Draft for consultation: Entrustable professional activities for PGY 1 and PGY 2

Note: The draft EPAS have been developed using the Royal Australasian College of Physician Basic Training Curriculum EPA structure and content, with permission.

Summary

Please see consultation papers for details regarding the development of the EPAS.

The AMC has drafted four entrustable professional activities (EPAs) as part of the revised two-year framework. The EPAs aim to describe the key work of PGY1 and PGY2 doctors, providing clarity around the most important work and learning activities. Anchored to the prevocational outcome statements, the EPAs help to align the role, outcomes and assessment of PGY1 and PGY2 doctors. The assessment of EPAs will increase structured opportunities for observation, feedback and learning and inform global judgements at the end of terms/ years.

The AMC's thinking on the EPAs in the prevocational context is as follows:

- An EPA is a description of work: This contrasts with outcomes or capabilities which describe characteristics of the doctor.
- An EPA is not an assessment tool, but performance of an EPA can be assessed. The assessment of EPAs will include judgements about entrustability, the level of supervision required for the junior doctor to perform the work safely.
- While the same EPAs will be assessed for PGY1 and PGY2 doctors, they will be assessed at a higher level for PGY2 doctors based on the complexity, responsibility, level of supervision and entrustability, as well as the context, of PGY2 doctors' work.
- Note: Information about the assessment of EPAS is detailed in **ATTACHMENT C** of the consultation papers.

Overview of the EPAs:

EPA	Summary
EPA 1: Clinical assessment	Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan. (Based on RACP's EPA 1)
EPA 2: Acutely unwell patients	Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (Based on RACP's EPA 7)
EPA 3: Prescribing	Appropriately prescribe therapies (drugs, fluids, blood products, inhalational therapies including oxygen) tailored to patients' needs and conditions, either in response to a request by the treating team or self-initiated. (Based on RACP's EPA 4)
EPA 4: Communicating about patient care	Communication about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral. (Based on combining RACP's EPA 3 (documentation) and 5 (transfer of care))

Structure of the EPAS:

Component	Description
Theme	Identifies the activity.
Title	Provides brief summary of the activity.
Focus and context	Describes central aspects of the activity and in what clinical context it might apply.
Description	Provides overview of the key tasks involved in the activity.
Behaviours	Describes behaviours that could be observed and would support the supervisor to make judgments about the level of performance. The behaviours are anchored to the prevocational outcome statements and purposefully out of order to reflect the order of the activity. Sub points are included to provide further detail, where required, in an electronic format these could be minimised.

EPA 1

Theme: Clinical assessment

Title: Conduct a clinical assessment of a patient incorporating history, examination, and formulation of a differential diagnosis and a management plan.

Focus and context: This EPA applies in admission, reviewing patient on request of particular concern, ward call tasks, ward round, lower acuity ED presentations, general practice consultations or outpatient clinical attendance.

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, where appropriate or possible:

1. if clinical assessment requested by a team member, clarify the concern(s) with them
2. identify pertinent information in the patient record
3. obtain consent from the patient
4. obtain history
5. examine patient
6. consider and integrate information from patient record, clinical assessments, and relevant ward protocols/ guidelines/ literature
7. develop provisional and differential diagnoses and/or problem lists
8. produce a management plan, confirm with senior colleague as appropriate, and communicate to relevant team members and the patient
9. implement management plan, initiate or perform appropriate investigations and procedures, document assessment and next steps, including indications for follow up

Behaviours:

