misses</b> <ul style="list-style-type: none"> <li>Recognise harm caused by adverse events and near misses</li> </ul> <b>Medication safety</b> <ul style="list-style-type: none"> <li>Prescribe and administer medications safely</li> </ul> <b>Risk and prevention of error and / or harm</b>	Dr Emily Jenkins

## PGY2/SHO

		<ul style="list-style-type: none"> <li>Minimise risk and identify the main sources of error to prevent harm where possible</li> <li>Recognise and act on personal factors that may contribute to patient and staff risk</li> </ul> <p><b>Neurological</b></p> <ul style="list-style-type: none"> <li>Delirium</li> <li>Falls, especially in the elderly</li> </ul>	
23.9.20 BEC Aud 1.15 – 2.30	<b>ABC of dementia diagnoses; Alzheimer's, vascular, Lewy body and other dementias</b>	<p><b>Clinical problems and conditions</b></p> <p><b>Psychiatric / drug and alcohol</b></p> <ul style="list-style-type: none"> <li>Dementia</li> </ul> <p><b>Procedures and interventions</b></p> <ul style="list-style-type: none"> <li>Mini-mental state examination</li> </ul>	Elizabeth Fussell Old Age Psychiatry (Specialist – Psychiatry)
30.9.20 BEC Aud 1.15 – 2.30  1 <sup>st</sup> wk SH	<b>Common antenatal/gynae ward calls</b>	<p><b>Clinical problems and conditions</b></p> <p><b>Gynaecological</b></p> <ul style="list-style-type: none"> <li>Abnormal menstruation</li> <li>Urinary Incontinence</li> </ul> <p><b>Obstetric</b></p> <ul style="list-style-type: none"> <li>Pain and bleeding in early pregnancy</li> </ul> <p><b>Critical care/ Emergency</b></p> <ul style="list-style-type: none"> <li>Postoperative care</li> <li>Shock</li> </ul> <p><b>Genito Urinary</b></p> <ul style="list-style-type: none"> <li>Contraception &amp; sexual health</li> </ul>	Dr Hannah Price (SHO)



## PGY2/SHO

		<p><b>Procedural knowledge</b></p> <p><b>Women's health</b></p> <ul style="list-style-type: none"> <li>• Genital swabs/cervical smear</li> <li>• Vaginal speculum exam</li> </ul>	<p><i>Narena Dudley to coordinate</i></p>
<p>7.10.20</p> <p>BEC Aud 1.15 – 2.30</p> <p>2<sup>nd</sup> wk SH</p>	<p><b>Obstetric emergencies</b></p>	<p><b>Clinical problems and conditions</b></p> <p><b>Obstetric</b></p> <ul style="list-style-type: none"> <li>• Post-partum haemorrhage</li> </ul> <p><b>Critical care/ Emergency</b></p> <ul style="list-style-type: none"> <li>• Postoperative care</li> <li>• Shock</li> </ul>	<p>Britta Gombocz</p> <p><i>Isabel Camano</i></p>
<p>14.10.20</p> <p>BEC Aud 1.15 – 2.30</p>	<p><b>An approach to the transgendered patient requesting gender affirming hormonal therapy and surgery: steering the various service options in Hamilton.</b></p>	<p><b>Context</b></p> <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> <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> </ul>	<p>Dr Susan Bray</p>

## PGY2/SHO

		<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> <li>Collaborate with other health professionals in patient assessment</li> <li>Identify and provide relevant and succinct information</li> </ul>	
21.10.20 L4, Waioira 1.15 – 2.30	<b>Hep B and Hep C – new treatments</b>	<b>Diagnostic</b> <ul style="list-style-type: none"> <li>Common liver disease – hepatitis</li> </ul> <b>Therapeutics</b> <ul style="list-style-type: none"> <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>	Dara de Las Heras
28.10.20 L4, Waioira 1.15 – 2.30	<b>An approach to the disordered thyroid</b>	<b>Clinical management</b> <ul style="list-style-type: none"> <li>Safe patient care</li> <li>Patient assessment</li> <li>Patient management</li> </ul> <b>Clinical problems and conditions</b> <b>Endocrine</b> <ul style="list-style-type: none"> <li>Abnormal thyroid functions</li> </ul>	Natasha Brown Registrar - Diabetes
4.11.20 L1 Hockin Boardroom 1.15 – 2.30	<b>End of year session prize giving</b>		Dr Wayne de Beer Helen Carol PESS CMO

**PGY2/SHO**

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