

Personal Development Plan

Internal Medicine

Ministry of Health (MOH) Malaysia

INTRODUCTION

What is MOH- MEDICAL OFFICER PERSONAL DEVELOPMENT PLAN (MOH-MOPDP)?

MOH- Medical Officer Personal Development Plan (MOH-MOPDP) is a curriculum-based programme of supervised clinical training at medical officer level. MOH-MOPDP is a structured programme that gives medical officers (MO) exposure to cases involving all medical subspecialties. In addition to supervised clinical training, MOH-MOPDP is designed to help MOs to develop professionally, and acquire the skills and knowledge needed to provide excellent patient care. This programme will facilitate and enhance the MOs' opportunity to acquire knowledge and skills needed for their training as medical specialist and gazettement later on.

Who is it for?

MOH-MOPDP is designed for doctors who have completed their internship and want to specialize in internal medicine.

What specialties are available?

There are 12 MOPDP specialties

1. Cardiology
2. Endocrinology
3. Dermatology
4. Gastroenterology
5. Geriatric Medicine
6. Haematology
7. Infectious Disease Medicine
8. Palliative Medicine
9. Respiratory Medicine
10. Rheumatology
11. Nephrology
12. Neurology

Entry Requirement

Doctors must be registered with MMC.
Satisfactory completion of housemanship.

Exit Criteria

All minimum requirements of your curriculum have been met.
End of Posting Assessment Form must be signed by relevant trainers. Final assessment must be signed by the main supervisor (HOD or designated supervisor at the start of the programme).
Assessment will be conducted using 6 assessment tools (refer to Evaluation section).

Curriculum (Medical officer rotation)

Clinical training

The curriculum for the Medical Officer/Specialist in training (trainee) varies, depending on the center and subspecialty. However, all clinical training includes patient care, procedures, elective rotations and didactic training (bed side teaching, post clinic discussion and journal club). Cases and procedures can be logged even when the trainee is not in a particular posting. It should be done in an opportunistic manner. Rotations need not be strictly 3 or 4 months. The overriding principle is that the cases and procedures must be covered rather than the duration of rotation. This is to ensure service needs in the smaller hospitals are not compromised.

Rotation descriptions

Inpatient subspecialty consultation

During the rotation, trainees are expected to manage simple to very complex inpatient cases as listed in the case exposure logbook.

Trainees will be supervised by a physician/consultant at every posting and a mentor will be assigned to each as overall Education Supervisor.

Outpatient subspecialty clinic

During the outpatient rotations, trainees will rotate through the subspecialty clinics where they focus on pragmatic and scholarly approaches to diagnostic and therapeutic strategies. In all rotations, trainees primarily will see new consultations, follow up cases and preferably work one-on-one with a specialist who is a subspecialist in the area.

Procedures

Training will involve hands-on subspecialty-related procedures as listed in the procedure list.

Teaching/training

Specialists perform bedside teaching and one-on-one informal teaching as a key teaching method on all rotations. Clinical case presentations by medical officers, small discussion groups and journal clubs are integral parts of the training.

Research training

The educational supervisor should be able to assist/supervise trainees to develop research protocols, conduct studies, analyze data and prepare final manuscript. Critical peer and institutional reviews at each stage will ensure research of the highest quality.

Evaluation / Assessment

The evaluation is done to ensure that the trainees achieve their greatest potential and meet MOH requirements. Progress will be assessed continuously at scheduled intervals. Assessments will be carried out using the following 6 methods. The educational supervisor will identify who will conduct, evaluate and sign for each of the evaluation methods listed below:

1. Case Based Discussion (CBD) – at least 12 (covering all specialties)
2. Mini Clinical Examination (MCE): each candidate must pass this test or repeat as necessary. At least 12 passed MCE covering all specialties
3. Directly Observed Procedural Skill (DOPS); for each procedure listed under every specialty; trainees need to fill up the necessary assessment form
4. Multi System Feedback (MSF): to be done once in 6 months by 3 assessors (1 superior, 1 junior and 1 subordinate whom will be identified by the educational supervisor)
5. Referral letter: At least 12 referral letters reviewed – one from each specialty
6. Supervisor's report – one overall report by the educational supervisor.

Trainees are expected to pass each assessment satisfactorily, failing which they have to repeat the assessment until they have passed all of them.

