

Prevocational Training Term Description: Endocrinology

Date of term description version	April 2024
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Endocrinology				
Term specialty*	Internal Medicine, endocrinology				
Term location	Canberra Hospital				
Classification of clinical experience in term*	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
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).				Yes	No
Term duration (weeks)*	12-14 weeks				
Term accredited for	PGY1 and PGY2		PGY2 Only		
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitation or conditions on this training term		

Term Supervision

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.	Dr. Carolyn Petersons	
Clinical team supervision	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	Dr. Carolyn Petersons Prof. Tim Greenaway Prof. Chris Nolan Dr. Robert Schmidli Dr. Sumathy Perampalam

	education, conduct EPAs and contribute to assessment.	Dr. Sonia Stanton Dr. Sue Wigg Dr. Sally Newsome Dr. Miriam Blackburn		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Rostered medical registrar (M1) on evening/weekend shifts. There are two endocrine advanced Trainees (AT) at any time, along with one Basic Physician Trainee. One AT will be in outpatient clinics full-time, the other is split between ward and clinic duties, and is your day-to-day point of contact. During after hours shifts you will be supervised by the Medical Registrar (M1) on that 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	
There is one team, responsible for inpatients and consults.				

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.	You must meet in the first week of term with the term supervisor. The term supervisor will explain how you will function in the team, discuss your goals and expectations. The JMO who most recently completed the term is the best source of advice and orientation to the work routine. They can also direct you to the specific endocrinology handover document.

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

Endocrinology

The goals of this unit are:

- To care for inpatients and outpatients with suspected or proven endocrine diseases,
- To consult on inpatients and outpatients with suspected or proven endocrine disease,
- To provide advice on the management of endocrine diseases,
- To conduct basic scientific research in the area of endocrinology,
- To train medical students and medical graduates in the management of endocrinology,
- To teach a wide range of medical, nursing and allied health staff on endocrine topics,
- To provide lay and professional advice on the public health aspects of endocrine disease; and
- To provide clinical support for the Chemical Pathology Department.

Medical Pod 3

This term forms part of Medical Pod 3. Medical Pod 3 includes:

- Gastroenterology and Hepatology
- Home in the Hospital (HITH)
- Respiratory & Sleep Medicine
- Cardiology
- Rheumatology, Immunology & Dermatology
- Endocrinology
- Med Pod 3 Relief positions
- The Adult Mental Health Unit (AHMU) between the hours of 2300 and 0800

Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the subspecialties, as well as your own specialties' teaching program. All JMOs are expected to attend general mandatory general teaching sessions (see timetable).

By allocating sets of evening, night and relief weeks you will be part of a team providing 24 hour care for patients within your pod who you will be familiar with. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day-to-day basis. You will participate in more focused handover and utilise relevant electronic discharge/casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.

As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a 24 hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible.

Clinical responsibilities and tasks of the

Endocrinology Inpatients

Under the supervision of the Endocrinology Consultants, AT and registrars, the JMO is responsible for the day-to-day management of the patients. All patients should be seen

<p>prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>daily, and the JMO should encourage attached medical students to participate in the activities of the unit. All patients must have a properly documented physical examination.</p> <p>Discharges/Discharge Referral It is the responsibility of the JMO to complete the Discharge Referral form before discharge.</p> <p>Consultations: These are initially carried out by the AT or Registrar and followed up by the Consultant during ward rounds or on an ad hoc basis if necessary. The JMO should attend all rounds to see these patients as part of continuing education, and should be actively involved with the review of consults, and supervision.</p> <p>Endocrine Dynamic Test Patients: Patients who attend the endocrinology test unit for dynamic tests with the endocrine nurse will often require a JMO review and admission prior to the investigation. The JMO is responsible for reviewing these patients and support these investigations with the endocrine nurse, under supervision from the registrar as needed.</p> <p>Ward Rounds The JMO is responsible for updating the Consultant on the progress of all patients. Please ensure that all current results and relevant investigations are available.</p> <p>Endocrinology Unit Clinical Meeting: The JMO may be expected to present concise clinical details of all inpatients and consultation patients. These patients will then be discussed by senior medical staff, registrars, dietitian, podiatrist, credentialed diabetes educators, nursing staff on the ward and the chemical pathologist and senior biochemist, all of whom attend the meeting.</p> <p>Radiology meeting: This is held once a month before the clinical audit in the radiology department. The JMO and inpatient registrar are responsible for submitting a list of patients who have been under the care of the unit in the preceding month to the radiology department the previous day such that relevant scans can be put on display and discussed. The JMO is also responsible for providing a concise clinical summary of the patients.</p> <p>Medications: The JMO should be familiar with the medications prescribed for patients under the Endocrinology Unit and become familiar with the various insulin preparations used. By the end of term, the JMO should feel confident in adjusting insulin dosages and managing diabetic patients in the perioperative period.</p> <p>Handover: At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</p>
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook.</p>

Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information.
Safety	<p>Occupational Violence While rare, occupational violence is a risk in all departments. JMOs should:</p> <ul style="list-style-type: none"> • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). <p>Pregnancy JMOs who are pregnant or trying to conceive should be aware of the following:</p> <ul style="list-style-type: none"> • 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). Consult Nuclear Medicine department regarding safe proximity to these patients after the scan. • Be alert around patients who are delirious, confused or known to have previously engaged in violence. • Please inform the term supervisor as soon as possible that you will be unable to assist with adrenal vein and inferior petrosal sinus sampling, and discharge reviews of radioactive iodine admissions, so that alternative plans are able to be made <p>The Endocrinology Department supports Speaking Up For Safety of patients and staff.</p>
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

Term Learning Objectives List the term-specific learning objectives*	By the completion of this term the JMO may expect to acquire the following knowledge: <p>Clinical objectives</p> <ul style="list-style-type: none"> • Develop an understanding of the management for the following common and/or important problems: <ul style="list-style-type: none"> ○ Newly diagnosed Type 1 and Type 2 diabetes; ○ Gestational diabetes and other endocrine issues in pregnancy; ○ Acute diabetes emergencies including hypoglycaemia, diabetic ketoacidosis and hyperosmolar hyperglycaemic state;
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	<ul style="list-style-type: none"> ○ Complications of diabetes including retinopathy, nephropathy, neuropathy and peripheral vascular disease with a particular emphasis on the diabetic foot; ○ Endocrine emergencies including hyper and hypocalcaemia, thyrotoxicosis, hyponatraemia, adrenal crisis and pituitary apoplexy. ○ Pre - and peri - operative management of patients with diabetes and endocrine disorders especially those on steroids. <p>Educational objectives</p> <ul style="list-style-type: none"> ● Present a review of all inpatients and consult patients at the weekly clinical audit meeting; and ● Attend weekly Journal Club. <p>Interpretative objectives</p> <ul style="list-style-type: none"> ● Spend time in the Diabetes Education Centre and be familiar with ambulatory care of patients with diabetes; ● Spend time in the outpatient service to see patients with endocrinology disorders who are usually not admitted to the hospital, e.g. patients with thyroid disorders, gonadal dysfunction, pituitary and metabolic bone disorders; and ● Understand the interpretation of common endocrinology tests. 			
<p>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</p>	<p><u>General Mandatory Education</u></p> <ul style="list-style-type: none"> ● All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 2.30-4pm on Tuesdays is protected time for JMOs ● RMO teaching is Thursdays 2-3pm <p>Grand Rounds: All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the JMO is required to present on behalf of the Endocrinology unit.</p> <p><u>Term-Specific Training</u></p> <p>Educational Resources</p> <ul style="list-style-type: none"> ● Diabetes Education Centre: The JMO should arrange with Clinical Nurse consultant to spend some time in the Diabetes Education Centre. This is most important for those who wish to train in general practice. Familiarity with the concept of the ambulatory management of diabetic patients is mandatory. ● A comprehensive range of reference material is held in the hospital library and is available on the Intranet. ● Protocols and Clinical Pathways: Endocrinology unit clinical practice guidelines. 			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p style="text-align: center;">EPA 1 Clinical Assessment</p>	<p style="text-align: center;">EPA 2 Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3 Prescribing</p>	<p style="text-align: center;">EPA 4 Team communication – documentation, handover and referrals</p>

Term/Unit Timetable and Indicative Duty Roster*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. 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 attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8.00 Clinical Handover 9.00 Ward round with BPT 12.30 Ward Round 13.00 – 14.00 Monday Shorts teaching 14.00-1630 Ward Rounds and consults with BPT and AT	8.00 Clinical Handover 9.00 Ward round with BPT 12.30 Endocrinology MDT 14.30-16.00 Intern teaching session	8.00 Clinical Handover 9.00 Ward round with BPT 12.00 Grand Rounds 12.30-16.30 Ward Rounds and consults with BPT and AT	8.00 Clinical Handover 9.00 Ward round with BPT 12.30-16.30 Ward Rounds and consults with BPT and AT 14.00 Ward Rounds 13.00 – 14.00 MEU teaching 16.30 – 17.30 Endocrine Journal Club	8.00 Clinical Handover 9.00 Ward round with BPT and AT 12.30-16.30 Ward Rounds and consults with BPT and AT		

Patient Load Average Per Shift	Variable – generally 1-3 inpatients and up to 20 active consults	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> • 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.	<p>Endocrinology is part of Medical Pod 3, and as such JMOs complete a term on Endocrinology will be rostered to complete some time on after hours shifts. However, the majority of your roster will be day shifts with the Endocrinology team. You will be rostered for approximately five weekends shifts (08:00 to 16:30 or 08:00 to 21:00 depending on shift type) across the duration of the term.</p> <p>Approximately two weeks of evening shifts (15:00 to 23:00) will be rostered for your term.</p> <p>During these shifts you may be required to round with home team registrar, or if covering Med Pod 3, then you will be able to contact the medical registrar (M1) rostered on for that shift.</p> <p>You may be required to do a week of night shifts during your term from 9pm – 8.30am (8.30pm-8.30am on weekends). Following this ideally you will have 5 days off then 2 days on call. After which you return to your normal roster. Alternatively, arrangements can be made to allow for leave provided adequate warning is given.</p>	

List Other Relevant Documentation

Intern job description
 RMO job description
 JMO regular duties
 JMO Handbook