	Ready to perform with supervision at a distance Expected behaviours of a prevocational doctor who can perform this activity with supervision at a distance	**Not yet ready to perform with supervision at a distance -** Examples of behaviours of a prevocational doctor not yet ready to perform this activity with supervision at a distance
Domain 2: Practitioner	**Patient assessment** – history • Obtains patient-centred histories tailored to the clinical situation Sub-points • Reviews and identifies pertinent information in the patient's record to locate the problem in that patient journey • Identifies and uses collateral sources of information to obtain history when needed, such as family members, carers, and other health professionals **Patient assessment** - physical examination • Performs accurate, appropriate and patient-centred physical examination **Patient assessment** – clinical reasoning • Filters, prioritises, and synthesises	**Patient assessment –** history • Gathers too little information, or exhaustively gathers information following a template regardless of the presenting problem • Uses jargon and/or inappropriate acronyms **Patient assessment** - physical examination • Performs inadequate physical examinations • Does not respect patient privacy, comfort and safety **Patient assessment** – clinical reasoning

	pertinent information for clinical problem solving <u>Sub -points</u> • Recognises and correctly interprets abnormal findings • Formulates appropriate problem lists or differential diagnosis **Patient management** • Produces and implements appropriate management plan • Initiates focused and basic investigations • Performs common procedures, where relevant <u>Sub- points</u> • Identifies patients' preferences regarding management and assesses the role of families in decision making **Communication** • Communicates accurately and effectively with the patient, carers, and team members <u>Sub points</u> • Clarifies the task or problem with the team member/s • Communication includes anticipating, reading, and responding to verbal and non-verbal cues • Demonstrates active listening skills	• Reaches conclusions unsupported by data or evidence such as history and examination findings • Unable to synthesise relevant information • Differential diagnosis is unsafe, unprioritised and/ or not contextualised • Develops an overly inclusive list of potential problems **Patient management** • Unable to produce a basic management plan • Produces a management plan which does not address issues relevant to the patient • Does not confirm management plan with supervisor when appropriate **Communication** • When communicating with patient, carers or team members does not listen carefully, does not clarify, uses jargon and/or does not summarise to ensure shared understanding.
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Recognises their own limitations and seeks help when required in an appropriate way <u>Sub points</u> • Maintains patient privacy and confidentiality • Displays respect and sensitivity towards patients • Maximises patient autonomy and supports patients' decision making • Takes responsibility and is accountable for patient care **Teamwork** • Works effectively as a member or leader of the interprofessional team, and positively influences team dynamics	**Professionalism** • Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help for patients in need of urgent care. • Lacks insight into learning needs and does not seek or act on feedback • Inadequately maintains confidentiality, for example: o Gathering and displaying confidential information on patients **Teamwork** • Works in a way that disrupts effective functioning of the inter-professional team

Domain 3: Advocate	**Whole of person care** • Recognises and takes precautions where the patient may be vulnerable • Incorporates psychosocial considerations into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours **Population health** • Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients **Cultural safety** • Is respectful of patients' cultures and beliefs • Appropriately accesses interpretive or culturally-focused services **Aboriginal and Torres Strait Islander health** • Considers the culture, values and beliefs of Aboriginal and Torres Strait Islander patients (wording to be revised with outcome statements)	**Whole of person care** • Disregards social history in their assessment and management **Population health** • Does not consider population based risk factors • Does not take opportunities to discuss healthcare behaviours **Cultural safety** • Does not take account of relevant cultural or religious beliefs and practices, for example diet, burial practices or processes for decision-making. • Demonstrates an inadequate awareness of, or difficulty accepting and understanding, the cultures of others **Aboriginal and Torres Strait Islander health** • Disregards or lacks awareness of culture, values and beliefs of Aboriginal and Torres Strait Islander patients (wording to be revised with outcome statements)
Domain 1: Scientist & scholar	**Knowledge** • Makes use of local service protocols, guidelines, to inform clinical decision making • Draws on medical literature to assist in clinical assessments, when required • Demonstrates the ability to manage uncertainty in clinical decision making **Quality assurance** • Performs hand hygiene and takes infection control precautions at appropriate moments • Advocates for and actively participates in quality improvement activities including incident reporting	**Knowledge** • Demonstrates poorly formed approaches to identifying local service resources to support clinical decision making • Cannot implement strategies to respond to clinical ambiguity and uncertainty such as ensuring patients and team members are clear about what to do if things change. **Quality assurance** • Demonstrates an undisciplined approach to hand hygiene and infection control