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1.0 MEDICAL OFFICER ROTATION: CARDIOLOGY

CASE EXPOSURE	Objectives	Patient's RN, Diagnosis & short summary
<p>ACUTE</p> <ul style="list-style-type: none"> Cardiogenic shock ST elevation Myocardial Infarct Non- ST elevation Myocardial Infarct Unstable angina Acute Pulmonary Oedema Arrhythmia Pericardial effusion Infective endocarditis Aortic dissection 	<p>Able to diagnose</p> <p>ECG interpretation in patients with acute presentation.</p> <p>Basic initial management of cardiac emergencies in each of the cases.</p> <p>Electrical cardioversion/ pharmacological cardioversion</p>	
<p>CHRONIC</p> <ul style="list-style-type: none"> Chronic heart failure Pulmonary hypertension Systemic hypertension Atrial fibrillation/ flutter Chronic stable angina Chronic rheumatic heart disease Prosthetic valve management 	<p>Demonstrate knowledge in:</p> <ul style="list-style-type: none"> Diagnostic criteria Identify etiologies Principles of lifestyle management Range of antiplatelets, anticoagulants, antihypertensives, and statins Different types of anti-arrhythmics and potential side effects Appropriate preventive strategies 	

Evaluation of chest pain	<p>Selection of non-invasive and invasive tools for evaluation of chest pain</p> <p>Exercise stress test interpretation</p> <p>Assisting in interpretation of Dobutamine stress test</p> <p>Counseling for coronary angiogram on indications and risks</p>	
Preoperative cardiac assessment		
SKILLS	<p>ECG interpretation</p> <p>Electrical cardioversion</p> <p>Basic echocardiogram</p> <p>Transvenous pacing</p> <p>Pericardiocentesis</p>	

2.0 MEDICAL OFFICER ROTATION: ENDOCRINE POSTING

CASE EXPOSURE	Objectives	Patient's RN & Diagnosis
<p>ACUTE</p> <p>DKA</p> <p>HHS</p> <p>*Including discharge plan</p>	<p>DM: Demonstrate knowledge in</p> <p>Diagnostic criteria</p> <p>Underlying basis of metabolic disturbances and principle of management</p> <p>Principles of management</p>	
<p>CHRONIC</p>	<p>DM: Demonstrate knowledge in</p> <p>Diagnostic criteria</p> <p>Identify different types</p> <p>Underlying basis of metabolic disturbances and principles of management</p> <p>Principles of lifestyle management (CHO counting and healthy living)</p> <p>Types of insulin/oral hypoglycemic agents</p> <p>Appropriate strategies for prevention and detection of DM</p> <p>Appropriate preventive strategies/treatment for micro and macrovascular complications</p> <p>SKILL</p> <p>Able to elucidate an appropriate history and interpret tests to differentiate types of DM</p> <p>Educate patients in the use of insulin delivery devices</p> <p>Educate patient in the use of SMBG</p> <p>Make appropriate insulin dose adjustment including response to blood sugar levels, exercise, alcohol etc</p> <p>Identify & perform annual screening for complications</p>	

DM with macro and microvascular complications Advance cases Intermediate cases Early stage cases	Establishing target HbA1c & CVD risk reduction	
Young DM (age <40)	1.Diagnosis-work up 2.Target HbA1c Insulin initiation and titration	
T1DM New case Transition period Complicated case		
THYROID Hyperthyroid	1. Newly diagnosed/establishing aetiology 2. Thyroid storm 3. Perplexing thyroid function test 4. Preparing patient for RAI 5. Thyroiditis 6. Pregnancy related thyroid disorder 7. Thyroid eye disease (when to refer) 8. Follow up/treatment modalities-when to stop/definitive therapy	
Hypothyroid	1. Aetiology 2. Treatment	
Secondary hypertension	Screening for secondary hypertension.	
Obesity	1. Assessment/investigating for secondary cause. 2. Preparing for Bariatric surgery.	
Hormonal deficiencies Hypopituitarism Addison's disease	Hormone replacement. Ensure adequate replacement and avoiding over replacement.	

Hyponatremia	Investigation and management of acute and chronic hyponatremia	
Prolactinemia	Establishing diagnosis and management	
Short stature		
Delayed puberty		
Gynaecomastia		
Hirsutism		
Hypercalcemia	Able to identify the aetiology & manage accordingly	
SKILLS	Able to perform and interpret diagnostic tests for acromegaly, hypocortisolaemia, hypoglycaemia and hypopituitarism Managing insulin titration	

