



Ballarat **Health** Services

# **Medical Workbook**

## **Self-directed learning package**

**To be read in conjunction with:  
HMO/Intern position description  
Medical Unit orientation information**

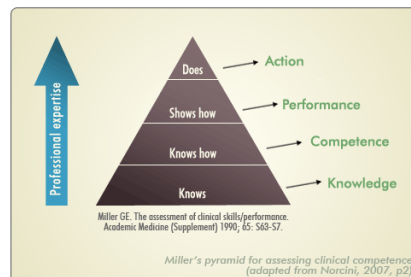
**NAME:** \_\_\_\_\_

## Self-directed workbook - Medicine

This self-directed workbook is a guide for you to assess your knowledge and identify your learning needs by completing the workbook.

It is not mandatory, but we would like to continue to use it as it assists with performance appraisals (which is essentially performance coaching), and to provide some more structure and real learning outcomes.

The following diagram highlights the key objectives, with our aim to see more of “does” and “shows how”



### BHS Medicine Expected Learning Outcomes

1. To be able to manage patients with medical presentations on the ward and referred by the Emergency Department.
2. Understand and plan the management required for medical conditions on the ward.

### Medicine Clinical Domains

The education series covers the following topics:

1. Clinical Skills – History & exam
2. Patient care and therapeutics
3. Management of acute medical problems
4. Management of patients with undifferentiated presentations
5. Management of patients with disorders of organ systems
6. Management of patients with defined disease processes
7. Procedural skills

The learning resources in this self-directed workbook cover these topics. The learner should complete the self-directed workbook to enhance their own understanding of their learning needs. Every section does not need to be completed. Use it to reinforce areas where your knowledge is strong, or to identify areas that need some work. In many cases this will mean on the job learning, rather than finding information in books.

We suggest that completing this workbook in preparation your medical term.

### Formal educational activities occur throughout the week (Medical terms)

There are weekly education sessions for JMOs as well as opportunities to attend and present at several Journal clubs.

It is not possible for doctors to attend all sessions due to shift work, duration of rotations and leave etc. therefore we endeavor to publish for each topic the PowerPoint presentations and associated resources for people to read on the BHS education resource website:

<http://educationresource.bhs.org.au/home>

**Case 1:** A 28 year old man presents to the ED with a headache. He has been feeling hot and cold, has a dry cough, mildly sore throat, and has a headache and photophobia. He has a stiff neck, and generalised muscle aches. He feels terrible generally, with some nausea. He has had no vomiting or diarrhoea, and no urinary symptoms.

**1. What is your differential diagnosis for this patient (list 3)**

**2. What specific examination findings will you look for?**

From the end of the bed,

**Blood pressure: 120/80**

**Heart Rate: 110**

**Respiratory Rate: 20**

**Temperature: 37.9**

**3. What tests or investigations will you order and why?**

**You examine the patient.**

No anaemia, jaundice or rash Ears normal. Mild pharyngitis. He can get his chin to his chest, prefers the lights off. His chest sounds clear, abdomen non tender.

**Test results available**

Wcc 13.9

CRP 130

U&E and LFT both normal

Urine clear

**You are asked to consent the patient for a lumbar puncture.**

List the complications that you will mention when you consent the patient.

**Reference.**

[http://educationresource.bhs.org.au/hmo\\_2\\_3skills](http://educationresource.bhs.org.au/hmo_2_3skills)

You about to proceed with the procedure, and your very helpful medical student informs you that the CXR is available.

**Describe this CXR**



Outline your diagnosis. Will this change your management plan?

**Case 2. You are called to admit a patient in the Emergency Department who has presented with hyponatraemia.**

**She is currently in the following medications.**

**Atenolol 50mg daily Ranitidine 300mg daily**

**Amiloride Hydrochlorthiazide. Esomeprazole.**

**Past history of breast cancer. Hypertension Gastroesophageal reflux.**

U&E	Three years ago	Yesterday	Today
Sodium	127	118	116
Potassium	3.8	4.1	3.6
Chloride	98	88	87
HCO <sub>3</sub>	25	23	22
Urea	2.8	6.3	4.1
Creatinine	49	52	55

**1. Working with the diagnosis of hyponatraemia, what will be your management for this patient**

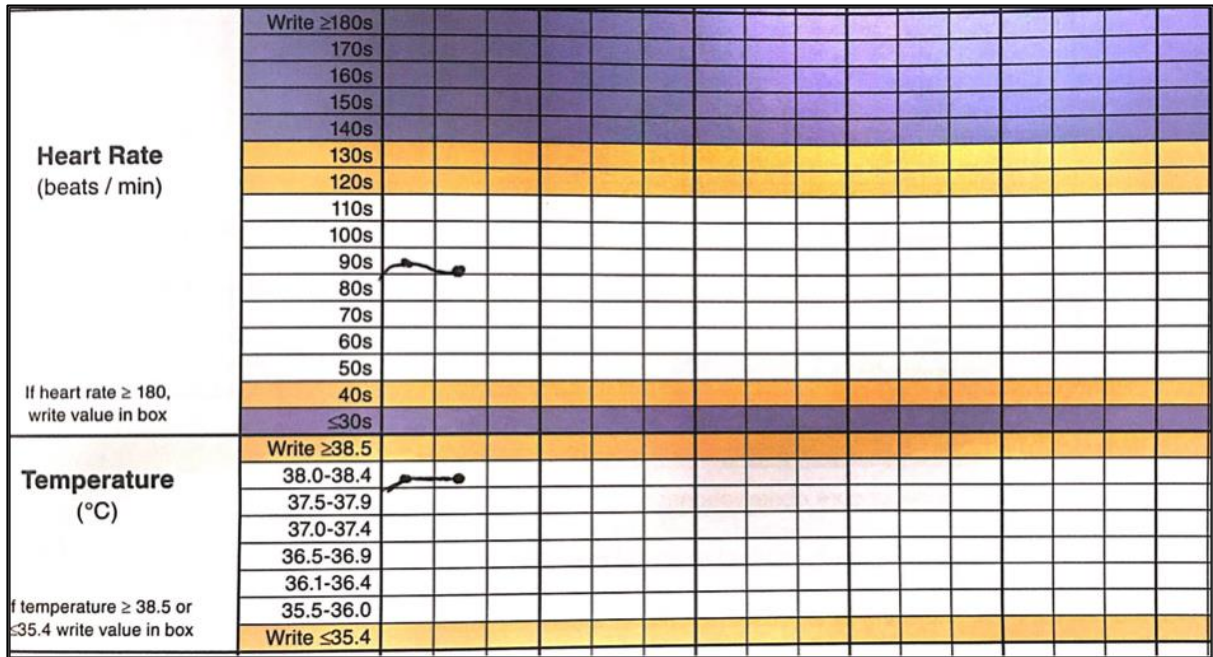
**a) Possible causes of the hyponatraemia in this patient**