EPA 2

Theme: Acutely unwell patients

Title: Recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1/2 doctors often called after hours to assess patients whose situation has acutely changed)

Focus and context: This EPA applies in any clinical context but the critical aspects that differentiate it from EPA 1 are for the PGY1/PGY2 doctor to:

1. Recognise the acutely unwell and or deteriorating patient
2. Act immediately, demonstrating a timely approach to management
3. Escalate appropriately

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to:

1. recognise clinical deterioration or acutely unwell patients
2. respond by initiating immediate management, including basic life support if required
3. seek appropriate assistance, including following the local process for escalation of care
4. communicate critical information in a concise, accurate and timely manner to facilitate decision making
5. actively anticipate additional requirements
6. lead the resuscitation initially, and involve other necessary services, such as intensive care or retrieval services

Behaviours:

Outcome	**Ready to perform with supervision at a distance** Expected behaviours of a prevocational doctor who can perform this activity with supervision at a distance	**Not yet ready to perform with supervision at a distance-** Examples of behaviours of a prevocational doctor not yet ready to perform this activity with supervision at a distance
Domain 2: Practitioner	**Patient assessment** • Identifies deteriorating or acutely unwell patients **Patient management** • Initiates a timely structured approach management, actively anticipates additional requirements and seeks appropriate assistance • Identifies, where possible, patients' wishes and preferences about care, including CPR and other life-sustaining treatments (e.g., intubation and ventilation) • Demonstrates and applies knowledge of associated anatomy, physiology, indications, and potential risks and complications of resuscitation, if appropriate to the case Sub points	**Patient assessment** • Does not identify deteriorating or acutely unwell patients • Has difficulty gathering, filtering, and prioritising the critical data **Patient management** • Does not initiate timely basic management correctly • Does not seek appropriate assistance including inappropriate delay in escalating • Applies skills inconsistently, resulting in an inability to reliably complete procedures, such as inconsistent use of universal precautions and aseptic technique

	• Where appropriate, advises patients of their rights to refuse medical therapy, including life- sustaining treatment • Involves patients or substitute decision maker, where appropriate, in discussions regarding treatment and end-of-life care **Communication** • Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures • Communicates accurately and effectively with the healthcare team. • As appropriate, explains the situation to patients and/or carers in a sensitive and supportive manner, avoiding unnecessary jargon and confirming their understanding • Performs succinct, accurate, and complete handover of care of patients, including ongoing care requirements.	**Communication** • Inadequately escalates to senior colleagues • Communicates in an unclear manner with other team members regarding management • Explains the situation to patients and/or carers in an unclear or insensitive manner • Handover is inaccurate and/ or incomplete and/or missing critical information, including ongoing care requirements.
Domain 4: Professional & leader	**Professionalism** • Recognises their own limitations and seeks help when required in an appropriate way • Demonstrates professional conduct <u>Sub-points:</u> • Maintains patient privacy and confidentiality • Displays respect and sensitivity towards patients • Maximises patient autonomy and supports patients' decision making **Teamwork** • Works effectively as a member of a team and utilises other team members, based on knowledge of their roles and skills, as required **Self-education** • Seeks guidance and feedback from health care team to reflect on the encounter and improve future patient care • Participates in debrief sessions	**Professionalism** • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help for patients in need of urgent care. • Demonstrates a defensive or argumentative attitude. • Displays lapses in professional conduct, such as acting disrespectfully or providing inaccurate or incomplete information. • Does not seek or act on feedback on areas for improvement. **Teamwork** • Avoids playing a leading role in the management of patients • Demonstrates inadequate team work **Self-education** • Lacks insight into learning needs
Domain 3: Advocate	**Cultural safety** • When appropriate: o accesses interpretive or culturally-focused services. o considers relevant cultural or religious beliefs and practices.	**Cultural safety** • Does not take account of relevant cultural or religious beliefs and practices.