3.0 MEDICAL OFFICER ROTATION: GASTROENTEROLOGY

CASE EXPOSURE	OBJECTIVES	PATIENT'S RN & DIAGNOSIS
<p>ACUTE</p> <p>Luminal</p> <p> UPPER GI BLEED</p> <p>-Varices</p> <p>-Non varices</p> <ul style="list-style-type: none"> • PGU • LGIB • Acute flare of IBD <p>Hepatobiliary</p> <p>Acute liver failure</p> <p>Acute pancreatitis</p> <p>Ascending Cholangitis</p>	<p>Demonstrate knowledge in:</p> <ul style="list-style-type: none"> Diagnostic criteria Differential diagnosis Finding etiology Investigation of secondary causes Assessment of the complications (i.e ascite, SBP, hepatic encephalopathy) Giving appropriate advice and treatment Offering treatment options after counseling of the risks and advantages of each The correct time to have invasive intervention as part of treatment option Advice on the primary and secondary prevention of certain disease <p>Exposure to both diagnostic and therapeutic procedure in Gastroenterology and Hepatobiliary intervention</p>	

<p>CHRONIC</p> <p>Luminal</p> <ul style="list-style-type: none"> PUD Reflux esophagitis Inflammatory Bowel Disease - Ulcerative colitis - Crohn's Disease <p>GI malignancy</p> <ul style="list-style-type: none"> - Gastric Carcinoma - Colorectal Carcinoma <p>Hepatobiliary</p> <ul style="list-style-type: none"> Viral hepatitis - Hepatitis B - Hepatitis C Liver Cirrhosis Cholelithiasis Alcoholic Liver Disease NAFLD/NASH Choledocholithiasis PBC PSC Autoimmune Hepatitis Chronic pancreatitis Hepatobiliary malignancies - Hepatoma - Cholangiocarcinoma - Pancreatic malignancies 		
<p>SKILLS</p>	<p>Abdominal paracentesis</p> <p>Indications for OGDS and colonoscopy</p> <p>Indications for liver biopsy</p>	

4.0 MEDICAL OFFICER ROTATION: GERIATRIC POSTING

CASE EXPOSURE	OBJECTIVES	PATIENT'S RN & DIAGNOSIS
<ol style="list-style-type: none"> 1. Delirium 2. Dementia 3. Immobility 4. Incontinence 5. Falls & Frailty 	<p>Diagnosis Identification of risk factors and causes Management</p> <ul style="list-style-type: none"> ○ Multidisciplinary team approach ○ Discharge planning 	
iatrogenicity and fluid management in elderly with multiple comorbidities		
<p>Medical conditions in elderly including</p> <ul style="list-style-type: none"> - Diabetes mellitus - Hypertension - CVD - Stroke 	<ul style="list-style-type: none"> • Diagnosis <ul style="list-style-type: none"> - Atypical presentation • Treatment targets <p>Management Multidisciplinary team approach Discharge planning End of life care Pain management Advance care planning</p>	
Resuscitation status	<p>Comprehensive Geriatric Assessment, including:</p> <ul style="list-style-type: none"> - Dementia - Depression - Delirium - Pain 	

5.0 MEDICAL OFFICER ROTATION: HAEMATOLOGY POSTING

CASE EXPOSURE	Objectives	Patient's RN & Diagnosis
<p>ACUTE</p> <p>RBC disorders</p> <ul style="list-style-type: none"> - AIHA <p>WBC disorders</p> <ul style="list-style-type: none"> - Acute Leukaemias - Neutropenic sepsis <p>Platelet disorders</p> <ul style="list-style-type: none"> - TTP - HUS - DIVC - HELLP <p>Miscellaneous</p> <ul style="list-style-type: none"> - Hypercalcaemia - Superior vena cava obstruction - Spinal cord compression - Tumour lysis syndrome - ITP & Hamophilia with bleeding complications 	<p>Recognising acute haematological emergencies</p> <p>Diagnostic tools/criteria</p> <p>Assessment of complications</p>	

<p>CHRONIC</p> <p>RBC disorders</p> <ul style="list-style-type: none"> - Anaemia - Aplastic anaemia - Thalassaemia - Polycythaemia <p>WBC disorders</p> <ul style="list-style-type: none"> - Chronic Leukaemias - Myelodysplastic syndrome - Aplastic anaemia <p>Platelet disorders</p> <ul style="list-style-type: none"> - ITP - Hereditary thrombocytopenia - Essential thrombocytosis <p>Plasma cell disorder</p> <ul style="list-style-type: none"> - Multiple Myeloma <p>Lymphoma</p> <p>Coagulation disorders</p> <ul style="list-style-type: none"> - Hemophilia - Antiphospholipid syndrome - DVT/PE 		
<p>SKILLS</p>	<p>Bone marrow aspiration and trephine biopsy Intrathecal chemotherapy administration.</p>	

