**CASA DAME Professional Development – Mapping to AHPRA CPD activities.**

**Educational Activities** (minimum 12.5 hours per year) – simply log the hours you’ve attended, no further action required).

**Reviewing Performance** (minimum 5 hours per year): includes **feedback** from other clinicians, colleagues and stakeholders, including **self-reflection**, on your professional practice and behaviours. Think of it as the HOW and WHY of your medicine. For example, when a patient chooses not to continue with a medication you’ve prescribed, you can discuss with a colleague about how to effectively communicate with patients about medication compliance.

**Measuring outcomes** (minimum 5 hours per year): this includes **measurement** of health outcomes, Think of it as the WHAT and WHEN of your practice. For example, how many of your patients with hypertension have a blood pressure of less than 140 systolic, or how many of your diabetic patients have had HbA1c in the last 12 months.

MO and RP combined (minimum 25 hours per year).

**Measuring outcomes in aeromedical practice.**

* How many of your pilots have conditions on their medical certificate that require additional reporting or testing for their current or next certificate?
* How many of your pilots are currently taking (certain medications)? For this medication, consider issues around dose, side effects, compliance or effectiveness – have these been reviewed for your pilots?
	+ Reviewing performance – why/why not?
* How many of your pilots have (certain diagnosis)? For this diagnosis, consider issues around treatment options, measures of stability or progress and requirements for surveillance. Have these been reviewed for your pilots?
	+ Reviewing performance – why/why not?

**Reviewing performance in aeromedical practice.**

* Review clinical practice guidelines for a given disease or diagnosis and reflect on
	+ Do I agree or disagree with CASA’s position on the safety-relevance of this condition? Why/not?
	+ Do I always/sometimes/never do the workup recommended by CASA for this condition? Why/not?
* Ethical dilemmas in aeromedical practice:
	+ Am I both GP and DAME for any of my patient-pilots/controllers?
		- Yes – has this ever been an issue for treatment or for certification?
		- No – has this ever been an issue for full aeromedical disclosure?
		- In either case – what (if anything) can I do about it?
	+ Have I ever decided to not disclose or to minimise the relevance of a disease to help a pilot or controller avoid CASA Avmed surveillance and compliance requirements? Why/not?

**Professional Development Activity – Reviewing Performance at DAME Grand Rounds**

In addition to the DGR attendance of 1 hour (educational activity), completion of this form may be considered appropriate to meet additional hours for Reviewing Performance requirements.

|  |  |
| --- | --- |
| DAME Grand Round topic | Date of DGR |
|  |  |

In managing a patient/pilot/controller with this disease, do I take the same approach as is recommended in the CASA CPGs or as discussed during this DGR session? Why/why not?

|  |
| --- |
|  |

In order to ensure my DAME practice matches current guidelines, I will look to the following resources (list the journals and references you can use; tick/date when you’ve completed your reading). (Consider logging 30 minutes of RP for each resource reviewed).

|  |  |
| --- | --- |
| Resource | Date reviewed |
|  |  |
|  |  |
|  |  |

Having reviewed these resources, list any new or updated information you’ve gained, or any changes you might consider making to your clinical or aeromedical practice.

|  |
| --- |
|  |

**Professional Development Activity – non-CASA and non-Avmed activities.**

Many aviation industry activities have relevance to safe and effective aeromedical practice. These are particularly relevant when covering topics in human factors, human performance, safety and risk management, and alcohol/other drug issues. DAMEs can use these non-Avmed sessions as part of the CPD annual obligations by completing a professional reflection regarding the relevance of the content to their DAME practice. This document is one way that professional reflection can be recorded.

|  |  |
| --- | --- |
| Activity topic and provider | Date of activity |
|  |  |

**Activity:** List at least three points covered during this activity that are of relevance to aeromedical practice. For each one, provide an observation about how the information covered during the activity is relevant.

|  |
| --- |
| **Topic 1:**  |
|  |

|  |
| --- |
| **Topic 2:**  |
|  |

|  |
| --- |
| **Topic 3:**  |
|  |

Having reviewed the activity and reflected on the content, list any new or updated information you’ve gained, or any changes you might consider making to your clinical or aeromedical practice.

|  |
| --- |
|  |