

PGY1 – FORMAL EDUCATION COURSE - 2017

TUESDAYS: 1.30 – 2.30pm

VENUES:

The Bryant Education Centre (BEC), Level 4 Waiora Room, L9 ERB; to be informed prior

Skills Laboratory sessions are held at the Waikato Clinical School (1.00 – 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 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
- 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

Date	Topic	Competencies covered in the New Zealand Curriculum Framework for Prevocational Medical training	Tutor / facilitator
29.11.16	<p>Tips on how to cope with the typical ward call: -</p> <p>An introduction to the characteristic, everyday ward problems including:</p> <ul style="list-style-type: none"> ▪ Using SBARR (communication tool) ▪ How to prioritise your clinical tasks ▪ When and who to call for help ▪ A quick guide to prescribing on ward calls (i.e. prescribing analgesia, sedation, anti-emetics, sleeping medications /hypnotics) 	<p>Cultural competence Healthcare resources Medicine and the law Professional responsibility</p> <ul style="list-style-type: none"> • Demonstrate accountability for their practice • Demonstrate reliability and fulfil obligations <p>Time management</p> <ul style="list-style-type: none"> • Demonstrate punctuality • Prioritise workload to maximise patient outcomes and health service functions <p>Providing information Respect Working in teams Communication in healthcare teams Team structure Working in health care teams Managing information Patient assessment</p>	<p>Dr Evy Shin Dr Chelsea Fraser (PGY-2 House Officer)</p>
6.12.16	<p>An approach to the deteriorating patient A focus on Early Warning Systems in the DHB including:</p> <ul style="list-style-type: none"> • the use of the Adult Deterioration Detection Scale – (ADDS) • Pathways for escalation when a patient is deteriorating. • What exactly are the house officers' responsibilities when called by nursing staff to review a changed physiological status? 	<p>Working in teams Communication in healthcare teams Team structure Working in health care teams Emergencies: Assessment</p> <ul style="list-style-type: none"> • Initiate resuscitation when clinically indicated • Recognise and effectively assess potentially acutely ill, deteriorating or dying patients • Recognise the abnormal physiology and clinical manifestations of critical illness <p>Clinical problems and conditions General</p> <ul style="list-style-type: none"> • Recognition of the deteriorating patient 	<p>Colleen Hartley (Nurse Manager – Critical Care)</p> <p>Dr David Harris</p>
13.12.16	<p>How do I prescribe safely and ensure medicine safety?</p>	<p>Medicine and the law:</p> <ul style="list-style-type: none"> • Complete required medico-legal documentation appropriately <p>Professional standards</p>	<p>Julie Vickers (Pharmacist) Dr John Barnard (Clinical Director, Hospital Pharmacy)</p>

		<ul style="list-style-type: none"> • Adhere to professional standards and professional codes of conduct <p>Providing information</p> <ul style="list-style-type: none"> • Apply the principles of good communication (verbal and non-verbal) and communicate with patients and carers in ways they understand • Involve patients in discussions and decisions about their care • Use interpreters for non-English speaking backgrounds when appropriate <p>Managing information</p> <p>Electronic</p> <ul style="list-style-type: none"> • Use electronic resources appropriately in patient care e.g. ...referencing pharmacopoeia. <p>Health records:</p> <ul style="list-style-type: none"> • Comply with legal / institutional requirements for health records. <p>Written</p> <ul style="list-style-type: none"> • Accurately document drug prescription and administration <p>Medication safety</p> <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 	
17.1.17	<p>The breathless patient</p> <p>Part I: Screening for chest pain and responding to changes in serum troponin levels</p>	<p>Patient assessment</p> <p>Emergencies</p> <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>General</p> <ul style="list-style-type: none"> • Recognition of the deteriorating patient <p>Abnormal investigation results</p>	Dr Akshat Khurana (Registrar – Cardiology)