**b) Immediate management in ED**

**c) Definitive Management**

### Case 3

You are on the ward round and approach Mr. He states that he is feeling “a little bit off.”  
You review the observation chart. Diagnosis early sepsis



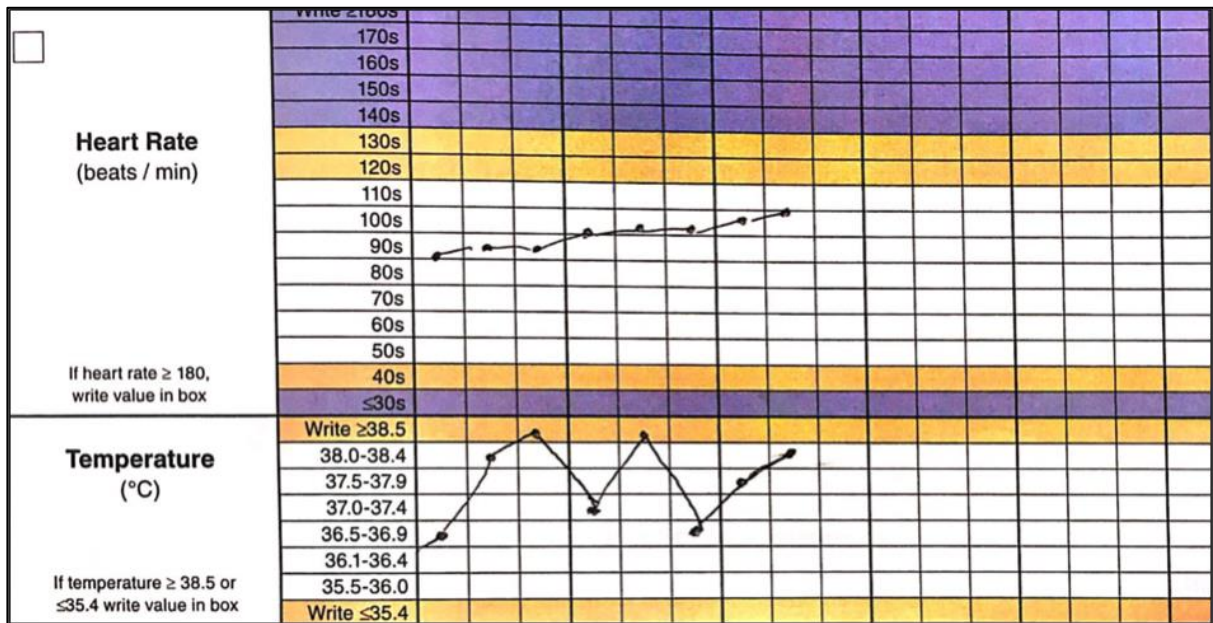
It is likely that the patient is developing an infection

It is worthwhile considering a list of possible causes of sepsis, however we would like you to consider the following

How will you determine if the patient has severe sepsis bases on clinical and other factors

Case 4

You review the next patient on the ward round. A young man with a provisional diagnosis. IDVU admitted with an infected arm.



This patient has the vital signs above

List your differential diagnosis

What is your plan of management?

What factors will you need to take into account if the patient wants to discharge at own risk?

### Case 5

You are about to go to the next ward and the nursing staff ask you to have a quick look at this ECG before you leave. The consultant appears to be in a hurry to get to clinic.

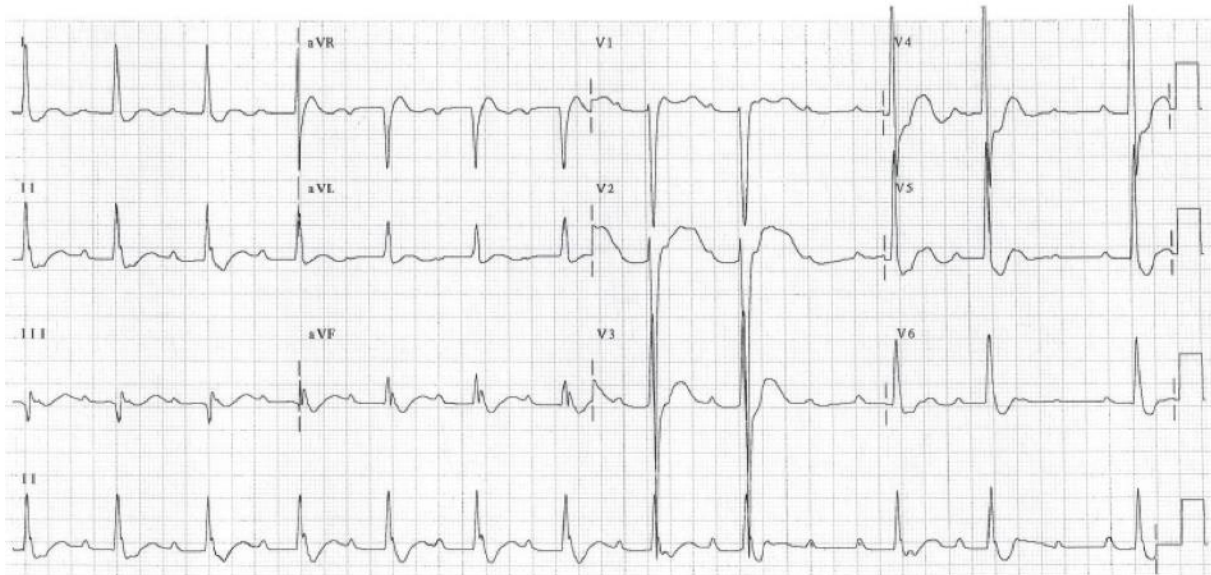
Rate 71  
PR 300  
QRSD 112  
QT 361  
QTc 392

--AXIS--  
P 47  
QRS 26  
T 50

EMERGENCY

Male

29y



The consultant and registrar have moved ahead and you need to ring them and describe the ECG to them.