5.0 MEDICAL OFFICER ROTATION: HAEMATOLOGY POSTING

Anaemia	<ol style="list-style-type: none"> 1. Basic investigation and management 2. Knowledge of basic pathophysiology of anaemia 3. Formulate basic management
Thrombocytopenia	<ol style="list-style-type: none"> 1. Basic investigation and management 2. Knowledge of basic pathophysiology 3. Formulate basic management
Acute Myeloid Leukaemia	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center.
Acute Lymphocytic leukaemia	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center
Chronic Myeloid leukaemia	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center
Chronic Lymphocytic leukaemia	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan.
Myeloproliferative Disorder	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center
Multiple Myeloma	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center
Congenital Coagulation Disorder	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center
Lymphoma	<ol style="list-style-type: none"> 1. Recognise presenting features 2. Use appropriate laboratory investigation to diagnose 3. Formulate basic management plan prior to referral to specialist center

MANAGEMENT OF HEMATOLOGICAL EMERGENCIES

1. Hypercalcaemia
2. Superior vena cava obstruction
3. Spinal cord compression
4. Tumour lysis syndrome
5. Neutropenic sepsis

PROCEDURES

1. Bone marrow aspiration and trephine biopsy
2. Intrathecal chemotherapy administration.

6.0 MEDICAL OFFICER ROTATION: INFECTIOUS DISEASE POSTING

CASES EXPOSURE	Objectives	Patient's RN & Diagnosis
TROPICAL INFECTIOUS DISEASES	<ol style="list-style-type: none"> <li data-bbox="507 338 1069 642">1. To demonstrate knowledge and competency in diagnosis, investigation and management of common tropical infectious diseases. Mandatory cases: Dengue, malaria, leptospirosis, melioidosis, 	
HIV INFECTION	<ol style="list-style-type: none"> <li data-bbox="507 674 1069 824">1. To be able to diagnose, investigate and manage HIV infection and its related complications <li data-bbox="507 864 1069 1214">2. To learn about counseling for HIV positive patients: Pre and post HIV test counseling Counseling of newly diagnosed HIV patient Pre HAART counseling Treatment adherence counseling 	
POST EXPOSURE PROPHYLAXIS (PEP) FOR SHARPS INJURIES	<ol style="list-style-type: none"> <li data-bbox="507 1245 1069 1395">1. To risk stratify the sharps injuries exposure, provide counseling and prescribe PEP when indicated. <li data-bbox="507 1435 1069 1585">2. To manage and follow up the healthcare workers (HCWs) in accordance to MOH PEP protocol. 	

<p>COMPLICATED INFECTIOUS DISEASES</p>	<p>To demonstrate knowledge on management of some complicated infectious diseases such as: Pyrexia of unknown origin (PUO), Infection in immunocompromised hosts (patients with DM, renal failure, haematological malignancies etc) MRSA infection Fungal infection Complicated skin and soft tissue infections Complicated intra-abdominal infections</p>	
<p>HEALTHCARE ASSOCIATED INFECTION</p>	<p>To be able to diagnose, investigate and manage healthcare-associated infections such as: Catheter-related blood stream infection (CRBSI) Hospital acquired pneumonia (HAP) Ventilated associated pneumonia (VAP)</p>	
<p>INFECTION CONTROL</p>	<ol style="list-style-type: none"> 1. To participate in the infection control activities in the hospitals and hand hygiene audit 2. To learn and be familiar with the transmission based protective personal equipment (PPE): airborne, droplets and contact precaution. 	
<p>ANTIMICROBIAL STEWARDSHIP</p>	<p>To participate in the weekly Antimicrobial Stewardship (AMS) rounds</p>	

7.0 MEDICAL OFFICER ROTATION: PALLIATIVE CARE POSTING

CASES EXPOSURE	OBJECTIVES	Patient's RN & Diagnosis
Communication	<ol style="list-style-type: none"> 1. Able to conduct family conference 2. Able to facilitate advanced care planning 3. Able to show good communication skills on specific communication issues <ul style="list-style-type: none"> ○ Breaking bad news ○ Collusion ○ Dealing with anger ○ Handling denial ○ Unrealistic expectation 	
Symptom management	<p>Able to diagnose, investigate and manage common symptoms in patient with advanced cancer:</p> <ul style="list-style-type: none"> ● Cancer pain ● Gastrointestinal symptoms ● Respiratory symptoms ● Cachexia, anorexia and fatigue ● Neurological problems in advanced cancer ● Sleep disorder 	
Palliative care in non-malignant disease	<p>Able to manage common problems in patients with advanced/end stage non-malignant disease:</p> <ul style="list-style-type: none"> ● Non-malignant respiratory disease ● Non-malignant neurological disease ● End Stage Heart failure ● End Stage Renal failure ● AIDS ● Palliative care in the elderly 	

