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
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Competencies covered in the New Zealand Curriculum Framework for Prevocational Medical training</th>
<th>Tutor / facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.11.16</td>
<td>Tips on how to cope with the typical ward call: -</td>
<td>Cultural competence</td>
<td>Dr Evy Shin</td>
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<td></td>
<td>An introduction to the characteristic, everyday ward problems including:</td>
<td>Medicine and the law:</td>
<td>Dr Chelsea Fraser (PGY-2 House Officer)</td>
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<td>§ Using SBARR (communication tool)</td>
<td>Professional responsibility</td>
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<td>§ How to prioritise your clinical tasks</td>
<td>• Demonstrate accountability for their practice</td>
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<td>§ When and who to call for help</td>
<td>• Demonstrate reliability and fulfil obligations</td>
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<td></td>
<td>§ A quick guide to prescribing on ward calls (i.e. prescribing analgesia, sedation, anti-emetics, sleeping medications /hypnotics)</td>
<td>Time management</td>
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<td></td>
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<td>• Demonstrate punctuality</td>
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<td>• Prioritise workload to maximise patient outcomes and health service functions</td>
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<td>Providing information</td>
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<td>Respect</td>
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<td>Working in teams</td>
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<td>Communication in healthcare teams</td>
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<td>Team structure</td>
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<td>Working in health care teams</td>
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<td>Managing information</td>
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<td>Patient assessment</td>
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<tr>
<td>6.12.16</td>
<td>An approach to the deteriorating patient</td>
<td>Working in teams</td>
<td>Colleen Hartley (Nurse Manager – Critical Care)</td>
</tr>
<tr>
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<td>A focus on Early Warning Systems in the DHB including:</td>
<td>Communication in healthcare teams</td>
<td>Dr David Harris</td>
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<td></td>
<td>§ the use of the Adult Deterioration Detection Scale – (ADDS)</td>
<td>Team structure</td>
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<td></td>
<td>§ Pathways for escalation when a patient is deteriorating.</td>
<td>Working in health care teams</td>
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<td></td>
<td>§ What exactly are the house officers’ responsibilities when called by nursing staff to review a changed physiological status?</td>
<td>Emergencies: Assessment</td>
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<td></td>
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<td>• Initiate resuscitation when clinically indicated</td>
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<td>• Recognise and effectively assess potentially acutely ill, deteriorating or dying patients</td>
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<td>• Recognise the abnormal physiology and clinical manifestations of critical illness</td>
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<td>Clinical problems and conditions</td>
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<td>General</td>
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<td>• Recognition of the deteriorating patient</td>
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<tr>
<td>13.12.16</td>
<td>How do I prescribe safely and ensure medicine safety?</td>
<td>Medicine and the law:</td>
<td>Julie Vickers (Pharmacist)</td>
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<td></td>
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<td>• Complete required medico-legal documentation appropriately</td>
<td>Dr John Barnard (Clinical Director, Hospital Pharmacy)</td>
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<td></td>
<td>Professional standards</td>
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</tr>
</tbody>
</table>
| **17.1.17** | The breathless patient  
Part I: Screening for chest pain and responding to changes in serum troponin levels | Patient assessment  
**Emergencies**  
**Management options**  
- 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**  
- Recognition of the deteriorating patient  
**Abnormal investigation results** | Dr Akshat Khurana  
(Registrar – Cardiology) |
| --- | --- | --- | --- |
| **Providing information**  
- Adhere to professional standards and professional codes of conduct  
- 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  
**Managing information**  
**Electronic**  
- Use electronic resources appropriately in patient care e.g. referencing pharmacopoeia.  
**Health records:**  
- Comply with legal / institutional requirements for health records.  
**Written**  
- Accurately document drug prescription and administration  
**Medication safety**  
- 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 |
<table>
<thead>
<tr>
<th>24.1.17</th>
<th>The role of the house officer in the management of acute pain of both known and unknown aetiology</th>
</tr>
</thead>
</table>
| Pain management   | • 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 |

| 31.1.17 | Career options: Why you should consider my speciality?  
|-------------------|------------------------------------------------------------------------------------------------------------------|
| Professional standards | • 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 |