How would you describe this ECG?

Is there anything in particular that you would do?

We will add the pathology results in the appendix



## Case 6

80 year old man with a history of mild dementia presents with worsening confusion over the last 2 days. He lives in a high level supported residential care and has recently been treated with antibiotics for a urinary tract infection. You have very little information available when she presents to the ED, and ring the residential care and obtain an excellent handover from the staff on duty. A referral letter was faxed to ED and has been misplaced  
However, he has been healthy otherwise and is on no other medication. His temperature is 38.1° C, pulse 90, respiratory rate 18, and blood pressure 118/60 mm Hg. He is disoriented and lethargic. Examination of the heart, lungs, and abdomen is unremarkable.

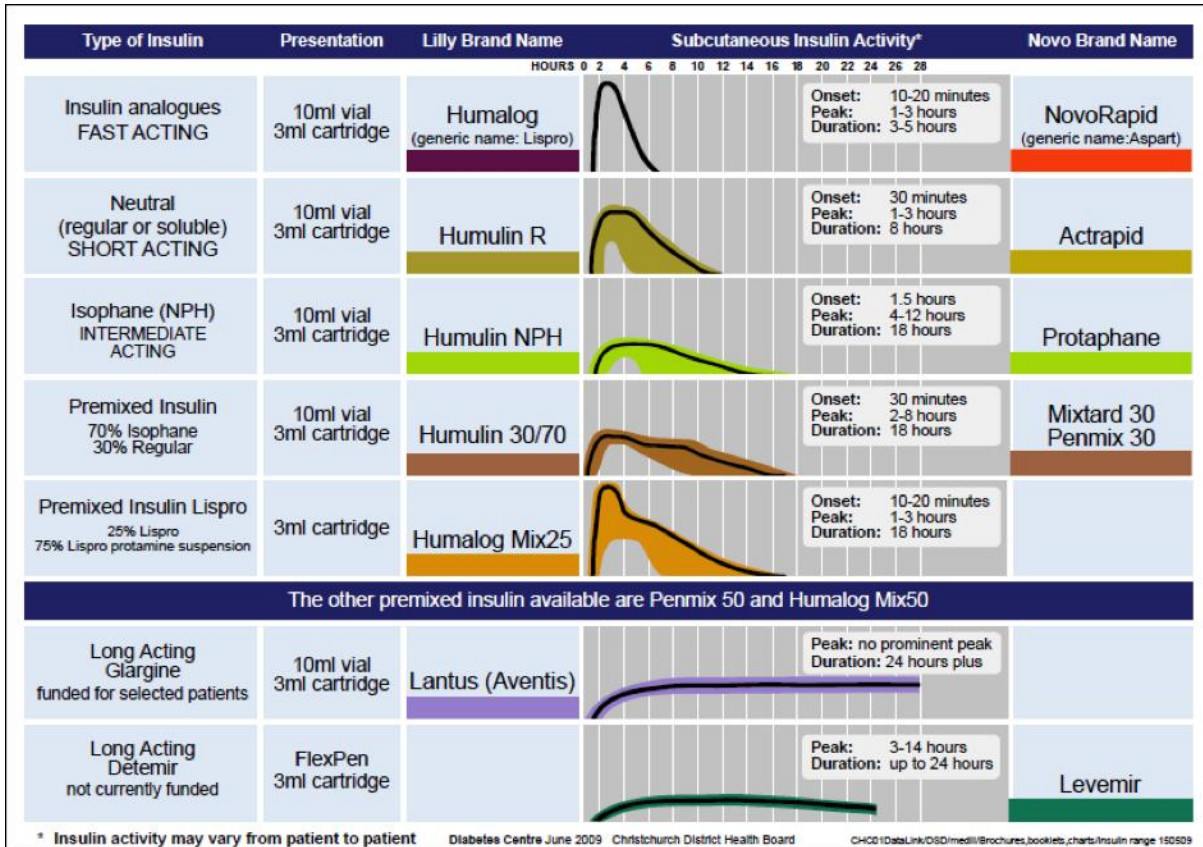
Add U&E result for 710204

Na 160

List causes

### Case 7

You have been asked to review Miss Axley, a 50 year old 70kg male who has presented to the ED and was admitted with cellulitis unstable diabetes. Fortunately your very helpful medical student had a reference to assist insulin dosing



The patient's BSL are consistently over 10. What plan of action will you implement?

2. What additional novorapid
3. What long acting insulin would you prescribe?
  
4. Have you visited [www.ballaratdiabetes.com](http://www.ballaratdiabetes.com) ?

Dr David Song, our general physician/endocrinologist, has published some useful resources there

### Case 8

Young woman with severe vomiting.

She collapses and has a generalised seizure. Post seizure she is noted to be febrile 39, peripherally shutdown, RR 50 BP 110/50