Emergencies/crisis in palliative care	<ol style="list-style-type: none"> 1. Able to diagnose, investigate and manage common emergencies in oncology: <ul style="list-style-type: none"> ○ Acute spinal cord compression ○ Superior vena cave obstruction ○ Hypercalcemia ○ Neutropenic sepsis 2. Able to manage common crisis in palliative care: <ul style="list-style-type: none"> ○ Acute severe pain ○ Acute severe dyspnea ○ Acute emotional crisis 	
The terminal phase	<ul style="list-style-type: none"> • Demonstrate knowledge on prognostication for both cancer and non-cancer conditions. • Able to diagnose and manage common problems in the last 48 hours. • Able to facilitate terminal discharge. • Demonstrate knowledge on the routes of medicine delivery in the terminal phase. 	
Bereavement	<ol style="list-style-type: none"> 1. Able to provide bereavement support 2. Able to diagnose complicated grief 	

8.0 MEDICAL OFFICER ROTATION: RESPIRATORY POSTING

CASE EXPOSURE	Objectives: demonstrate knowledge in the following:	Patient's RN & Diagnosis
TUBERCULOSIS (TB)	<p>Diagnosis: laboratory & imaging. Management: based on latest Clinical Practice Guidelines (CPG) from Ministry of Health (MOH). Complications of disease. Complications of treatment: side effects of anti-TB drugs & problems of drug resistance. Drug challenge & drug desensitization. State & National TB Control Programme: TBIS documentation, DOTS & other MOH requirements.</p>	
<p>OBSRUCTIVE AIRWAY DISEASES</p> <p>Bronchial Asthma COPD</p>	<p>Diagnosis of bronchial asthma: symptoms, spirometry & reversibility testing Classification of asthma by levels of control & treatment based on latest GINA guidelines COPD diagnosis & GOLD staging by spirometry COPD management based on GOLD classification & guidelines. Managing severe exacerbation & complications</p>	
PNEUMONIA	<p>Pneumonia diagnosis & classification, severity scoring/stratification Antibiotic guidelines Causes/management of unresolving pneumonia</p>	

PLEURAL DISEASES Pneumothorax Pleural effusion Empyema	Diagnosis and causes Management of chest drain, pleurocentesis & pleurodesis. Complications & indications for thoracic surgery	
LUNG MALIGNANCY	Diagnosis & staging Assessment for curative surgery, principles of chemotherapy & palliation	
MISCELLANEOUS: <ul style="list-style-type: none"> • BRONCHIECTASIS • LUNG FIBROSIS • PULMONARY HYPERTENSION • LTOT 	Diagnosis & imaging Causes & classification Management, counseling of patients on the disease Indications for LTOT & lung transplant	
SLEEP MEDICINE	Diagnosis & management of obstructive sleep apnoea Diagnosis & management of obesity hypoventilation syndrome	

9.0 MEDICAL OFFICER ROTATION: RHEUMATOLOGY POSTING

CASE EXPOSURE	OBJECTIVES	PATIENTS RN & DIAGNOSIS
Connective Tissue Disease 1. SLE 2. MCTD 3. Overlap syndrome 4. Scleroderma	<ul style="list-style-type: none"> • Demonstrate knowledge in diagnosis & investigation <ul style="list-style-type: none"> - Diagnostic criteria - Exclude other differential diagnoses - Identify possible complications of the disease & treatment • Demonstrate knowledge in <ul style="list-style-type: none"> - Principles of treatment - Treatment modality in different organ involvement e.g CNS, lupus nephritis, nephritis, TTP, pulmonary hypertension 	

	<ul style="list-style-type: none"> • Disease monitoring 	
Vasculitides syndrome	<p>Demonstrate knowledge in the history, clinical examination & investigation</p> <ul style="list-style-type: none"> - Diagnostic criteria - Principles of management 	
Vasculitides Syndrome	Presentation & clinical examination	
Crystal arthropathies		
1. Gout	<p>Diagnosis of gout</p> <p>Treatment</p> <ul style="list-style-type: none"> - How & when to use xanthine oxidase inhibitor? - Uric acid target level - CPG on gout 	
2. CPPD	When & how to diagnose CPPD	
Arthritis		
1. Inflammatory Arthritis	<p>Demonstrate knowledge & competency in differentiating & diagnosing inflammatory arthritis/back pain from non inflammatory causes</p> <ul style="list-style-type: none"> - Diagnostic criteria - Disease activity assessment <p>Treatment modality</p> <ul style="list-style-type: none"> - General principles - DMARDS - Biologic <p>Disease monitoring</p> <p>Interpretation of MSK X-ray</p> <p>Intra-articular injection & aspiration</p>	
<ul style="list-style-type: none"> - Rheumatoid - Psoriatic - Spondyloarthritis 		