**Abnormal blood results**  
- White cell abnormalities  
- Arterial blood gases  
- Abnormal imaging

**Circulatory**  
- Cardiac arrhythmias  
- Chest pain  
- Electrolyte disturbances  
- Heart failure  
- Hypertension  
- Ischaemic heart disease  
- Shock  
- Thrombo-embolic disease

**Respiratory**  
- Asthma  
- Breathlessness  
- Chronic Obstructive Pulmonary Disease  
- Cough  
- Obstructive sleep apnoea  
- Pneumonia / respiratory infection  
- Respiratory failure  
- Upper airway obstruction

**Pain management**

**Professional standards**

**Career options:** Why you should consider my speciality?

5-minute only presentations by various department representatives about why you should choose their speciality.

**Pain management**

**Professional standards**

**Career options:** Why you should consider my speciality?

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**Pain management**

**Professional standards**

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**Pain management**

**Professional standards**

**Career options:** Why you should consider my speciality?

5-minute only presentations by various department representatives about why you should choose their speciality.

**Pain management**

**Professional standards**
| 7.2.17 | Approaches for house officers for the management of electrolyte disturbances in medical and surgical patients –  
• A focus on calcium, sodium and potassium serum level abnormalities and their management. | **Self-directed learning**  
• 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 |  
| 14.2.17 | The acute abdomen: Approach to the diagnosis and management for the house officer | **Patient assessment**  
**Management options**  
**Clinical problems and conditions**  
**Abnormal investigation results**  
• Abnormal blood results  
• Electrolyte abnormalities | Dr Ryan Paul  
(Endocrinology) |  
| 21.2.17 | Skills Lab: Venepuncture, IV fluids, nasogastric intubation in children | **Patient assessment**  
**Referral and consultation**  
• Apply the criteria for referral or consultation relevant to a particular problem or condition  
**Clinical problems and conditions**  
**Gastrointestinal**  
• Abdominal pain  
• Recognition of acute abdomen | Dr Aleisha Sutherland  
(Registrar – General Surgery) |  
|  |  | **Procedures and interventions:**  
**Intravenous / Intravascular**  
• 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) |
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Assessment</th>
<th>Conditions</th>
<th>Author</th>
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</thead>
<tbody>
<tr>
<td>28.2.17</td>
<td>The workup and immediate care of the patient with changed level of consciousness</td>
<td>Patient assessment Clinical problems and conditions Neurological • Acute headache • Delirium • Falls, especially in the elderly • Loss of consciousness • Seizure disorders • Stroke/TIA • Subarachnoid haemorrhage • Syncope</td>
<td>Dr Jules Schofield (Specialist – Emergency)</td>
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<tr>
<td>7.3.17</td>
<td>Tips to the identification of delirium and a practical treatment approach</td>
<td>Patient assessment Management options Clinical problems and conditions General • Cognitive or physical disability • Functional decline or impairment • Recognition of the deteriorating patient Abnormal investigation results Neurological • Delirium</td>
<td>Dr Paul Reeve (Physician Specialist/Training Director General Medicine)</td>
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<tr>
<td>14.3.17</td>
<td>An approach to the febrile patient</td>
<td>Patient assessment Safe Patient care: Infection control • 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: • 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</td>
<td>Dr Ian Martin (Specialist - Emergency)</td>
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</table>
with local requirements.