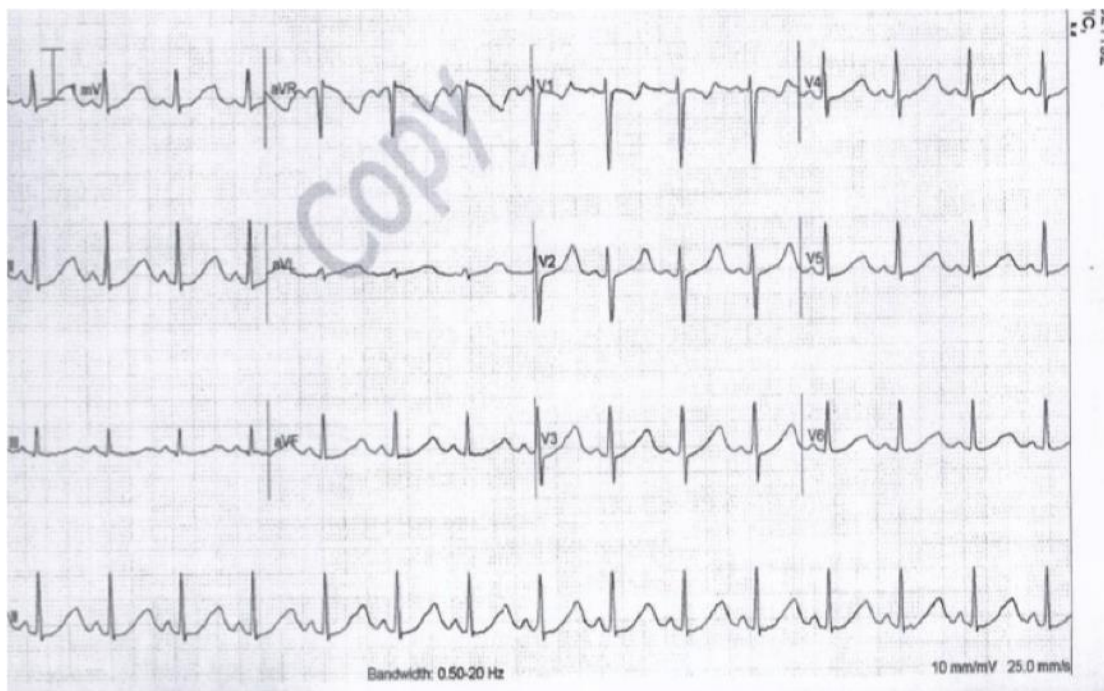
You are covering a HMO2 position and you are asked to review this patient, while the medical and ICU registrars are managing a MET call on the ward.

Venous blood gas is performed

Ph 7.82 mmHg  
pCO2 21 mmHg  
pO2 27 mmHg  
BE 17  
HCO3 35  
Lactate 15.7

Na 116  
K 2.0  
Cl 65  
Urea 10  
Cr 196 umol/L  
Hct 45%  
Hb 15.5 g/dL

Rate	89 b/mi
PR	144 ms
QRSD	82 ms
QT	518 ms
QTc	631 ms
Axis	
P	78 deg
QRS	50 deg
T	32 deg



**Your next task is to contact the Medical Registrar. Fill out the different sections of the ISBAR handover tool to cover what you will say in the conversation.**

I**n**tr**o**duction:

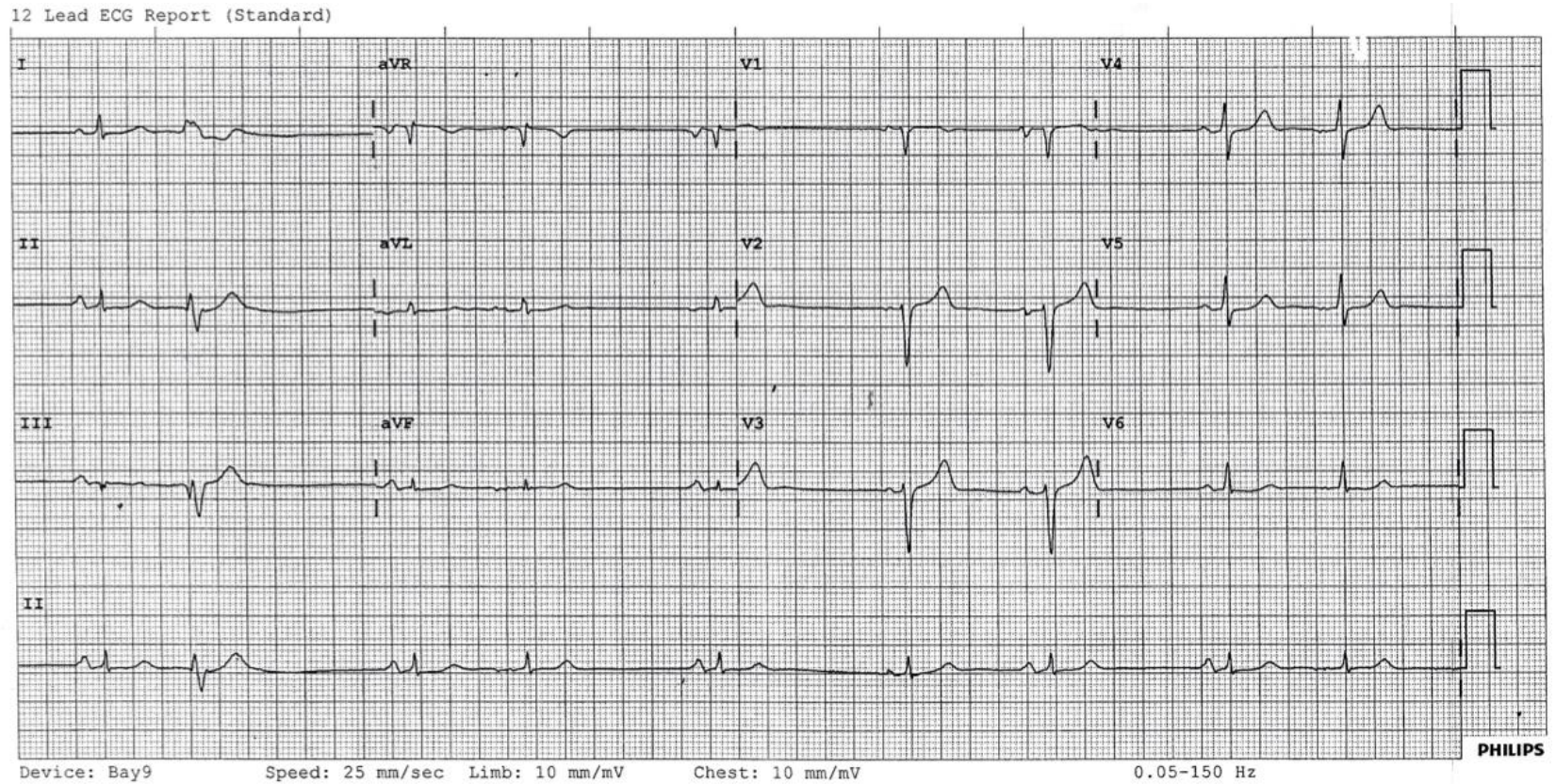
S**i**tu**a**tion:

B**a**ckground:

A**s**sess**m**ent:

R**e**comm**e**ndation / **R**equest:

**Case 9 what does this ECG show?**



The patient is 30 and has had a syncopal episode likely due to the hot weather. As been feeling unwell for a few days  
What tests would you do?