<p>Degenerative Osteoarthritis</p>	<p>Demonstrate knowledge & competency in diagnosis of OA</p>	
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10.0 MEDICAL OFFICER ROTATION: NEPHROLOGY POSTING

CASE EXPOSURE	OBJECTIVES	PATIENTS RN & DIAGNOSIS
<p>Acute kidney injury (AKI)</p>	<p>Diagnosis of AKI Different stages of AKI Identifying causes of AKI Management of AKI: when to initiate/stop dialysis</p>	
<p>Chronic kidney disease (CKD)</p>	<p>Diagnosis of CKD Different stages of CKD Causes of CKD Risk factors of worsening CKD Management to slow down the progression of CKD When to refer to nephrologist</p>	
<p>End stage renal disease (ESRD)</p>	<p>Diagnosis of ESRD Different modalities of renal replacement therapy Management of acute/chronic complications of haemodialysis and peritoneal dialysis Principles of renal transplantation</p>	

	& organ donation	
Glomerulonephritis (GN)	Diagnosis of nephrotic syndrome and nephritic syndrome Different types of glomerulonephritis Diagnosis – work up Indications for renal biopsy Principles of management	
Electrolyte imbalance*	Investigation & management of hyponatraemia/ hyponatraemia/ hypokalemia/ hyperkalemia	
Others: 1. Nephrolithiasis 2. CRBSI	Drugs & the kidneys	
SKILLS	Insertion of Double lumen Catheter via internal Jugular/ subclavian vein	

11.0 MEDICAL OFFICER ROTATION: NEUROLOGY POSTING

Objectives:

MO should have an understanding of, and demonstrate ability to make as assessment and manage common neurological conditions under supervision. The MO should be able to perform, interpret and/or observe procedures related to investigation and management in neurology.

Acquire knowledge about:

Epidemiology; pathophysiology; clinical features; risk factors; primary and secondary prevention; pharmacological and non pharmacological therapies of common neurological conditions as well as basic neuroimaging interpretation.

Demonstrate knowledge of:

- Indications and interpretation of specialised neurology tests
- Pharmacological therapy of common neurology conditions
- Indications, management & complications of the following medications
 - o Antiepileptic medications

- Parkinson's disease medications
- Acetylcholinesterase inhibitors
- Antiplatelet therapy
- Anticoagulants
- Immunosuppressants
- Corticosteroids
- Empirical & targeted therapy of intracranial infections
- Indications for neurosurgery
- Rehabilitation pharmacological options e.g. botulinum toxin

CASES EXPOSURE	Objectives	Patient's RN & Diagnosis
Cerebrovascular disorders Stroke (ischaemic/haemorrhagic)/ TIA Subarachnoid haemorrhage Cerebral venous thrombosis	Management options in acute strokes (thrombolysis) Knowledge of rehabilitation and care paths	
Central neurological disease Epilepsy/ Non epileptic seizure Dementia Demyelinating disorders e.g. multiple sclerosis & neuromyelitis optica	Management options Knowledge of rehabilitation and care paths	
Movement Disorders Parkinson's disease and Parkinsonism Hyperkinetic disorders e.g. tremors, chorea & dystonia	Management options Knowledge of rehabilitation and care paths	

Spinal Cord Disorders - myelopathy - transverse myelitis	Management options Knowledge of rehabilitation & care paths	
Motor Neuron Disease	Knowledge of rehabilitation & care paths	
Nerve root lesions Radiculopathy	Management options Knowledge of rehabilitation and care paths	
Neuropathy • Mononeuropathy • Polyneuropathy • Guillain-Barre Syndrome	Basic approach to workup and diagnosis Knowledge of rehabilitation and care paths	
Neuromuscular Junction Disorders • Myasthenia Gravis • Myasthenis syndromes	Management options Knowledge of rehabilitation and care paths	
Myopathies	Management options Knowledge of rehabilitation and care paths	
CNS Infections Meningoencephalitis Brain abscess	Management options Knowledge of rehabilitation and care paths	