**Public health**
- Inform authorities of each case of a 'notifiable disease'
- Know which diseases are notifiable

**Management options**
- 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

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Procedures and interventions</th>
<th>Other</th>
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</thead>
<tbody>
<tr>
<td>21.3.17</td>
<td>Blood products and fluid management</td>
<td>What products, How to reverse Warfarin, Deciding whether to transfuse, Resources available, Basic fluid management</td>
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</tbody>
</table>
| 28.3.17 | 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 11.4.17) WITH PGY1S ALLOCATED TO ONE OF TWO STREAMS) | Procedures and interventions (Basic Suturing techniques and practice)
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
- Provide appropriate analgesia
Post-procedure
- Identify and manage common complications
- Interpret results and evaluate outcomes of treatment
- Monitor the patient and provide appropriate aftercare
**Surgical**
- Administration of local anaesthesia
- Scrub, gown and glove
- Simple skin lesion excision | Dr Scott Robinson |


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<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Patient assessment</th>
<th>Investigations</th>
<th>Referral and consultation</th>
<th>Medication safety</th>
<th>Management options</th>
<th>Therapeutics</th>
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<tr>
<td>4.4.17</td>
<td>An approach to identifying blood glucose abnormalities and starting a diabetic patient on oral hypoglycaemic and insulin medications.</td>
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<td>An approach to identifying blood glucose abnormalities and starting a diabetic patient on oral hypoglycaemic and insulin medications.</td>
<td>Follow up and interpret investigation results appropriately to guide patient management</td>
<td>Apply the criteria for referral or consultation relevant to a particular problem or condition</td>
<td>Identify the medications most commonly involved in prescribing and administration errors</td>
<td>Implement and evaluate the management plan in consultation with the patient</td>
<td>Evaluate the outcomes of medication therapy</td>
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<td>Recognise complex or uncertain situations and seek advice appropriately</td>
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<tr>
<td>11.4.17</td>
<td>ECG’s in heart attacks</td>
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</table>
### Clinical Problems and Conditions

#### Neurological
- Acute headache
- Delirium

#### Respiratory
- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pneumonia / respiratory infection
- Respiratory failure
- Upper airway obstruction

#### Circulatory
- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Heart failure
- Hypertension
- Ischaemic heart disease
- Shock
- Thromboembolic disease

