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CRMEC
CANBERRA REGION MEDICAL EDUCATION COUNCIL

Prevocational Training Term: Emergency Medicine

Date of term description version	December 2023
Date term last accredited	July 2021

Term Details

<table>
<tr><td>Facility</td><td colspan="5">Canberra Health Services</td></tr>
<tr><td>Term name*</td><td colspan="5">Emergency Department</td></tr>
<tr><td>Term specialty*</td><td colspan="5">Emergency Medicine</td></tr>
<tr><td>Term location</td><td colspan="5">Canberra Hospital</td></tr>
<tr><td>Classification of clinical experience in term*

(Highlight a maximum of 2)</td><td>Un-differentiated illness patient care</td><td>Chronic illness patient care</td><td>Acute critical illness patient care</td><td>Peri-operative/ procedural patient care</td><td>Non-direct clinical experience (PGY2 only)</td></tr>
<tr><td colspan="4">Is this a service term?
Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/ discontinuous overarching supervision (e.g., relief term or nights with limited staff).</td><td>Yes</td><td>No</td></tr>
<tr><td>Term duration (weeks)*</td><td colspan="5">12-14 weeks (depending on term dates)</td></tr>
<tr><td>Term accredited for</td><td colspan="3">PGY1 and PGY2</td><td colspan="2">PGY2 Only</td></tr>
<tr><td>Total number of prevocational training places</td><td>29</td><td colspan="2">Limitations/conditions These will be added by the CRMEC and may include skills mix or minimum numbers</td><td colspan="2">There are no limitations for this term.</td></tr>
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Term Supervision

<table>
<tr><td colspan="2">Term Supervisor (name and position)
Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.</td><td>Dr David Errington
Dr Amy Ting</td></tr>
<tr><td>Clinical team supervision</td><td>Primary/Immediate Clinical Supervisor (name and position)
Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.</td><td>Dr Sam Scanlan (Director)
Dr Megan Thomas (Deputy Director)
Dr Erin Martin (Deputy Director)
A/Prof Drew Richardson
Dr Betty Domazet
Dr James Falconer
Dr David Lamond
Dr Ross McAlpine
Dr Dan McCormack</td></tr>
</table>

		Dr Andree Salter Dr Andrew Singer Dr Jamie Lew Dr Nick Taylor Dr Gerrard Marmor Dr Amanda Appleton Dr Adrienne Boonstra Dr Aline Archambeau Dr Joanne Lamont Dr Babajide Fawole Dr Selina Watchorn Dr Joanne Crogan Dr Alison Lally Dr Vekram Sambasivam Dr Amy Ting Dr Holly Blunden Dr Rory Ardlle Dr Angela Fraser Dr Gregory Hollis Dr Nathan Brown Dr Dave Errington Dr Dilip Wickremasinghe Dr Danielle McGufficke Dr Josh Griffin Dr Tharaka Bandara
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	In addition to the consultants listed above there are appox 6 registrars on each day
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.

Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other
	Each shift there is a run sheet that is posted near the tea room and on the flight deck. JMOs are allocated to an area with a consultant and/or a registrar. The areas include (South, North, West, Paediatrics, Fast track and Emergency Medical Unit (EMU)). The allocation to team changes each shift, which may result in a different direct supervisor for that shift.		

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Commencing the Term	
Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	Basic Clinical Training.
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. **The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.**	Staff that are new to TCH ED will participate in a one day term orientation, covered by the term supervisors, or if unavailable the term supervisors will allocate an alternate staff specialist to run. This will cover expectations, assessment, work flow, policies, safety converns. This will occur on the first day of the term

Overview of the Unit	
The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are	The Emergency Department (ED) at The Canberra Hospital is the major trauma centre in the Canberra region, serving a population of approximately 0.5 million. Approximately 88,000 patients attended the department in the last 12 months. 23% were paediatric. Overall admission rate is 36%. The department's core roles are to: • Facilitate timely assessment, treatment, and referral of patients with acute, undifferentiated medical, surgical, paediatric and psychiatric presentations. • Provide training in Emergency Medicine for undergraduates and postgraduates. • Undertake research and quality improvement activities to facilitate best practice.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	In addition to regular JMO duties (see JMO duties document), JMOs can expect to undertake the following: • Assessment and initial management of patients presenting with common medical, surgical, psychiatric and paediatric presentations. • Formulating appropriate differential diagnoses and order initial investigations for presentations • Managing common medical and surgical emergencies under supervision • Communicating effectively with patients and their families as well as medical and nursing staff • Performing blood gases, venepuncture and cannulation, plaster cast, urinary catheterisation, and basic life support.
Work routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook.
Clinical handover procedure	Interns only hand over the registrars or consultants. Never to other juniors unless instructed. At the start of each shift, you go to the flight deck and report to the Consultant/Reg for the area you are allocated.