<p>Clinical evaluation of common neurological symptoms:</p> <ul style="list-style-type: none"> - Acute confusional states - Headache - Blackouts - Dizziness - Memory impairment - Motor weakness - Involuntary movements - 'Pins & needles' sensation - Neuropathic pain <p>Recognition & early treatment of neurological emergencies:</p> <ul style="list-style-type: none"> - Coma - Raised intracranial pressure - Status epilepticus - Acute visual failure - Acute stroke - Acute spinal cord compression - Neuroleptic malignant syndrome - Heat stroke - Wernicke-Korsakoff encephalopathy - Giant cell arteritis/temporal arteritis - Assessment of brain death & an appreciation of the ethical issues associated with managing brain death 	<p>Investigation & management options</p> <p>Knowledge of rehabilitation & care paths</p>	
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Skill: <ul style="list-style-type: none"> - Lumbar puncture - Interpreting basic neuroimaging - Observation of EEG/EMG/nerve conduction studies 		
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13. Dermatology

DERMATOLOGY	
Skin biopsy	
Skin Scraping for diagnosis of fungal infection	
Tzanck smear for diagnosis of viral/fungal infection	

14. Evaluation

DIRECTLY-OBSERVED PROCEDURAL SKILLS (DOPS)

Medical officer's Name									MO's Number									
Date of assessm	D		/	M		Y		Y	MO's No.	MMC No.								
Year									Day									
Hospital																		
Clinical																		
Clinical Problem Category:																		
Procedure Name:																		
MO's Name: _____																		
MO's Title: _____																		
Competency of the procedure: <input type="checkbox"/> Difficult <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> High																		
Using the given scales, please grade the areas listed below:										W	B	S	G	Ex				
										1	2	3	4	5				
1. Demonstrate understanding of indications, relevant																		
2. Obtain informed consent																		
3. Demonstrate appropriate preparation pre procedure																		
4. Appropriate anaesthesia or sedation																		
5. Technical skills																		
6. Aseptic technique																		
7. Suck hole where appropriate																		
8. Post procedural management																		
9. Communication skills																		
10. Consideration of patient and professional safety																		
*U/C= Please mark this if you have not observed the behavior and therefore unable to comment.																		
Suggestions for development																		
A																		
A																		
Please note: by providing your email address, Conjoint Board reserve the right to contact you to confirm individual assessments were conducted and completed in line with																		
Number of previous DOPS observed by assessor with any trainee:										1	3	4	5	5-9				
Assessor's name: _____																		
MO's name: _____																		
Assessor's signature										MO's signature								

CASE-BASED

DISCUSSION

(CBD)

MO																					
MO	D	D	/	M	M	/	Y	Y	Y	Y	MO's MMCN										
D	D	D	/	M	M	/	Y	Y	Y	Y	MO's MMC Number										
MO																					

Clinical Problem Category

Case summary*:

MO's Name

MO's Title

MO's Department

MO's Location

Using the given scales,	Weak		Borderline		Excellent		UC
	1	2	3	4	5		
1. MO's knowledge base							
2. MO's clinical judgment							
3. MO's communication							
4. MO's overall performance							
5. MO's patient care							
6. MO's professional conduct							

*UC - Please mark this if you have not observed the behavior and therefore unable to comment

In relation to THIS CASE, do you have any concerns about this MO's knowledge base?

No concern Serious Minor concern Unable to judge concern

* based on actual case manage by the MO, case note review

Please document any concerns you have about this MO's knowledge base:

In relation to THIS CASE, do you have any concern about this MO integrity, ethical, personal and professional practice or any other area highlighted by the questions?

Please document any concerns you have about this trainee's integrity, ethical, personal and professional practice or any other areas:

Please grade the area listed below using the given scale (1-6)

Please grade the area listed below using the given scale (1-6)		Scale
1. On the basis of THIS CASE, how would you rate this MO's overall clinical care for their stage of training.		1. Unsafe
2. On the basis of THIS CASE, how would you rate this MO's overall clinical care in relation to the standard expected at confirmation of completion of training		2. Below expectation
		3. Borderline
		4. Meets expectation
		5. Above expectation

Is there anything especially good you wish to comment on?

Suggestions for development

Agreed action

A																				
	S																			
M																				
Number of previous CBD observed by assessor with any trainee:													0	1	2	3	4	5		

What training have you had in the use of this assessment tool: Have read guidelines Face-to face Web/CD- Rom

Time taken for discussion (in minutes):	Time taken for feedback (in minutes):
Assessor's signature	MO's signature

Any Other Comment

Signature and stamp of assessor _____

Please kindly return this form to the Consultant/Specialist Dr _____ in a sealed envelope.