Domain 1: Scientist & scholar	**Knowledge** • Observes local service protocols and guidelines on acutely unwell patients **Quality Assurance** • Complies with escalation protocols maintains up-to-date certification in advanced life support appropriate to level of training. • Performs hand hygiene and takes infection control precautions at appropriate moments • Raises appropriate issues for review at morbidity and mortality meetings	**Knowledge** • Demonstrates poorly formed approaches to identifying local service resources to support clinical decision making relating to acutely unwell patients **Quality Assurance** • Demonstrates an undisciplined approach to hand hygiene and infection control

EPA 3

Theme: Prescribing

Title: Appropriately prescribe therapies (drugs, fluids, blood products oxygen) tailored to patients' needs and conditions

Focus and context: This EPA applies in any clinical context but the critical aspects are to:

1. Prescribe autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product
2. Prescribe as directed by a senior team member, taking responsibility for completion of the order to ensure it is both accurate and appropriate in the context of the patient

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to, as appropriate and where possible:

1. obtain and interpret medication histories
2. respond to requests from team members to prescribe medications
3. consider whether a prescription is appropriate
4. choose appropriate medications
5. where appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration
6. actively consider drug/ drug interactions and/or allergies and if identified check whether to proceed
7. provide instruction on medication administration effects and side effects, using appropriate resources
8. elicit any patient concerns about the benefits and risks, as appropriate seek advice and support to address those concerns
9. write or enter accurate and clear prescriptions or medication charts
10. monitor medications for adverse reactions, efficacy, safety, and concordance
11. review medications and interactions, and cease where indicated, in consultation with the senior team members, including a pharmacist

Behaviours:

Outcome	**Ready to perform with supervision at a distance** Expected behaviours of a prevocational doctor who can perform this activity with supervision at a distance	**Not yet ready to perform with supervision at a distance-** Examples of behaviours of a prevocational doctor not yet ready to perform this activity with supervision at a distance
Domain 2: Practitioner	**Prescribing** • Appropriately, safely, and accurately prescribes therapies (drugs, fluids, blood products, oxygen), and demonstrates an understanding of the rationale, side effects, risks– benefits, contraindications, dosage, routes of administration, and drug interactions • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) safely, adheres to all relevant protocols and monitors patient reactions, reporting when relevant	**Prescribing** • Makes frequent and/ or critical prescribing errors • Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) beyond scope of practice (registration), health service protocols or their experience Sub-points: • Does not consider potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies • Prescribes when it is not appropriate

	Patient management • As appropriate, monitors and adjusts medications • Identifies and manages potential and actual adverse events **Communication** • Ensures the patient understands the rationale and requirements of the treatment • Writes clearly legible prescriptions or charts using generic names as required • Informs treating team of changes to prescriptions	• Does not take into account the following factors for all therapies: o contraindications o cost to patients, families, and the community o routes of administration o funding and regulatory considerations o generic versus brand medicines o interactions o risk–benefit analysis • Demonstrates an inadequate understanding of the rationale behind the choice of therapy • Unable to source suitable dosing guidelines or implement dose modifications based on organ function, patient age, or size • Demonstrates an inadequate understanding of fluid requirements, the compatibility of medications with intravenous fluids or the need for medication monitoring **Patient management** • Does not follow up monitoring instructions or relevant test results. • Does not identify or manage adverse events **Communication** • Fails to explain the rationale for the treatment and other relevant information for example adherence issues, follow up and monitoring for side-effects, and the practical aspects of administration • Produces incomplete or inaccurate prescriptions or medication charts • Writes illegible prescriptions or drug orders or enters data into electronic systems incorrectly • Inadequately consults with the multidisciplinary team (including senior consultant and/ or allied health professionals)
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Recognises their own limitations and seeks help when required in an appropriate way • Demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing <u>Sub-points:</u> • Demonstrates an understanding of the ethical implications of pharmaceutical	**Professionalism** • Has an incomplete understanding of their own limitations that may result in overestimation of ability and dismissal of other health care team-member concerns, or delay in responding to or asking for help