The results of the test performed on this actual patient are in the appendix

**Case 10****Past medical history.** Rheumatoid arthritis. Hypertension. GORD.**Medications.** Prednisolone 20mg daily. Methotrexate weekly. Pantoprazole 40mg nocte. Prazosin nocte.

Physical signs HR 120 RR 30 BP 110/70

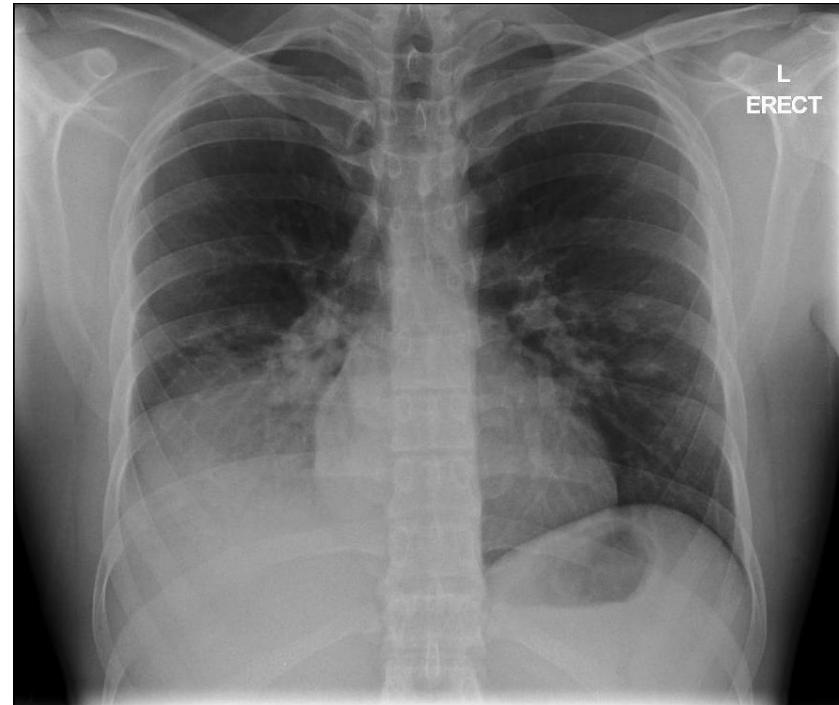
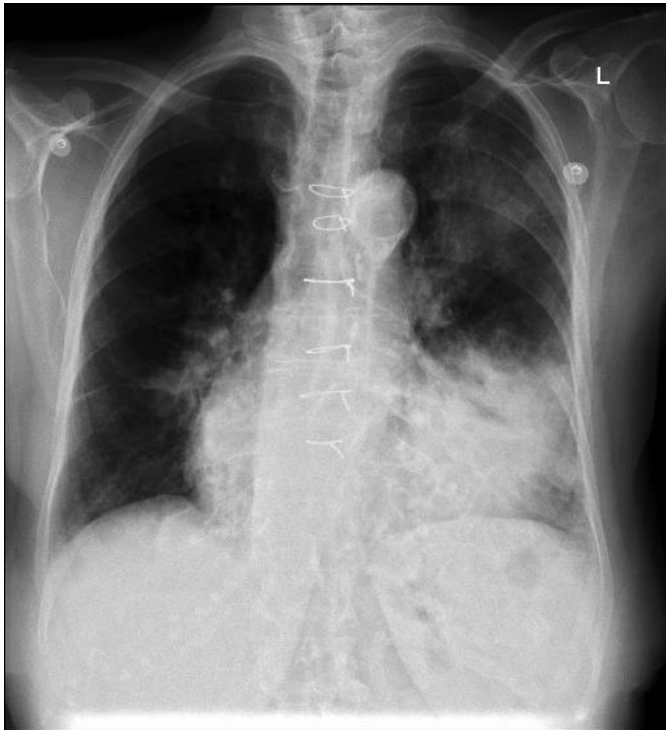
Blood gas is performed on room air

Ph	7.16	mmHg
pCO <sub>2</sub>	28	mmHg
pO <sub>2</sub>	100	mmHg
BE	-8	
HCO <sub>3</sub>	14	
Lactate	1.2	
Na	120	
K	7.6	
Cl	100	
Glucose	4	

**Describe the acid base disturbance and put it into the clinical context – outline the key management priorities.**

### Case 11

You are covering medical patients on an extremely busy evening. A nurse shows you two CXR results of patients recently admitted by the medical registrar and admitting HMO from the Emergency Department. Both patients had fever, cough, dyspnea, and had some green sputum. They both had blood tests and CXRs and were commenced on antibiotics, and arrived on the ward at about the same time, and have just received their first dose of antibiotics.



1. Describe the CXRs. What is the diagnosis or differential diagnosis for each

- What tools are available to determine the severity of the clinical condition demonstrated on these CXRs, and how do they influence the management of the patient (bullet point answer is expected rather than detail)

Both patients are admitted to the wards. The nurse on duty tells you "I am not happy of the drug chart for the patient, can you please sort this out"

**Attach ADR Sticker**

ALLERGIES & ADVERSE REACTIONS (ADR)		
<input type="checkbox"/> Nil <input type="checkbox"/> Unknown (tick appropriate box or complete details below)		
Drug (or other)	Reaction/Date	Initials
Penicillin	Throat swelling + rash	Dd