Thank you for your feedback

1 MSF for every 3 months from 3 assessors (consist of superior, junior and subordinate whom will be pick by assessor)

GLOBAL RATING: (PLEASE MARK HOW MUCH YOU AGREE WITH THE STATEMENT) REE																			
"This letter clearly conveys the information I would like to have about the patient if I were the next doctor to see him/her."																			
1					2					3					4				
No, a lot more detail					No, would require some more detail					No, would require the information					Yes, the letter conveys insufficient				
Anything especially good:																			
Suggestions for development:																			
A S S E S S																			
M M C										Assessor's position:					Consultant Specialist				
	Assessor's signature:								Date:										

SUPERVISOR'S REPORT (One overall for the whole training period)

Borderline Approach technically imperfect and not very systematic: frequently misses important signs. Weak Approach technically unacceptable and not systematic, important signs missed on most occasions.

Investigations

Excellent	Consistently plans and interprets investigations appropriate to the problem with attention to specificity, reliability, patient safety and comfort, cost and, explain reasons for and nature of investigations to patients.
Good	As above, but less consistent.
Satisfactory	As above but occasionally requests investigations not appropriate to the problem and/or without attention to specificity, reliability, etc. sometimes misses important data.
Borderline	Frequently requests investigations not appropriate to the problem and/or without attention to specificity, reliability, patient safety and misses important data.
Weak	Consistently makes inappropriate decisions in ordering investigations, consistently misinterprets and/or misses important data.

Diagnostic ability and reasoning	
Excellent	Consistently makes careful reasoned deductions from available data (history, physical examination, investigations) to arrive at the appropriate decision
Good	As above, but less consistent.
Satisfactory	As above, but occasionally makes incorrect deductions. Most times able to give correct
Procedural skills	
Excellent	Consistently carries out procedures with an appropriate level of technical skill and with due consideration to the patient.
Good	As above, but less consistent.
Satisfactory	As above, but not equally skilled in all manipulative tasks.
Patient Management	
Excellent	Consistently suggests appropriate management, exhibits awareness of the role and possible complications of the proposed intervention (e.g. adverse drug reaction, surgical morbidity), self reliant and conscientious in approach, involves patients, family and community in management decision.
Good	As above, but less consistent.
Record Keeping	
Excellent	Consistently records legibly and updates accurately patient's problems and management progress, with emphasis on own observations and examinations and provides regular informative summary of progress.
Good	As above, but less consistent.
Knowledge	
Excellent	Consistently applies appropriate knowledge of basic and clinical sciences to the solution of patient problems.
Good	As above, but less consistent.
Satisfactory	As above, but occasionally has gaps in knowledge and/or difficulty in application to patient

Personal and Professional Attitudes							
Excellent	Consistently manages own learning by asking questions and searching for answers (proactive); improves progress as a learner and as a future practitioner by seeking feedback and acting on the latter, and shows evidence of accepting responsibility, being caring, thorough, trustworthy, self driven and respecting confidentiality.						
Good	As above, but less consistent or as effectively.						
Satisfactory	As above, but with occasional deficiencies in self directed learning, self monitoring and/or professional						
Communication skills							
Excellent	Consistently communicates with patients and his/her family, listens, be sensitive to the needs of the patients and family comforts, gives equal priority to the patient/family and the illness; establishes and maintains professional relationship with patient; realizes that the patient's attitude to the doctor affects management and cooperation; is aware that owns personality affects patient's reaction/behavior: provides information accurately and clearly.						
Good	As above, but less consistently or effectively.						
Satisfactory	As above, but with occasional deficiency in communication skills as outlined above. Borderline Frequently deficient in communicating skills outlined above.						
Conduct with Other Professionals							
Excellent	Consistently communicating/working with other professionals, is courteous, sensitive to needs of others: fulfills role in team appropriately by collaborating readily with others: provides clear information, instructions/advice to others: readily accepts reasonable advice/criticism from others.						
Good	As above, but less consistently or effectively.						
Satisfactory	As above, but with occasional deficiencies in the areas outlined above. . Borderline Frequently						
Participation in Teaching-Learning Activities							
	<table border="0"> <tr> <td>Excellent</td> <td>Good</td> <td>Satisfactory</td> <td>Borderline</td> <td>Weak</td> <td>NA</td> </tr> </table>	Excellent	Good	Satisfactory	Borderline	Weak	NA
Excellent	Good	Satisfactory	Borderline	Weak	NA		
1.	Ward round						
2.	Clinic						
3.	Case presentation						
Overall Clinical Competence							
Details of Research Project Output:							
General comments regarding areas of concern							

