



College of Intensive Care Medicine
 of Australia and New Zealand
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OBJECTIVES OF TRAINING FOR THE MEDICAL TERM

The Medicine Attachment should be to a clinical internal medicine unit. This precludes predominately research, clinical or laboratory, and interventional positions. The aims are:

- i. To develop generic skills in the assessment, investigation, treatment and ongoing care of patients with diverse medical problems
- ii. To develop efficient habits in the development of a differential diagnosis and formulation of a definitive diagnosis
- iii. To increase the trainee's core knowledge of a range of common medical conditions

It is not expected that the attachment will provide the trainee with experience in or knowledge of all medical conditions.

PROFESSIONAL

The purpose of the medical term is to build on the knowledge, attitudes and skills acquired during medical school and in the pre-vocational postgraduate years, to acquire broad knowledge of the theory, practice and principles of internal medicine.

Trainees are expected to gain exposure to a range of clinical experience in internal medicine. Trainees may gain experience in patient care, both in in-patients (from initial presentation and admission through to discharge) and outpatients.

Trainees are expected to be involved in the full range of educational activities including grand rounds, departmental meetings and formal teaching programs.

THE LEARNING PROCESS

Training is on the basis of apprenticeship and formal teaching in supervised environments. Learning takes place in clinical settings (wards, out-patient departments, ambulatory care clinics and emergency departments) and includes access to regular journal clubs, grand rounds, departmental meetings and research seminars provided for the ongoing education of medical staff.

SPECIFIC SKILLS

Trainees need to develop the following specific knowledge, skills and attitudes:

- A knowledge of the theory and practice of adult internal medicine
- Expertise in the history taking, physical examination, diagnosis, therapeutics
- The ability to identify clinical problems and develop strategies for their solution
- The capacity to take responsibility for the total management of patients and their families
- An ability to work as part of a multi-disciplinary team, including the making of appropriate referrals to other health professionals and delegation to junior medical and other staff

- Expertise in efficient organisation of patient care, including discharge planning and effective communication with those having ongoing responsibility
- Skills in collation and presentation of clinical information for peer learning and handover of information
- Skills in ongoing management of patients
- Detailed knowledge of the investigation and management of a reasonable range of acute and chronic medical disorders

CLINICAL SKILLS

General physical examination skills

The physical examination of all systems should include the ability to interpret physical signs and the ability to perform an accurate physical and mental state examination involving multiple systems.

Patient management skills

These include problem solving; problem identification; analysis and management by the use of appropriate resources; interpretation of laboratory results; and the importance of avoiding unnecessary investigation and hospitalisation.

General verbal communication skills

These include the establishment of professional relationships with patients and their relatives or caregivers, in order to obtain a history from the patient; conduct a physical examination; and provide appropriate management of in-patients with multiple medical problems. This includes the ability to judge which condition(s) take priority over others with respect to investigation and management.

Verbal presentation using appropriate language at the bedside, in a seminar or classroom is also important and to know when and how to communicate with other practitioners.

General written communication skills

The patient's problems should be clearly, concisely and accurately recorded, and regularly updated. The trainees should be able to form and record a clear management plan after the initial history and clinical examination. It is also important to write a complete discharge summary and a competent letter for outpatients and a general practitioner.

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