	industry marketing and funded research • Maintains patient privacy and confidentiality • Maximises patient autonomy and supports patients' decision making **Clinical responsibility** • Reports adverse events related to medications **Teamwork** • Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff • Participates in medication safety meetings and morbidity and mortality meetings	
Domain 3: Advocate	**Cultural safety** • Appreciates patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches **Population health** • Considers population level constraints on prescribing, including: o economic costs to community o antimicrobial resistance	**Cultural safety** • Does not consider patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches **Population health** • Does not consider population level constraints on prescribing, including: o economic costs to community o antimicrobial resistance
Domain 1: Scientist & scholar	**Knowledge** • Demonstrates knowledge of clinical pharmacology, including side effects and drug interactions, of the drugs they are prescribing • Makes use of local service protocols, guidelines, to ensure decision making is evidence-based and applies guidelines to individual patients appropriately **Quality Assurance** • Applies the principles of safe prescribing, particularly for drugs with a risk of significant side-effects, using evidence based prescribing resources, as appropriate • Prescribes in accordance with institutional policies, including policies on antibiotic stewardship • safely uses electronic prescribing systems as appropriate Sub points: • Applies information regarding side-effects and monitoring requirements of medications • Identifies medication errors and institutes appropriate measures uses electronic prescribing systems safely	**Quality Assurance** • Does not apply the principles of prescribing and/ or consider the use of evidence based prescribing resources • Does not prescribes in accordance with institutional policies • Displays inadequate knowledge of the monitoring requirements or potential side-effects of the medications they are prescribing

EPA 4

Theme: Communication about patient care

Title: Communicate about patient care, including accurate documentation and written and verbal information to facilitate high quality care at transition points and referral

Context and focus: This EPA applies to any clinical context but the critical aspects are to:

1. Communicate timely, accurate and concise information to facilitate transfer of care across various health sector boundaries including:
   - at referral from ambulatory and community care
   - at admission
   - between clinical services
   - at changes of shift
   - at discharge to ambulatory and community care
2. Produce timely, accurate and concise documentation of episodes of clinical care

Perform this activity in multiple settings, including inpatient and ambulatory (or community) care settings or in emergency departments and in the care of different populations for example children, adults and elderly.

Description: This activity requires the ability to:

1. Communicates effectively to
   - Facilitate high quality care at any transition point
   - ensure continuity of care
   - share patient information with other health care providers in conjunction with referral or the transfer of responsibility for patient care
   - use local agreed modes of information transfer, including oral, electronic and written format to communicate (at least):
     - patient demographics
     - concise medical history and relevant physical examination findings
     - current problems and issues
     - details of pertinent and pending investigation results
     - medical and multidisciplinary care plans
     - planned outcomes and indications for follow up
2. Documents effectively to:
   - enable other health professionals to understand the issues and continue care
   - produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation
   - produce accurate records appropriate for secondary purposes
   - complete accurate medical certificates, death certificates and cremation certificates
   - enable the appropriate use of clinical handover tools

Behaviours:

Outcome	**Ready to perform with supervision at a distance** Expected behaviours of a prevocational doctor who can perform this activity with supervision at a distance	**Not yet ready to perform with supervision at a distance -** Examples of behaviours of a prevocational doctor not yet ready to perform this activity with supervision at a distance
Domain 2: Practitioner	**Information management** • Produces medical record entries that are timely, accurate, concise and understandable	**Information management** • Produces incomplete and/or inaccurate records that:

	• Document and prioritise the most important issues for the patient **Patient management** • Displays understanding of the details of patients' condition, illness severity, comorbidities and potential emerging issues summarising planned management including indications for follow up. <u>Sub -points:</u> • Uses a structured approach to thinking about patients' issues and prioritising these **Communication** • Produces summaries of information that are accurate, appropriate, relevant and understandable for patients and/ other health professionals <u>Sub-points:</u> • Accurately identifies key problems or issues • Ensures a suitable environment and adequate time for handover • Communicates clearly with patients, team members and other caregivers • Confirms information has been received and understood, and seeks questions and feedback	○ Omit clinically significant history, examination findings, investigation results or management plans; and/or ○ Do not include identification details, entry date and time, signature, printed name, designation or contact details • Records or updates to documentation are not produced in a timeframe appropriate to the clinical situation • Creates overly inclusive notes that includes redundant and/or repetitive information • Creates unstructured medical record • Makes illegible notes, uses jargon and/or inappropriate acronyms **Patient management** • Medical record lacks an overall impression or plan <u>Sub-point</u> • Doesn't form an appropriate structure for the clinical context e.g. use a traditional presenting problem history or systems based structure **Communication** • Produces summaries of information that are not appropriate, relevant or understandable for patients and/or other health professionals and/ or carers • Uses language that may be offensive or distressing to patients or other health professionals • Does not mitigate the risks associated with changing care teams or environments: • Inadequately summarises the active medical problems • Has an unstructured approach in transferring oral or written information • Includes unnecessary or irrelevant information • Omits significant problems • Inadequately clarifies treatment changes and clinical reasoning • Omits ongoing management plans, discharge medications, pending tests at discharge, or patient counselling

		• Communicates in an inappropriate environment, such as handover in public places
Domain 4: Professional & leader	**Professionalism** • Demonstrates professional conduct, honesty and integrity • Appropriately prioritises the creation of medical record entries • Informs patients that handover of care will take place and to which team, service, or clinician as appropriate • Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality <u>Sub-points:</u> • Complies with the legal requirements of preparing and managing documentation • Provides honest and accurate medical certification where required • Maintains confidentiality of documentation and stores clinical notes appropriately • Maximises patient autonomy and supports patients' decision making • Takes responsibility for their actions/ is accountable	**Professionalism** • Assigns a low priority to the creation of medical record entries when ordering daily tasks, such as deferring it to the end of the day or clinic leading to delays that may affect patient care or the quality of the record • Inappropriately delays preparing transfer documentation and/or undertaking transfer communications • Inadequately maintains confidentiality, for example: o Gathering and displaying confidential information on patients, such as information displayed on a list that the patient's relatives could access, or sharing information that is not relevant to patient care • Displays lapses in professional conduct, such as providing inaccurate or incomplete information **Teamwork** • Does not engage with nursing staff and/or other relevant allied health practitioners • Omits or disregards key information from other team members in handover
Domain 3: Advocate	**Whole person care** • Considers social/economic context for example: o Factors transport issues and costs to patients into arrangements for transferring patients to other settings o Appropriately prioritises social history and cultural factors **Cultural safety** • Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required	**Whole person care** • Disregards social history or cultural factors and their management in transfer of care documentation. **Cultural safety** • Demonstrates insensitivity or lack of awareness of relevant cultural issues such as not specifying when an interpreter is required • Uses language that may be offensive or distressing to patients or other health professionals
Domain 1: Scientist & scholar	**Quality Assurance** • Maintains records sufficiently to enable optimal patient care and secondary use of the document such as adequate coding, incident review, research or medico-legal proceedings	**Quality Assurance** • Does not maintain records adequately • Produces records lacking key information regarding episodes of care • Uses ambiguous or inappropriate acronyms

	• Ensures all outstanding results or procedures will be followed up by receiving units and clinicians <u>Sub-points:</u> • Provides and receives feedback to and from team members regarding handovers and any errors that occurred, including inaccurate information transmission • Communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care	• Performs incomplete handover • Omissions and errors in transfer of care communications • Transfer of care communications are not undertaken in a timely manner