Provide an overview of the handover procedure and expectations in this training term	At the commencement of the ED shift you will be allocated a patient that has been handed over from the prior shift. You will then receive the handover and continue the care for that patient as required. Alternatively you will take the next patient on the triage list based on triage category in your area. In this case no handover is required. If you have patients that have not been discharged during your shift then they all must be handed over to a registrar or a consultant from your area before the end of your shift. Ideally the consultant. If you move a patient to EMU, then between the hours of 8am and 1pm, the original team will continue to look after that patient. Outside of these hours, you must handover to the EMU team face to face. If there is no allocated EMU doctor for the evening / night shift, you must hand over that patient to your allocated area consultant or registar
Safety	**Occupational Violence** While rare, occupational violence is a risk in emergency departments. JMOs should: • Always maintain a clear exit path when seeing patients. • Know where their nearest microphone is located for calling code blacks. (please note, a code black should also be activated through switch, not just announced on overhaad speaker) • Check with their supervisor before picking up a patient known to be violent (e.g. with multiple code blacks or with an alert for violence on their file). Generally, JMOs should not pick up these patients. **Pregnancy** JMOs who are pregnant or trying to conceive should be aware of the following: • Where possible, ensure immunisations are up to date prior to conception. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. • Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). • Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) and maintain a distance of X metres from these patients for X hours after the scan. • Be alert around patients who are delirious, confused or known to have previously engaged in violence and maintain a clear exit path from the bedspace. • Discuss specific concerns and planning with your term supervisor The ED Department supports Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment

<table>
<tr><td>Term Learning Objectives
List the term-specific learning objectives*</td><td colspan="4">Term specific clinical learning objectives:
• Develop confidence in the assessment and initial management of common medical, surgical, psychiatric and paediatric presentations.
• Increase understanding of abnormal physiology and manifestations of critical illness.
• Gain skills in the recognition and assessment of acutely ill or deteriorating patients.
• Develop capacity to move from 'presenting a history' to purposeful verbal communication presenting the clinical scenario according to the patients progress through the clinical episode.
• Develop and understanding of the triage process and develop skills in appropriate priotisiation of time and tasks with respect to clinical priority.
• Recognise that resuscitation and symptom control measures may be instituted before complete assessment.

Term specific educational learning objectives:
• Increase knowledge about management of common medical, surgical, psychiatric and paediatric presentations and emergencies.
• Learn about emergency procedures, including intubation, chest drain insertion and arterial catheterisation.

Term specific interpretive learning objectives:
• Develop skills in interpreting and acting upon common abnormalities in common blood tests, bedside urine tests, blood gases, ECG, chest and skeletal x-rays.</td></tr>
<tr><td>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.
Formal education opportunities should also be included in the unit timetable</td><td colspan="4">All JMOS will have two specific teaching days provided in the first few weeks of term with separate days for interns and RMOs. These days are rostered as protected teaching time, and cover ED specific medical and surgical topics. Additionally there will be ongoing bedside teaching based on the patient presentations, as well as weekly brief teaching updates delivered via whatsapp. At the end of the term, JMOs will be required to present for 10 minutes on a case they have managed during the term.
Interns and RMO's are not expected to attend the wider DPET/MEU JMO education sessions. If a subject of particular interest or educational opportunity is present, the JMO must negotiate attendance with their clinical or term supervisor to attend.</td></tr>
<tr><td>During this term prevocational doctors should expect to complete the following EPAs*
(Highlight all that apply)</td><td>EPA 1
Clinical Assessment</td><td>EPA 2
Recognition and care of the acutely unwell patient</td><td>EPA 3
Prescribing</td><td>EPA 4
Team communication – documentation, handover and referrals</td></tr>
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Term/Unit Timetable and Indicative Duty Roster*	Position Type:

Please include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to
Please show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts as part of the term, please attach four weeks of rosters for the whole team. If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer to the accreditation procedure).
Alternatively, a description of the unit roster can be provided in the free text space below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**	Daily rounds held at 0800, 1530 and 2300hrs **Day shifts: 0800-1600** **Evening shifts: 1530-2330**

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<tr><td>Patient Load
Average Per Shift</td><td colspan="2">Acute stream: currently running at 3-4 +handovers
Subacute stream: 6-7 + handovers</td></tr>
<tr><td rowspan="2">Overtime</td><td>Rostered overtime hours/week</td><td>2</td></tr>
<tr><td>Unrostered overtime hours/week</td><td>0</td></tr>
<tr><td>After hours roster
Does this term include participation in hospital-wide afterhours roster?
If so advise:
Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)
Onsite supervision available after hours
If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster.
The designated after-hours supervisor should be listed in the supervisory team.</td><td colspan="2">The night-staffing specialist 2400-0800 includes a senior or mid-grade and a junior registrar. There is a consultant available by phone who is able to attend within 15 minutes or provide advice directly by phone.
The Emergency Department rosters JMOs for 80 hours a fortnight, as 10, 8 hour shift pattern. There may also be a number of weekends worked during the term
Interns will not be rostered night shifts, however RMOs will be
Staff are expected to take meal breaks thus the ED pays meal breaks. Please liaise with your senior about appropriate timing and let a senior colleague know when going off the floor
Infrequently the dictates of an appropriately professional handover require a JMO staff-member to stay 15-20 minutes beyond the end of the shift. If the JMO is staying beyond 30 minutes, the onus is on the JMO to raise prolonged shift attendance with a supervising medical officer. In the unlikely event that the clinical load cannot be picked up by a staff-member on the continuing shift, their unrostered overtime will be paid.</td></tr>
</table>

Other Relevant Documentation

- Intern Job Description
- RMO Job Description
- JMO Handbook
- MHSSU/MHCL term description for JMOs undertaking the 2-week rotation in the MHSSU