		<ul style="list-style-type: none"> • Abnormal blood results • White cell abnormalities • Arterial blood gases • Abnormal imaging <p>Circulatory</p> <ul style="list-style-type: none"> • Cardiac arrhythmias • Chest pain • Electrolyte disturbances • Heart failure • Hypertension • Ischaemic heart disease • Shock • Thrombo-embolic disease <p>Respiratory</p> <ul style="list-style-type: none"> • Asthma • Breathlessness • Chronic Obstructive Pulmonary Disease • Cough • Obstructive sleep apnoea • Pneumonia / respiratory infection • Respiratory failure • Upper airway obstruction 	
24.1.17	The role of the house officer in the management of acute pain of both known and unknown aetiology	<p>Pain management</p> <ul style="list-style-type: none"> • Evaluate the pain management plan to ensure it is clinically relevant • Prescribe pain therapies to match the patient's analgesia requirements • Specify and can justify the hierarchy of therapies and options for pain control 	Luke Mercer (Specialist – Anaesthetics)
31.1.17	<p>Career options: Why you should consider my speciality?</p> <p>5-minute only presentations by various department representatives about why you should choose their speciality.</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 	Dr Wayne de Beer (Director of Training/ Specialist - Psychiatry) Department representatives

		<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 • Identify and address personal learning objectives • Participate in clinical audit • Participate in quality improvement activities • Seek opportunities to reflect on and learn from clinical practice 	
7.2.17	<p>Approaches for house officers for the management of electrolyte disturbances in medical and surgical patients –</p> <ul style="list-style-type: none"> • A focus on calcium, sodium and potassium serum level abnormalities and their management. 	<p>Patient assessment Management options Clinical problems and conditions Abnormal investigation results</p> <ul style="list-style-type: none"> • Abnormal blood results • Electrolyte abnormalities 	Dr Ryan Paul (Endocrinology)
14.2.17	<p>The acute abdomen: Approach to the diagnosis and management for the house officer</p>	<p>Patient assessment Referral and consultation</p> <ul style="list-style-type: none"> • Apply the criteria for referral or consultation relevant to a particular problem or condition <p>Clinical problems and conditions Gastrointestinal</p> <ul style="list-style-type: none"> • Abdominal pain • Recognition of acute abdomen 	Dr Aleisha Sutherland (Registrar – General Surgery)
21.2.17	<p>Skills Lab: Venepuncture, IV fluids , nasogastric intubation in children</p>	<p>Procedures and interventions: Intravenous / Intravascular</p> <ul style="list-style-type: none"> • Arterial and venous blood gas sampling and interpretation • Blood transfusion • Intravenous cannulation • Intravenous electrolyte administration • Intravenous fluid and drug administration • Intravenous infusion set-up • Venepuncture 	(Paediatric Specialist)

28.2.17	The workup and immediate care of the patient with changed level of consciousness	Patient assessment Clinical problems and conditions: Neurological <ul style="list-style-type: none"> • Acute headache • Delirium • Falls, especially in the elderly • Loss of consciousness • Seizure disorders • Stroke/TIA • Subarachnoid haemorrhage • Syncope 	Dr Jules Schofield (Specialist – Emergency)
7.3.17	Tips to the identification of delirium and a practical treatment approach	Patient assessment Management options Clinical problems and conditions General <ul style="list-style-type: none"> • Cognitive or physical disability • Functional decline or impairment • Recognition of the deteriorating patient Abnormal investigation results Neurological <ul style="list-style-type: none"> • Delirium 	Dr Paul Reeve (Physician Specialist/Training Director General Medicine)
14.3.17	An approach to the febrile patient	Patient assessment Safe Patient care: Infection control <ul style="list-style-type: none"> • Practise correct hand-hygiene and aseptic techniques • Prescribe appropriate antibiotic/antiviral therapy for common conditions • Use methods to minimise transmission of infection between patients 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 	Dr Ian Martin (Specialist - Emergency)