#### Patient Assessment

#### Emergencies

#### Pain Management

#### Systems
- 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

### Approach to mild, moderate and severe head injury in the acute setting.

18.4.17

Dr John Bonning
(Specialist – Emergency)
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<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
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<tr>
<td>25.4.17</td>
<td><strong>ANZAC DAY</strong></td>
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<tr>
<td>2.5.17</td>
<td><strong>Skills Lab:</strong> Basic suturing techniques and practice / Intraosseous IV access and Use of EZI</td>
<td>(N.B. THIS IS A CONCURRENT SESSION RUN OVER TWO WEEKS (second week 28/3/17) WITH PGY1S ALLOCATED TO ONE OF TWO STREAMS)</td>
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<td></td>
<td><strong>Procedures and interventions (Basic Suturing techniques and practice)</strong></td>
<td><strong>Preparation</strong>&lt;br&gt;- Arrange appropriate equipment and describe its use&lt;br&gt;- Prepare and position the patient appropriately&lt;br&gt;- Recognise the indications for local, regional or general anaesthesia <strong>Procedures</strong>&lt;br&gt;- Arrange appropriate support staff and define their roles&lt;br&gt;- Provide appropriate analgesia <strong>Post-procedure</strong>&lt;br&gt;- Identify and manage common complications&lt;br&gt;- Interpret results and evaluate outcomes of treatment&lt;br&gt;- Monitor the patient and provide appropriate aftercare <strong>Surgical</strong>&lt;br&gt;- Administration of local anaesthesia&lt;br&gt;- Scrub, gown and glove&lt;br&gt;- Simple skin lesion excision&lt;br&gt;- Surgical knots and simple wound suturing&lt;br&gt;- Suture removal</td>
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<tr>
<td>9.5.17</td>
<td>Preparing to start the night call: Orientation to night duty and on-call – AMU/Ward</td>
<td><strong>Communication Context</strong>&lt;br&gt;- Arrange an appropriate environment for communication, for example, private, no interruptions&lt;br&gt;- Use principles of good communication to ensure effective healthcare</td>
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<tr>
<td>16.5.17</td>
<td>What house officers should know about post-operative complications and care; e.g. wound care, hypotension, sepsis management etc.</td>
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</tbody>
</table>
| Patient assessment | **Infection control**  
- Practise correct hand-hygiene and aseptic techniques  
- Prescribe appropriate antibiotic/antiviral therapy for common conditions  
- Use methods to minimise transmission of infection between patients |
| Discharge planning / transfer of care |  
- 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 |
| Pain management |  
- 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 |
| Dr Maiko Smith  
(Registrar – Gen Surgery) |
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Learning Objectives</th>
<th>Presenter</th>
</tr>
</thead>
</table>
| 23.5.17| 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) | **Patient assessment**  
**Patient interaction**  
**Breaking bad news**  
- Participate in breaking potentially distressing news to patients and carers  
- Recognise and manage potentially distressing communications with patients and carers  
- Show empathy and compassion  
**End of life care**  
- 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   | **Patient assessment**  
**Investigations**  
- Follow up and interpret investigation results appropriately to guide patient management  
**Clinical Problems and conditions:**  
**Gastrointestinal**  
- 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? | **Patient assessment**  
**Safe Patient care:**  
**Infection control**  
- 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:**  
- 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 |
<table>
<thead>
<tr>
<th>Date</th>
<th>Skills Lab: Gynae skills – PV, speculum</th>
<th>Procedures and interventions: Women’s health</th>
<th>Dr Toral Kamdar (Specialist – Obs &amp; Gynae)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.6.17</td>
<td>Urinary Catheterisation and Pregnancy testing, dipstick</td>
<td>Genital swabs/cervical smear</td>
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<tr>
<td>Urogenital - Bladder catheterisation (Male and Female)</td>
<td>Vaginal speculum exam</td>
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<td>Procedures and interventions. Urogenital</td>
<td>Bladder catheterisation (Male and Female)</td>
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<tr>
<td>Date</td>
<td>What should the house officer know about anticoagulation?</td>
<td>Medication safety</td>
<td>Dr Hugh Goodman (Specialist – Haematology)</td>
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<tr>
<td>20.6.17</td>
<td>• Warfarin and anticoagulation monitoring</td>
<td>• Identify the medications most commonly involved in prescribing and administration errors</td>
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<td></td>
<td>• the use of hospital anticoagulation guidelines</td>
<td>• Prescribe and administer medications safely</td>
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<td>• Provide adverse drug reaction reporting</td>
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<td>• Routinely report medication errors and near misses in accordance with local requirements</td>
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<tr>
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<td>Authors</td>
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<tr>
<td>27.6.17</td>
<td>How to deal with obesity in patients</td>
<td>Mark Leydon (Dietician)&lt;br&gt;Jill McClymont (Dietician)</td>
<td></td>
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<tr>
<td>4.7.17</td>
<td>Indications for blood transfusions and an approach to the management of adverse reactions to blood products.</td>
<td>Dr Helen Moore (Specialist – Pathology Haematology)</td>
<td></td>
</tr>
</tbody>
</table>
### Decision making
- Identify the indications for and contraindications for common procedures
- Select appropriate procedures with the involvement of senior clinicians and the patient

### Informed consent
- 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

### 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 staff and define their roles
- Provide appropriate analgesia

### Post-procedure
- Identify and manage common complications
- Interpret results and evaluate outcomes of treatment
- Monitor the patient and provide appropriate aftercare

### PGY1 Surgical
Administer local anaesthesia

### PGY2 Anaesthetic techniques
Simple regional anaesthesia

---

### How to complete a death certificate?
- 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

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### Regional Anaesthesia at Waikato Hospital

<table>
<thead>
<tr>
<th>11.7.17</th>
<th>Regional Anaesthesia at Waikato Hospital</th>
<th>18.7.17</th>
<th>How to complete a death certificate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision making</td>
<td>Medicine and the law</td>
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<td>Informed consent</td>
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<td>Dr Paul Reeve (Physician Specialist/Training Director General Medicine)</td>
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<td>Preparation</td>
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<td>Procedures</td>
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<td>Post-procedure</td>
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**Dr Anthony Aho**
Registrar – Anaesthetics