Sign: **D Danger**    Print: **Dr Danger**    Date: **3/7/18**

**AFFIX PATIENT IDENTIFICATION LABEL HERE & OVER LEAF**

UR No: **12345678** NOT A VALID

Family Name: **Filaxis** DESCRIPTION UNLESS

Given Names: **Ana** IDENTIFIERS PRESENT

Address: **1 Gold rush St**

DOB: **16/2/1941**    Sex:  M  F

1st Prescriber to Print Patient Name and Check Label Correct: **Ana Filaxis**

The Australian Council for Safety and Quality in Health Care acknowledges the significant contribution of the Commonwealth Medication Management Services

MR70020

### REGULAR MEDICATIONS

YEAR 20	DATE & MONTH	Medication	Dose	Frequency	Time of Day	Drug level	Time level taken
<b>VARIABLE DOSE MEDICATION</b>							
Date		Medication (Print Generic Name)					
Route		Frequency					
Indication		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					
Date		<b>WARFARIN (Marevan/Coumadin)</b>					
Route		Target INR					
Indication		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					
<b>ENTER administration times</b>							
Date		Medication (Print Generic Name)					
Route		Dose		Frequency			
Indication		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					
Date		<b>Amoxycillin</b>					
Route		Dose: <b>500 mg</b>		Frequency: <b>tds</b>			
Indication: <b>infection skin</b>		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					
Date		<b>Paracetamol</b>					
Route		Dose: <b>1g</b>		Frequency: <b>qid</b>			
Indication: <b>Pain</b>		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					
Date		<b>Panadeine Forte</b>					
Route		Dose: <b>2 tablets</b>		Frequency: <b>qid prn</b>			
Indication: <b>Pain severe</b>		Pharmacy Use					
Prescriber Signature	Print Your Name	Contact					

Patient Weight (kg) \_\_\_\_\_

Height (cm) \_\_\_\_\_

BMI \_\_\_\_\_

**REASON FOR REVIEW**

Morning:  Night:  Teas:  Days:  Once weekly:  Twice weekly:  Three times weekly:  As needed:  Other:

**WARFARIN** Patient Educ:  Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Given Warf:  Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**SR** (No)  (Yes)  Hs  cat  Do  wil

**REASON FOR REVIEW**

Absent:  Fasting:  Refused - no:  Working:  On leave:  No available contact:  Withhold - Clinical Prod:  Self Admin:

\* Use as required

16







**3. What are the appropriate steps here for management of this situation(hint start with national standard 5)**

**4. It appears a medical error has occurred, what action will you take about this, and what action might you expect others to take?**

**Case 11 cont.**

Both patients are still in emergency with fever, cough, dyspnea, and had some green sputum. They both had blood tests and CXRs (see page 17) and were commenced on antibiotics (see medication cart page 18), and arrived on the ward at about the same time, both have recently received their first dose of oral antibiotics.

The nurse looking after one of the patients is worried. At 2030 they ring you and handover their concerns using the following tool


 MR 418.0 K	 <b>Ballarat Health Services</b> Putting your health first	U.R. Number <u>12345678</u> Surname <u>FILAXIS</u> Given Names <u>Ana</u> D.O.B. <u>16/02/41</u> Sex <u>F</u>	 TOOL CLINICAL REVIEW COMMUNICATION MR/418.0
	<b>Clinical Review Communication Tool</b> <i>To be completed for ALL patients who trigger Clinical Review Criteria or if you are concerned about your patient but they do not meet documented criteria</i>		
Time of call: <u>2035</u> Name of person contacted: <u>DR SMITH</u>		Date of call: <u>03/07/14</u> Pager / Mobile number called: <u>#4671</u>	
<b>PERSON RESPONSIBLE FOR ESCALATION – DOCUMENT HERE</b>			
<b>I</b>	<b>Identify: Clinician who escalating, Doctor, Patient</b> Is this Dr. <u>Smith</u> ? (Verify you have the correct person) This is <u>SUE, ANUM 2N</u> (e.g. Sue, I am an ANUM on 2N) I am calling about <u>Ana Filaxis, 16/02/41, 12345678</u> (e.g. Mr David Jones, DOB 01/01/81, UR 123456)		
	<b>S</b>	<b>Situation</b> Reason for call: <u>↑ Respiratory Rate, ↓ O<sub>2</sub> Sats, ↑ Heart Rate</u> (e.g. pain score 9/10 unrelieved with analgesia, BP of 200/100, respiratory rate elevated etc.) Severity: <input type="checkbox"/> Very Concerned <input checked="" type="checkbox"/> Concerned <input type="checkbox"/> Needs review	
<b>B</b>		<b>Relevant Background</b> Admitted for <u>Pneumonia</u> Date of admission: <u>03/07/14</u> Relevant past medical history: <u>Circle if relevant:</u> AF, AMI, Anxiety, Asthma, CCF, CVA, COPD, CRF, Dementia, Diabetes, <u>HTN</u> , IHD, OSA, Pulmonary Embolism, Pneumonia, <u>Smoker</u> , UTI, BMI, Gestation, Pre-eclampsia Other: _____ Recent surgery or procedures: <u>Just given first dose new AB's</u> Limitations to treatment <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify: _____	
	<b>A</b>	<b>Assessment: What is the (suspected) problem?</b> Vital signs @ <u>2030</u> hrs. RR: <u>28</u> SpO <sub>2</sub> : <u>90</u> BP: <u>112/62</u> HR: <u>136</u> Temp: <u>38.2</u> Pain Score: <u>-</u> U/O: <u>-</u> Abnormal CTG: <u>-</u> Pt on Oxygen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Litres/min: <u>8</u> IV Fluid: _____ Pt currently have _____ (e.g. IV fluids, IDC, PCA) Neuro Status: <u>Alert</u> Test results: _____ In my clinical opinion: <u>Possible reaction to antibiotics?</u> (e.g. they are hypovolemic - you can leave opinion blank if you are not sure what is wrong)	
<b>R</b>		<b>Requests: What would you like the responder to do?</b> <input checked="" type="checkbox"/> I would like you to see the patient now <input type="checkbox"/> I would like you to see the patient within the next 15 minutes Any tests/imaging needed? _____ Doctors' interim orders/comments: _____ _____ _____	
	<b>If the patient's condition continues to deteriorate, follow Clinical Escalation CPP</b>		
Name: <u>SUE BROWN</u> Signature:  Designation: <u>ANUM</u>		RESPONDER: DOCUMENT RESPONSE ON REVERSE	

You have been asked to go and see this patient. Your registrar asks you to just finish one more task in ED and then to go and see the patient.