		<p>with local requirements.</p> <p>Public health</p> <ul style="list-style-type: none"> • Inform authorities of each case of a 'notifiable disease' • Know which diseases are notifiable <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 	
21.3.17	Blood products and fluid management	<p>Procedures and interventions</p> <ul style="list-style-type: none"> • What products • How to reverse Warfarin • Deciding whether to transfuse • Resources available • Basic fluid management 	Dr Scott Robinson
28.3.17	<p>Skills Lab: Basic suturing techniques and practice / Intraosseous IV access and Use of EZI (N.B. THIS IS A CONCURRENT SESSION RUN OVER TWO WEEKS (second week 11.4.17) WITH PGY1S ALLOCATED TO ONE OF TWO STREAMS</p>	<p>Procedures and interventions (Basic Suturing techniques and practice)</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 <p>Surgical</p> <ul style="list-style-type: none"> • Administration of local anaesthesia • Scrub, gown and glove • Simple skin lesion excision 	

		<ul style="list-style-type: none"> • Surgical knots and simple wound suturing • Suture removal 	
4.4.17	An approach to identifying blood glucose abnormalities and starting a diabetic patient on oral hypoglycaemic and insulin medications.	<p>Patient assessment</p> <p>Investigations</p> <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management <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 <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 	Dr Shekhar Sehgal (Specialist – Endocrinology)
11.4.17	ECG's in heart attacks	<p>Patient assessment</p> <p>Emergencies</p> <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>General</p> <ul style="list-style-type: none"> • Recognition of the deteriorating patient <p>Abnormal investigation results</p>	Dr Aidan Murray (Registrar – Emergency Medicine)

		<ul style="list-style-type: none"> • Abnormal blood results • White cell abnormalities • Arterial blood gases • Abnormal imaging <p>Circulatory</p> <ul style="list-style-type: none"> • Cardiac arrhythmias • Chest pain • Electrolyte disturbances • Heart failure • Hypertension • Ischaemic heart disease • Shock • Thrombo-embolic disease <p>Respiratory</p> <ul style="list-style-type: none"> • Asthma • Breathlessness • Chronic Obstructive Pulmonary Disease • Cough • Obstructive sleep apnoea • Pneumonia / respiratory infection • Respiratory failure • Upper airway obstruction 	
18.4.17	Approach to mild, moderate and severe head injury in the acute setting.	<p>Patient assessment</p> <p>Emergencies</p> <p>Pain management</p> <p>Systems</p> <ul style="list-style-type: none"> • Advocate for the improvement of systems • Identify and understand concept of system errors • Participate in continuous quality improvement, for example clinical audit • Use mechanisms that minimise error, for example checklists, clinical pathways <p>Clinical problems and conditions</p> <p>Neurological</p> <ul style="list-style-type: none"> • Acute headache • Delirium 	Dr John Bonning (Specialist – Emergency)

		<ul style="list-style-type: none"> Falls, especially in the elderly Procedures and interventions Trauma <ul style="list-style-type: none"> Applying splints and slings Cervical collar application Inline immobilisation of cervical spine Pressure haemostasis 	
25.4.17 ANZAC DAY			
2.5.17	Skills Lab: Basic suturing techniques and practice / Intraosseous IV access and Use of EZI (N.B. THIS IS A CONCURRENT SESSION RUN OVER TWO WEEKS (second week 28/3/17) WITH PGY1S ALLOCATED TO ONE OF TWO STREAMS)	Procedures and interventions (Basic Suturing techniques and practice) Preparation <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 Procedures <ul style="list-style-type: none"> Arrange appropriate support staff and define their roles Provide appropriate analgesia 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 Surgical <ul style="list-style-type: none"> Administration of local anaesthesia Scrub, gown and glove Simple skin lesion excision Surgical knots and simple wound suturing Suture removal 	
9.5.17	Preparing to start the night call: Orientation to night duty and on-call – AMU/Ward	Communication Context <ul style="list-style-type: none"> Arrange an appropriate environment for communication, for example, private, no interruptions Use principles of good communication to ensure effective healthcare 	Dr Aleisha Sutherland (Registrar – General Surgery)

