

Prevocational Training Term Description: Gastroenterology & Hepatology

Date of term description version	November 2023
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Gastroenterology and Hepatology				
Term specialty*	Internal Medicine				
Term location	Canberra Hospital				
Classification of clinical experience in term* (Highlight a maximum of 2)	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 (depending on term dates)				
Term accredited for	PGY1 and PGY2		PGY2 Only		
Total number of prevocational training places	4	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 Kavitha Subramaniam	
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	Dr Vipul Aggarwal (Unit Director) Dr Jonathan Bromley A/Prof Shiv Chitturi Dr Michael Corbett Prof Paul Pavli Dr Kavitha Subramaniam

	readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Doug Taupin Prof Narci Teoh Dr Andrew Thomson Dr Sarah Walker Dr Purnima Bhat Dr Perveen Aslam Dr Musa Drini		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	<ul style="list-style-type: none"> • 1x Procedural Fellow – predominantly works in the Endoscopy unit • 3x Advanced Trainees (AT) – time is split between wards, clinics, and endoscopy • 1x Basic Physician Trainee (BPT) • After hours: <ul style="list-style-type: none"> ○ 1x On site Medical Registrar (M1) covers all medical specialties ○ 1x On call Gastro AT contactable by phone 		
	Other key staff members	<p>There are several key staff members in the Gastroenterology and Hepatology Unit (GEHU), with a complex organisational structure. Introducing yourself to key personnel helps the logistics for this rotation and enables easier ability to perform your role.</p> <p>Please introduce yourself to:</p> <ul style="list-style-type: none"> - Ward 9A: CNC, CCC and CDN - GEHU: CNC, booking and scheduling officer, gastroscopy and colonoscopy booking and scheduling officer and appointments booking officer. <p>Making bookings:</p> <ul style="list-style-type: none"> - Email GEHUEndoscopy@act.gov.au for urgent gastroscopy & colonoscopy bookings - Email GEHUReception@act.gov.au for clinic appointment bookings 		
	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	
	<p>The GEHU is organised into three teams, each of one advanced trainee and one RMO or intern. A Basic Physician Trainee (BPT) is also usually allocated to the team that is busiest/on-call.</p> <ul style="list-style-type: none"> • Team 1 / A: Liver — includes gastroenterologists with expertise in hepatobiliary diseases and provides specialised liver services (both ambulant and inpatient). 			

	<ul style="list-style-type: none"> ○ Primary consultants: Dr Chitturi, Dr Walker, Dr Bhat ● Team 2 / B: Luminal — includes gastroenterologists with expertise in interventional endoscopy, luminal neoplasia and genetics of gastrointestinal neoplasia. <ul style="list-style-type: none"> ○ Primary consultants: Dr Taupin, Dr Thomson, Dr Aggarwal ● Team 3 / C: IBD — includes gastroenterologists with expertise in inflammatory bowel disease. <ul style="list-style-type: none"> ○ Primary consultants: Dr Bromley, Dr Corbett, Dr Aslam, Prof Pavli, Dr Subramaniam, Dr Drini <p>There may be a different consultant on-call to take in-patients every day, and this is recorded on a calendar pinned in the registrar room in the GEHU unit. The three ATs cycle through being on-call and taking consults – this may not necessarily correspond with the team/consultant on-call for the day.</p> <p>The BPT may be assigned to take consults or run clinics. The JMOs will participate in ward rounds and attend to clinical tasks and reviews. Any questions can be raised by contacting the ATs directly or the BPT.</p> <p>All teams conduct research (both clinical and laboratory-based) and have teaching ward rounds. It should be noted that there is overlap and cooperation between the 3 teams, particularly to ensure optimal patient care, registrar training and equitable distribution of workload. Some consultants do not have regular on call or inpatient responsibilities.</p>
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Commencing the Term	
<p>Requirements for commencing the term*</p> <p>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.</p>	<p>No specific extra skills related to this position are required.</p>
<p>Orientation</p> <p>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.</p>	<p>Ward orientation: The GEHU admits patients to Ward 9A if a bed is available, otherwise will admit patients to other wards as outliers. The doctor’s office sits behind the nurses’ station. There is a patient lounge near the back of the ward - the Friday Liver round starts here. There is also a staff tearoom at the back of the ward where coffee/tea/free food can sometimes be found.</p> <p>Most endoscopy procedures are performed in the GEHU Endoscopy Unit. This is where the endoscopy suites, clinic rooms and registrar office are found. More complex endoscopy procedures are performed in the Main Theatre or in Medical Imaging (ERCPs for</p>

	<p>instance). Most after-hours endoscopies are performed in the Main Theatre.</p> <p>Term orientation: The Term Supervisor (Dr Subramaniam) will meet with all incoming JMOs in the first week to discuss this term. On the first day, the JMOs should meet the registrars at the doctors' office on ward 9A to begin the round at 8am and receive a brief orientation to the unit until the term supervisor undertakes the formal orientation within the first week of term.</p>
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Overview of the Unit