5. What will you do in this situations? If you are not sure, perhaps list what options are available and consider them.

Its 2100 and the MET response is paged overhead. As you and your Registrar head up stairs, you hope it is not the same patient that they asked you to review 5 minutes ago, or was it 10 minutes ago...  
 On arrival to the war you are handed the patients chart.

Date	03/27											
	Frequency of Observations											
Time	18:00 18:30 19:00 19:30 20:00 20:30 21:00											
	<input type="checkbox"/> Respiratory Rate (breaths / min)											
<input type="checkbox"/> O <sub>2</sub> Saturation (%)												
<input type="checkbox"/> O <sub>2</sub> Flow Rate (L / min)												
Mode of Delivery RA/INC/HM INC HM HM HM HM												
<input type="checkbox"/> Blood Pressure (mmHg)												
<input type="checkbox"/> Heart Rate (beats / min)												
<input type="checkbox"/> Temperature (C)												
<input type="checkbox"/> Consciousness												
Pain Score None (0) - Worst (10)												
4 Hour Urine Output (mL)												
Intervention E.g. 'a' %/ %/												



**Bolton Health Services**  
Putting your health first

UR Number: 12345678
Family Name: FILAXIS
Given Names: Ana
Date of Birth: 16/02/41 Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F

(Affix patient identification label here)

### ESCALATION PROCESS

<p>Do patient observations meet clinical review criteria?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;"><b>Clinical Review</b></p> <p><b>Response Criteria</b></p> <ul style="list-style-type: none"> <li>Any observation is in the orange area</li> <li>New or unrelenting chest pain</li> <li>New or unrelenting shortness of breath</li> <li>Increased or unexpected fluid or blood loss</li> <li>You are worried about the patient but they do not fit the above criteria e.g severe headache or severe abdominal pain</li> </ul> </div> <p style="text-align: center;">YES</p> <p style="text-align: center;">Ensure Nurse in Charge is aware</p> <p style="text-align: center;">HMO contacted with request for patient review via standardized page "clinical review criteria met for... (pt. name and ward) please review" Document request on clinical review request (front page)</p> <p style="text-align: center;">HMO reviews patient and considers Registrar consult</p> <p style="text-align: center;">Plans in place for ongoing patient management and monitoring</p>	<p>Do patient observations meet MET call criteria?</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;"><b>MET Review</b></p> <p><b>Response Criteria</b></p> <ul style="list-style-type: none"> <li>Any observation is in the purple area</li> <li>Airway threat</li> <li>Respiratory or cardiac arrest</li> <li>Sudden fall in level consciousness</li> <li>New drop in O<sub>2</sub> saturation &lt;85%</li> <li>Seizure</li> <li>You are worried about the patient but they do not fit the above criteria</li> </ul> </div> <p style="text-align: center;">YES</p> <p style="text-align: center;">Ensure Nurse in Charge is aware</p> <p style="text-align: center;">Activate MET response</p> <p style="text-align: center;">If no response/review within 15 minutes, repeat observations and contact Registrar</p> <p style="text-align: center;">If no response/review within 15 minutes, repeat observations and consider MET call and contact Consultant</p>
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**Pain Score**  
**Functional Activity Score** - Refers to restriction above pre existing condition  
 A) Unrestricted by pain when performing the chosen activity.  
 B) Activity is only mildly to moderately restricted by pain. Activity can be largely undertaken  
 C) Activity is severely limited by pain when performing chosen activity.  
**Sedation Score**  
 0 = Awake, alert, 1 = Mild sedation, easy to rouse, 1S = Asleep, easy to rouse,  
 2 = Moderate sedation, unable to remain awake, 3 = Difficult to rouse.

OXYGEN MODE OF DELIVERY - Room Air=RA, Intra-nasal Cannula=INC, Hudson Mask=HM

**6. What is the likely diagnosis and what action will you team take?**

**7. List any medications likely to be prescribed, their dose and administrations**

## Medicine - Skills and Procedures Checklist

The lists below are sourced from the RACP guidelines and it is worth noting that the PMCV also provide a list of procedures for prevocational trainees. It will be no surprise that these are slightly different. At BHS we will provide this workbook to Physician trainees, to Doctors in training PGY 1 and 2, and will also make it available for medical students on rotation or on electives. Therefore the list needs to be tailored to your own learning needs, and your particular rotation.

For example:

Neurology rotation – LP is essential

Gastroenterology rotation – Ascitic tap is essential

Respiratory rotation – Pleuritic tap or aspirate is very important.

Cardiology rotation – DCR is essential

### PGY 1 & 2

Element	Procedure/skill	Competent
<b>Airway</b>	Airway assessment and management; Jaw thrust, chin lift and insertions of an oral airway	
	Intubation in straightforward situations	
	Bag and mask ventilation of un-intubated patients	
<b>Breathing</b>	Spirometry and peak expiratory flow rate determination	
	Application of oxygen administration devices	
<b>Circulation</b>	Setting up a complete drip set and burette	
	Ankle – brachial BP index determination	
	IV Infusion of blood and blood products	
<b>Invasive</b>	Venepuncture, cannulation	
	Blood cultures from peripheral and central site	
	Arterial blood sampling	
	Injections – subcutaneous, intradermal, intramuscular and intravenous	
	Capillary blood glucose	
	Throat/pus/wound swab	
	Cervical smear and swab	
	Minor suturing and debridement of wounds	
	Nasogastric tube insertion	
Urethral catheterisation – male and female		
<b>Non-invasive</b>	ECG recording	
	Dipstick urinalysis	
	Bladder scanning to determine post void residual	

It would be fair to say that online learning portfolios are increasingly common.

It is highly recommended that our doctors in training trial the online learning procedure logbook at OSLER.