		<p>relationships</p> <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 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 • 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>Professional responsibility</p> <ul style="list-style-type: none"> • Demonstrate accountability for their practice • Demonstrate reliability and fulfil obligations <p>Time management</p> <ul style="list-style-type: none"> • Demonstrate punctuality • Prioritise workload to maximise patient outcomes and health service functions 	
16.5.17	<p>What house officers should know about post-operative complications and care; - e.g. wound care, hypotension, sepsis management etc.</p>	<p>Patient assessment</p> <p>Infection control</p> <ul style="list-style-type: none"> • Practise correct hand-hygiene and aseptic techniques • Prescribe appropriate antibiotic/antiviral therapy for common conditions • Use methods to minimise transmission of infection between patients <p>Discharge planning / transfer of care</p> <ul style="list-style-type: none"> • Follow organisational guidelines to ensure smooth discharge and transfer • Liaise with appropriate health professionals, family and other support personnel to ensure proper discharge or transfer of care • Undertake effective discharge planning <p>Pain management</p> <ul style="list-style-type: none"> • Evaluate the pain management plan to ensure it is clinically relevant • Prescribe pain therapies to match the patient's analgesia requirements • Specify and can justify the hierarchy of therapies and options for pain control 	<p>Dr Maiko Smith (Registrar – Gen Surgery)</p>

23.5.17	<p>A case-based, interactive session on the role of Palliative care in the patient with a terminal condition. This includes what the house officer should know about the Resuscitation plan ("NFR" status)</p>	<p>Patient assessment Patient interaction Breaking bad news</p> <ul style="list-style-type: none"> • Participate in breaking potentially distressing news to patients and carers • Recognise and manage potentially distressing communications with patients and carers • Show empathy and compassion <p>End of life care</p> <ul style="list-style-type: none"> • Contribute to effective initiation and coordination of palliative care • Manage the confirmation and certification of death and complete death certificates under supervision • Recognise cases that may need to be referred to the Coroner • Show awareness of the Coroner's procedures 	Dr Lara Hoskins (Specialist – Palliative Care)
30.5.17	An approach to the patient presenting with gastrointestinal bleeding	<p>Patient assessment Investigations</p> <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management <p>Clinical Problems and conditions: Gastrointestinal</p> <ul style="list-style-type: none"> • Abdominal pain • Gastrointestinal bleeding 	Dr Graeme Dickson (Specialist – Gastroenterology)
6.6.17	How does the house officer decide on which antibiotics to use in infectious conditions?	<p>Patient assessment Safe Patient care: Infection control</p> <ul style="list-style-type: none"> • Practise correct hand-hygiene and aseptic techniques • Prescribe appropriate antibiotic/antiviral therapy for common conditions • Use methods to minimise transmission of infection between patients <p>Medication safety:</p> <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 	Dr Katie Walland (Registrar – Gen Medicine) ?Pharmacist

		<ul style="list-style-type: none"> Routinely report medication errors and near misses in accordance with local requirements. <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>Public health</p> <ul style="list-style-type: none"> Inform authorities of each case of a 'notifiable disease' Know which diseases are notifiable <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 	
13.6.17	<p>Skills Lab: Gynae skills – PV, speculum</p> <p>Urinary Catheterisation and Pregnancy testing, dipstix</p> <p>Urogenital - Bladder catheterisation (Male and Female)</p>	<p>Procedures and interventions: Women’s health</p> <ul style="list-style-type: none"> Genital swabs/cervical smear Vaginal speculum exam <p>Procedures and interventions. Urogenital Bladder catheterisation (Male and Female)</p>	Dr Toral Kamdar (Specialist – Obs & Gynae)
20.6.17	<p>What should the house officer know about anticoagulation?</p> <ul style="list-style-type: none"> Warfarin and anticoagulation monitoring the use of hospital anticoagulation guidelines 	<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 Provide adverse drug reaction reporting Routinely report medication errors and near misses in accordance with local requirements 	Dr Hugh Goodman (Specialist – Haematology)