**Dr Paul Reeve**
Physician Specialist/Training Director General Medicine
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<tr>
<th>Date</th>
<th>Event/Case Study</th>
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| 25.7.17 | Skills Lab: Pleural aspiration/Lumbar Puncture | Professional responsibility: • Demonstrate accountability for their practice  • Demonstrate reliability and fulfil obligations
Procedures and interventions (Pleural aspiration): 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 • Provide appropriate analgesia
Post-procedure • Identify and manage common complications • Interpret results and evaluate outcomes of treatment • Monitor the patient and provide appropriate aftercare

Procedures and interventions (Lumbar Puncture): Intravenous / Intravascular • Arterial and venous blood gas sampling and interpretation

Invasive diagnostic techniques for example joint aspiration, lumbar puncture, biopsies |

Janice Wong
Cat Chang
(Specialists – Respiratory)
(Specialist - Neurology) |
| 1.8.17 | How do I maintain my personal, physical and emotional wellbeing during the House officer years – "Is it more than mere survival?" | Professional behaviour: Personal well-being • Balance availability to others with care for personal health, managing fatigue, stress and illness • Behave in ways which mitigate the potential risk to others from own health status, for example infection • Have own GP • Show awareness of and optimise personal health and well-being |

Dr John Goldsmith
(Specialist - Paediatrics) |
| 8.8.17 | An approach to the Pacifica and Maori patients in the inpatient setting | Doctor and society Access to healthcare • Demonstrate a non-discriminatory approach to patient care • Identify how access to and use of healthcare is influenced by the patient’s ethnicity and education |

Dr Nina Scott
(Public Health Physician and Advisor – Te Puna Oranga) |
- Provide access to culturally appropriate healthcare