There is a 30 day free trial offer (correct at time of publication)

<https://www.osler.community/subscribe/free-30-day-trial>

## Basic Trainees (PGY3+)

In addition to the PGY2 skills, the trainee should be competent and confident to perform:

Element	Procedure/skill	Competent
<b>Invasive</b>	DC cardioversion – emergency and elective	
	Intercostal drain insertion and management	
	Knee joint aspiration	
	Lumbar puncture	
	Pleural and ascetic fluid aspiration	
	Nasal support ventilation (CPAP, BiPaP)	
	Tracheostomy care and immediate complication management	
	Pressure measurement and care of central venous lines	

Other procedures that may be performed but will require further experience under supervision during advanced specialist training:

Element	Procedure/skill	Competent
<b>Invasive</b>	Use of a temporary pacing box and external pacing machine	
	Insert arterial line	
	Aspiration of shoulder joint, and other joints	
	Bone marrow biopsy	
	Insertion of catheters directly into central veins	
	Sigmoidoscopy	
	Skin biopsy	
	Rectal biopsy	
	Gastroscopy	
	Colonoscopy	
	Pleural biopsy	
	Catheter aspiration of pneumothorax	
Liver biopsy		
<b>Non - invasive</b>	Supervision of exercise ECG testing	
	Echocardiography	

Referenced from the *Basic Training Adult Internal Medicine Curricula*

## Medicine - Mini-CEX

**Introduction:**

A mini—Clinical Evaluation Exercise (mini-CEX) evaluates a Junior doctor’s encounter in a real life setting and assesses aspects of clinical performance, including medical interviewing, physical examination, professional qualities, counselling skills, clinical judgement, organization and efficiency. Also provides an opportunity for structured feedback and is a valuable teaching opportunity.

During core rotations DiTs are expected to complete **a minimum of 2 mini-CEX assessments** from the skills and procedure list.

<p><b>Date:</b> ____ / ____ / ____</p> <p><b>Assessor:</b> _____</p> <p><b>Setting:</b> <input type="checkbox"/> In-patient <input type="checkbox"/> Out-patient <input type="checkbox"/> Emergency <input type="checkbox"/> Other (please specify) _____</p> <p><b>Patients problem/Dx(s):</b> _____</p> <p><b>Patient age:</b> ____ <b>Patient gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Case complexity:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>				
<i>Please rate the Junior Doctor against what you would expect for their level of training</i>	<b>Unsatisfactory</b>	<b>Satisfactory</b>	<b>Superior</b>	<b>Not Observed</b>
1. Medical interviewing skills	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
2. Physical examination skills	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
3. Professional qualities/communication	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
4. Counselling skills	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
5. Clinical judgement	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
6. Organisation/efficiency	1 2 3	4 5 6	7 8 9	<input type="checkbox"/>
<b>Overall clinical performance</b>	<b>1 2 3</b>	<b>4 5 6</b>	<b>7 8 9</b>	
Time taken for observations			Time taken for feedback	
Assessors signature:			Trainee’s signature:	

Mini – CEX Rating form

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Assessor:** \_\_\_\_\_

**Setting:**  In-patient  Out-patient  Emergency  Other (please specify) \_\_\_\_\_

**Patients problem/Dx(s):** \_\_\_\_\_

**Patient age:** \_\_\_\_ **Patient gender:**  Male  Female **Case complexity:**  Low  Medium  High

<i>Please rate the Junior Doctor against what you would expect for their level of training</i>	<b>Unsatisfactory</b>			<b>Satisfactory</b>			<b>Superior</b>			<b>Not Observed</b>	
7. Medical interviewing skills	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
8. Physical examination skills	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
9. Professional qualities/communication	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
10. Counselling skills	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
11. Clinical judgement	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
12. Organisation/efficiency	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>	
<b>Overall clinical performance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>		
Time taken for observations						Time taken for feedback					
Assessors signature:						Trainee's signature:					

**Additional Comments:**



## Case Based Presentation 1

*Introduction:*

During core rotations DiTs are requested to record **at least one case** that provided a valuable learning opportunity. The purpose of this assessment is to assist staff, allowing them to reflect upon clinical practice and develop insight into recognising limitations. At the end of term rotation assessment, DiTs are encouraged to seek feedback on these journals. **(Do identify all cases -NO PATIENT ID PLEASE)**

<b>Department:</b>	
<b>Case/Presentation</b>	
<b>Description:</b> Overview of what has happened.	
<b>Feelings:</b> What were you thinking and/or feeling throughout?	
<b>Evaluation:</b> What was positive and/or negative about the experience?	
<b>Analysis:</b> What was the underlying cause/issue of the situation?	
<b>Conclusion:</b> What else could have been done?	
<b>Action plan:</b> If this case was presented again would you do anything differently?	

## Case Based Presentation 2

*Introduction:*

During core rotations DiTs are requested to record **at least one case** that provided a valuable learning opportunity. The purpose of this assessment is to assist staff, allowing them to reflect upon clinical practice and develop insight into recognising limitations. At the end of term rotation assessment, DiTs are encouraged to seek feedback on these journals. ***(De identify all cases -NO PATIENT ID PLEASE)***

<b>Department:</b>	
<b>Case/Presentation</b>	
<b>Description:</b> Overview of what has happened.	
<b>Feelings:</b> What were you thinking and/or feeling throughout?	
<b>Evaluation:</b> What was positive and/or negative about the experience?	
<b>Analysis:</b> What was the underlying cause/issue of the situation?	
<b>Conclusion:</b> What else could have been done?	
<b>Action plan:</b> If this case was presented again would you do anything differently?	

## Appendix - Case index

1. Pneumonia versus meningitis
2. Hyponatraemia for work up
3. Sepsis case
4. Sepsis case 2 – consider endocarditis...
5. Hypokalaemia
  - a. The potassium was 1.6
6. Hypernatraemia
7. Diabetes
8. Metabolic alkalosis and hypokalaemia and...
9. ECG was suspicious for hyperkalaemia
  - a. the urgent VBG demonstrated ph 7.07 HCO<sub>3</sub> 9 CO<sub>2</sub> 34 Na 132 gluc 5 lactate 1.2 and **K 7.1.**
10. Metabolic acidosis
11. Case in the Spotlight 7 and 8 a full explanation is available on our website at
  - a. <http://educationresource.bhs.org.au/hmo/supervisors>
  - b. this section contains our ECG and case in the spotlight database and can be used for teaching sessions