		<p>Patient assessment Evidence-based practice 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 • Negotiate with patients the need for tests and explain results • Select, request and justify investigations in the course and context of particular patient presentation <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 	
27.6.17	How to deal with obesity in patients	<p>Health promotion</p> <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 <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 <p>Clinical problems and conditions Nutrition / Metabolic</p> <ul style="list-style-type: none"> • Weight gain 	Mark Leydon (Dietician) Jill McClymont (Dietician)
4.7.17	Indications for blood transfusions and an approach to the management of adverse reactions to blood products.	<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 	Dr Helen Moore (Specialist – Pathology Haematology)

		<ul style="list-style-type: none"> Identify the indications for and risks of fluid and electrolyte therapy and use of blood products Manage blood transfusion reactions 	
11.7.17	Regional Anaesthesia at Waikato Hospital	<p>Decision making</p> <ul style="list-style-type: none"> Explain the indications and contraindications for common procedures Select appropriate procedures with the involvement of senior clinicians and the patient <p>Informed consent</p> <ul style="list-style-type: none"> Apply the principles of informed consent in day-to-day practice Identify the circumstances that require informed consent to be obtained by a more senior clinician Provide a full explanation of a procedure to a patient when undertaking that procedure <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 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 <p>PGY1 Surgical Administer local anaesthesia</p> <p>PGY2 Anaesthetic techniques Simple regional anaesthesia</p>	Dr Anthony Aho (Registrar – Anaesthetics)
18.7.17	How to complete a death certificate?	<p>Medicine and the law</p> <ul style="list-style-type: none"> Complete required medico-legal documentation appropriately Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation 	Dr Paul Reeve (Physician Specialist/Training Director General Medicine)

		<ul style="list-style-type: none"> • 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 these may have on their interactions with patients • Work with the patient's cultural beliefs, values and practices in developing a relevant management plan 	
15.8.17	A case-based, interactive session on the syndromes/clinical presentations of overdose (serotonin syndrome, opiate, alcohol & TCA overdose)	<p>Patient assessment</p> <p>Emergencies</p> <p>Assessment</p> <ul style="list-style-type: none"> • Initiate resuscitation when clinically indicated • Recognise and effectively assess potentially acutely ill, deteriorating or dying patients • Recognise the abnormal physiology and clinical manifestations of critical illness <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 	Dr Andrew Wilde (Specialist –Emergency)

		<p>appropriately</p> <p>Clinical problems and conditions Psychiatric / Drug and Alcohol</p> <ul style="list-style-type: none"> • Addiction (smoking, alcohol, drug) • Deliberate self-harm 	
22.8.17	<p>Skills Lab:</p> <p>Update on: ECG Interpretation</p>	<p>Working in teams Communication in healthcare teams Team structure Working in health care teams Emergencies: Assessment</p> <ul style="list-style-type: none"> • Initiate resuscitation when clinically indicated • Recognise and effectively assess potentially acutely ill, deteriorating or dying patients • Recognise the abnormal physiology and clinical manifestations of critical illness <p>Clinical problems and conditions General</p> <ul style="list-style-type: none"> • Recognition of the deteriorating patient <p>Abnormal investigation results</p> <ul style="list-style-type: none"> • Abnormal imaging <p>Circulatory</p> <ul style="list-style-type: none"> • Cardiac arrhythmias • Chest pain • Electrolyte disturbances • Heart failure • Hypertension • Ischaemic heart disease • Shock • Thrombo-embolic disease 	Dr Wei Tan (Specialist – Emergency)
29.8.17	An approach to the use of TPN	<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 	Wai Keat Chang (Registrar – General Surgery)