**Cultural competence**

- 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) | Patient assessment

**Emergencies**

**Assessment**

- 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

**Management options**

- 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)
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<th>Date</th>
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| 22.8.17 | Skills Lab: Update on: ECG Interpretation | Working in teams  
**Communication in healthcare teams**  
**Team structure**  
**Working in health care teams**  
**Emergencies: Assessment**  
- 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  
**Clinical problems and conditions**  
**General**  
- Recognition of the deteriorating patient  
**Abnormal investigation results**  
- Abnormal imaging  
**Circulatory**  
- Cardiac arrhythmias  
- Chest pain  
- Electrolyte disturbances  
- Heart failure  
- Hypertension  
- Ischaemic heart disease  
- Shock  
- Thrombo-embolic disease |
| 29.8.17 | An approach to the use of TPN | **Therapeutics**  
- 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  
Dr Wei Tan  
(Specialist – Emergency)  
Wai Keat Chang  
(Registrar – General Surgery) |
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<tr>
<th>Date</th>
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<th>Author/Instructor</th>
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<tbody>
<tr>
<td>5.9.17</td>
<td>An approach to the management of abnormal liver function tests</td>
<td><strong>Clinical problems and conditions</strong>&lt;br&gt;<strong>Nutrition / Metabolic</strong>&lt;br&gt;• Weight gain&lt;br&gt;• Weight loss&lt;br&gt;<strong>Patient assessment</strong>&lt;br&gt;<strong>Investigations</strong>&lt;br&gt;• Follow up and interpret investigation results appropriately to guide patient management&lt;br&gt;<strong>Clinical Problems and conditions:</strong>&lt;br&gt;<strong>Gastrointestinal</strong>&lt;br&gt;• Abdominal pain&lt;br&gt;• Common liver disease for example alcoholic liver disease, hepatitis, non-alcoholic fatty liver disease</td>
<td>(Specialist – Gen Medicine)</td>
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<td>12.9.17</td>
<td>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).</td>
<td><strong>Patient interaction</strong>&lt;br&gt;<strong>Breaking bad news</strong>&lt;br&gt;• Participate in breaking potentially distressing news to patients and carers&lt;br&gt;• Recognise and manage potentially distressing communications with patients and carers&lt;br&gt;• Show empathy and compassion&lt;br&gt;<strong>Context</strong>&lt;br&gt;• Arrange an appropriate environment for communication, for example, private, no interruptions&lt;br&gt;• Use effective strategies to deal with difficult situations or vulnerable patients&lt;br&gt;• Use principles of good communication to ensure effective healthcare relationships&lt;br&gt;<strong>Meetings with families and whānau, or carers</strong>&lt;br&gt;• Ensure relevant family/whānau/carers are included appropriately in meetings and decision making&lt;br&gt;• Identify the role of family dynamics on effective communication&lt;br&gt;• Respect the role of families/whānau in patient health care</td>
<td>Dr Michael Jameson&lt;br&gt;(Specialist – Oncology)</td>
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<td>19.9.17</td>
<td>Recognising the alcoholic patient in the Health promotion</td>
<td><strong>Health promotion</strong></td>
<td>Louise Leonard&lt;br&gt;(Nurse)</td>
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<td>26.9.17</td>
<td>What the house officer should know about Informed Consent?</td>
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<td><strong>An approach for house officers about taking informed consent for patients.</strong></td>
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<td><strong>“When can I take informed consent for a procedure?”</strong></td>
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<td><strong>“What is my responsibility when taking informed consent?”</strong></td>
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<td><strong>“Can I refuse to take informed consent?” “Under what conditions can I refuse?”</strong></td>
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<th>Medicine and the law</th>
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<tr>
<td><strong>Complete required medico-legal documentation appropriately</strong></td>
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<td><strong>Comply with the legal requirements in patient care, for example Mental Health Act 1992, Privacy Act 1993, death certification, coronial legislation</strong></td>
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<tr>
<td><strong>Demonstrate accountability for their practice</strong></td>
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<th>Providing information</th>
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<tr>
<td><strong>Apply the principles of good communication (verbal and non-verbal) and communicate with patients and carers in ways they understand</strong></td>
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<td><strong>Involve patients in discussions and decisions about their care</strong></td>
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<td><strong>Use interpreters for non-English speaking backgrounds when appropriate</strong></td>
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**Prioritisation**
- Identify patients requiring immediate resuscitation and when and how to call for help

**Clinical problems and conditions:**
- **General**
  - Recognition of the deteriorating patient

**Doctor and society**

**Access to healthcare**
- Demonstrate a non-discriminatory approach to patient care

**Professional standards**
- Adhere to professional standards and professional codes of conduct
- Maintain professional boundaries
- Respect patient privacy and confidentiality

**Personal well-being**
- Balance availability to others with care for personal health, managing fatigue, stress and illness

**Professional responsibility**
- 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

**Medication safety**
- 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

**Public health**
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<th>Date</th>
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<th>Presenter/Role</th>
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| 31.10.17   | An approach to dealing with the aggressive patient or family member in the inpatient setting.  
- De-escalation strategies  
- An approach to pharmacological management of the disruptive patient (including delirium, mania, psychosis) | Dr Wayne de Beer (Director of Training/ Specialist – Psychiatry) |
| 7.11.17    | End of year meeting  
- Quiz and Prize giving | Dr Wayne de Beer (Director of Training/ Specialist – Psychiatry) |
| 11.4.17    | The breathless patient  
**Part II:** A focus on recognising and managing the patient with Pulmonary Embolus- (including a discussion on the use of hospital clinical guidelines). | Dr Harry Gallagher (Physician – Respiratory Medicine) |
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<thead>
<tr>
<th>Arterial blood gases</th>
<th>Cardiac arrhythmias</th>
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<td>Abnormal imaging</td>
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<td>Respiratory</td>
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<td>Asthma</td>
<td>Breathlessness</td>
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<td>Chronic Obstructive Pulmonary Disease</td>
<td>Cough</td>
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<td>Obstructive sleep apnoea</td>
<td>Pneumonia / respiratory infection</td>
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<td>Respiratory failure</td>
<td>Respiratory failure</td>
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<td>Upper airway obstruction</td>
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