		<p>potential adverse effects of each medication used</p> <p>Clinical problems and conditions</p> <p>Nutrition / Metabolic</p> <ul style="list-style-type: none"> • Weight gain • Weight loss 	
5.9.17	An approach to the management of abnormal liver function tests	<p>Patient assessment</p> <p>Investigations</p> <ul style="list-style-type: none"> • Follow up and interpret investigation results appropriately to guide patient management <p>Clinical Problems and conditions:</p> <p>Gastrointestinal</p> <ul style="list-style-type: none"> • Abdominal pain • Common liver disease for example alcoholic liver disease, hepatitis, non-alcoholic fatty liver disease 	(Specialist – Gen Medicine)
12.9.17	Breaking bad news to patients and their families and caregivers (incorporating the deteriorating patient about to die/with a bad diagnosis and family members asking for news after the consultant has already advised the patient).	<p>Patient interaction</p> <p>Breaking bad news</p> <ul style="list-style-type: none"> • Participate in breaking potentially distressing news to patients and carers • Recognise and manage potentially distressing communications with patients and carers • Show empathy and compassion <p>Context</p> <ul style="list-style-type: none"> • Arrange an appropriate environment for communication, for example, private, no interruptions • Use effective strategies to deal with difficult situations or vulnerable patients • Use principles of good communication to ensure effective healthcare relationships <p>Meetings with families and whānau, or carers</p> <ul style="list-style-type: none"> • Ensure relevant family/whānau/carers are included appropriately in meetings and decision making • Identify the impact of family dynamics on effective communication • Respect the role of families/whānau in patient health care 	Dr Michael Jameson (Specialist – Oncology)
19.9.17	Recognising the alcoholic patient in the	Health promotion	Louise Leonard (Nurse)

	<p>ward;</p> <ul style="list-style-type: none"> Alcohol & Drug Addiction Act (ADA Act) Taking an alcohol and drug history Preventing withdrawal symptoms in a patient whilst in the medical wards Detoxification and pathways in Waikato Accessing detoxification treatment options for alcoholism. Community care of the patient with alcohol dependence. 	<ul style="list-style-type: none"> Advocate for healthy lifestyles and discuss environmental and lifestyle risks to patient health <p>Healthcare resources</p> <ul style="list-style-type: none"> Identify the impact of resource constraint on patient care Use healthcare resources wisely to achieve the best outcomes <p>Patient assessment</p> <p>Investigations</p> <ul style="list-style-type: none"> Follow up and interpret investigation results appropriately to guide patient management <p>Medicine and the law</p> <ul style="list-style-type: none"> Comply with the legal requirements in patient care, for example Alcohol & Drug Addiction Act (ADA Act) <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>Clinical problems and conditions:</p> <p>Psychiatric / Drug and Alcohol</p> <ul style="list-style-type: none"> Addiction (smoking, alcohol, drug) Substance abuse 	Practitioner - CADS)
26.9.17	<p>What the house officer should know about Informed Consent?</p> <ul style="list-style-type: none"> An approach for house officers about taking informed consent for patients. <i>“When can I take informed consent for a procedure?”</i> <i>“What is my responsibility when taking informed consent?”</i> <i>“Can I refuse to take informed consent?” “Under what conditions can I refuse?”</i> 	<p>Medicine and the law</p> <ul style="list-style-type: none"> Complete required medico-legal documentation appropriately Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation <p>Professional responsibility</p> <ul style="list-style-type: none"> Demonstrate accountability for their practice Demonstrate reliability and fulfil obligations <p>Providing information</p> <ul style="list-style-type: none"> Apply the principles of good communication (verbal and non-verbal) and communicate with patients and carers in ways they understand Involve patients in discussions and decisions about their care Use interpreters for non-English speaking backgrounds when appropriate 	Dr Tom Watson (Chief Medical Advisor/Specialist - Anaesthetics)

		<p>Informed consent</p> <ul style="list-style-type: none"> • 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 <p>Provide a full explanation of a procedure to patients when undertaking that procedure</p>	
3.10.17	Prescribing for the pregnant and breastfeeding patient on the medical, surgical and psychiatric wards (including radiation exposure, the use of contrast agents and psychotropic medications in pregnant patients).	<p>Medication safety</p> <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 <p>Risk and prevention</p> <ul style="list-style-type: none"> • Explain and report potential risks to patients and staff <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 	Dr Alison Barrett (Specialist – Obs & Gynae)
10.10.17	An approach to the seriously unwell child; Common problems in children that house officers should know about – includes a brief guide to prescribing in children i.e. fluids, medications and analgesia.	<p>Patient assessment</p> <p>Meetings with families and whānau, or carers</p> <ul style="list-style-type: none"> • Ensure relevant family/whānau/carers are included appropriately in meetings and decision making • Identify the impact of family dynamics on effective communication • Respect the role of families/whānau in patient health care <p>Emergencies:</p> <p>Assessment</p> <ul style="list-style-type: none"> • Initiate resuscitation when clinically indicated • Recognise and effectively assess potentially acutely ill, deteriorating or dying patients • Recognise the abnormal physiology and clinical manifestations of critical illness 	Rachel Howlett (Registrar – Paediatrics)

		<p>Prioritisation</p> <ul style="list-style-type: none"> Identify patients requiring immediate resuscitation and when and how to call for help <p>Clinical problems and conditions:</p> <p>General</p> <ul style="list-style-type: none"> Recognition of the deteriorating patient 	
17.10.17	A case-based, interactive session on the role of professional boundaries in clinical practice	<p>Doctor and society</p> <p>Access to healthcare</p> <ul style="list-style-type: none"> Demonstrate a non-discriminatory approach to patient care <p>Professional standards</p> <ul style="list-style-type: none"> Adhere to professional standards and professional codes of conduct 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 <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 	Dr Wayne de Beer (Specialist – Consultation-Liaison Psychiatry)
24.10.17	Vaccines – what house officers should know about scheduled and unscheduled vaccine prescribing and their contraindications	<p>Medication safety</p> <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 <p>Public health</p>	Cilla Wyllie-Schmidt National Immunisation

		<ul style="list-style-type: none"> Inform authorities of each case of a 'notifiable disease' Know which diseases are notifiable Systems <ul style="list-style-type: none"> Advocate for the improvement of systems Identify and understand concept of system errors Participate in continuous quality improvement, for example clinical audit Use mechanisms that minimise error, for example checklists, clinical pathways 	
31.10.17	<p>An approach to dealing with the aggressive patient or family member in the inpatient setting.</p> <ul style="list-style-type: none"> De-escalation strategies <p>An approach to pharmacological management of the disruptive patient (including delirium, mania, psychosis)</p>	Patient assessment Clinical problems and conditions Critical care/ Emergency <ul style="list-style-type: none"> Family violence Injury prevention Psychiatric / Drug and Alcohol <ul style="list-style-type: none"> Addiction (smoking, alcohol, drug) Disturbed or aggressive patient 	Dr Wayne de Beer (Director of Training/ Specialist – Psychiatry)
7.11.17	<p>End of year meeting</p> <ul style="list-style-type: none"> Quiz and Prize giving 	Personal well-being <ul style="list-style-type: none"> Show awareness of and optimise personal health and well-being 	Dr Wayne de Beer (Director of Training/ Specialist - Psychiatry)
11.4.17 (unable to fill) SPARE	<p>The breathless patient</p> <p>Part II: A focus on recognising and managing the patient with Pulmonary Embolus- (including a discussion on the use of hospital clinical guidelines).</p>	Patient assessment Emergencies 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 Recognise complex or uncertain situations and seek advice appropriately Clinical problems and conditions General <ul style="list-style-type: none"> Recognition of the deteriorating patient Abnormal investigation results <ul style="list-style-type: none"> Abnormal blood results White cell abnormalities 	Dr Harry Gallagher (Physician – Respiratory Medicine)

		<ul style="list-style-type: none">• Arterial blood gases• Abnormal imaging Circulatory <ul style="list-style-type: none">• Cardiac arrhythmias• Chest pain• Electrolyte disturbances• Heart failure• Hypertension• Ischaemic heart disease• Shock• Thrombo-embolic disease Respiratory <ul style="list-style-type: none">• Asthma• Breathlessness• Chronic Obstructive Pulmonary Disease• Cough• Obstructive sleep apnoea• Pneumonia / respiratory infection• Respiratory failure• Upper airway obstruction	
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