<p>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</p>	<p>Gastroenterology and Hepatology</p> <ul style="list-style-type: none"> • Provides care for inpatients and outpatients suffering from diseases of the liver and gastrointestinal tract; • Provides diagnostic and therapeutic endoscopic services for inpatients and outpatients with suspected or proven gastrointestinal disease; • Provides undergraduate and postgraduate training in the management of gastrointestinal diseases; • Provides training to other medical, nursing and allied health staff in diseases of the liver and gastrointestinal tract; and • Conducts clinical and basic research in gastrointestinal diseases.
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>The JMOs form an important component of the medical team. The GEHU is a busy clinical unit and often has complex and seriously ill or unstable patients under its care. Thus, working in the GEHU is demanding and at times JMOs may feel under pressure.</p> <p>The main duties of the RMO and interns are:</p> <ul style="list-style-type: none"> • Ensure management plans are enacted for newly admitted patients (history, examination, initial investigations etc) based on the management plan developed by the reviewing by registrar or Consultant. • Arrange and review daily the results of investigations. • Prescribe relevant medications and other therapies as required. • Review all patients every day on duty under supervision of a registrar or consultant. • Respond to requests from nursing staff in relation to any aspect of patient care • Work with nursing and allied health staff to provide a team approach to care • Explain to patients their assessment, investigations and treatment. • Report significant changes in patient status. • Hand over care of all patients to relevant medical staff at the end of the shift. • Assist with clinical and educational meetings.
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p> <p>Patients</p>

	<p>Under the supervision of the Gastroenterology Registrar, the JMO is responsible for the formal clerking of admission (with review and management plan developed by the registrar or above on admission to the ward) and for actioning the day-to-day management of the patients in the GEHU under the guidance of the registrars, ATs and consultants. All patients should be seen daily until discharged. The JMO should encourage the medical students' participation in the unit's activities.</p> <p>Ward Rounds</p> <p>The JMO is responsible for presenting all new patients under the GEHU to the consultant and providing updates on the progress of inpatients. Please ensure that the results of all relevant investigations are available on rounds.</p> <p>Interns must not undertake unsupervised ward rounds. JMOs may review patients of concern and discuss these as soon as practicable with a senior supervisor (registrar or above). JMO's are able to develop management plans related to acute issues that develop while an inpatient is under discussion with the registrar or consultant. However, JMOs should not alter or develop the overarching management plan of a patient relating to their primary condition of admission without direct discussion with a registrar or consultant.</p> <p><i>Liver Round:</i> Every Friday, the Liver team consultants (Dr Chitturi, Dr Bhat, and Dr Walker) will conduct a round on all Team A patients and any other liver patient consults they receive from the other teams together at 8am. This round starts in the ward 9a Patient Lounge. The Team A JMO is responsible for collating a custom ward round list for all the consultants which includes the details of all patients on Team A and any liver patients on Team B and C, alongside a summary of their hospital course and most recent investigations.</p> <p>Post-mortem request</p> <p>It is a general unit policy that autopsies are requested for patients who die under the care of a GEHU Specialist. This should be discussed with the relevant consultant.</p> <p>Admission and documentation of inpatients</p> <p>The inpatient medical team must take a full history, perform a relevant clinical examination, and review vital signs of all patients admitted to the wards. Regardless of whether a JMO has undertaken this already, the advanced trainee must check the main details in the history and examine every admitted patient. This is also important in relation to education and training of JMOs and BPTs.</p> <p>Good record-keeping is essential. Each patient must have an admission and management plan with regular follow-up notes. There must be a written provisional diagnosis and a differential diagnosis early in the inpatient admission. It is the responsibility of the registrar or admitting consultant to develop this plan. The JMO is required to ensure this plan is recorded, enacted and followed. You should also document a discharge plan. Each ward round record must include the names of the people on the ward round, and the date and time.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and</p>	<ul style="list-style-type: none"> On Monday mornings, the weekend on-call AT will hand over the new admissions to the other ATs at the ward 9A nursing station at 0800hrs.

expectations in this training term	<ul style="list-style-type: none"> • Gastroenterology has a dedicated evening JMO. Overnight the gastroenterology department is covered by medical pod 3 JMOs. Day staff may handover to the Gastro evening cover from 1300 at the doctors' office on ward 9A. • Handover to the night JMO varies in time and place between weekdays and weekends – please see the handover documentation which delineates this. Evening gastroenterology cover should hand over the night Medical Pod 3 JMO. • At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients and provide a written summary/handover in the medical record.
Safety	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>The Gastroenterology and Hepatology Department supports Speaking Up For Safety of patients and staff.</p>
Opportunities for Indigenous Health	<p>Aboriginal and Torres Strait islander peoples 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.</p>

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<p>Clinical objectives:</p> <ul style="list-style-type: none"> • To become competent in diagnosing and managing the following common clinical problems: <ul style="list-style-type: none"> ○ Acute upper and lower gastrointestinal bleeding ○ Decompensated chronic liver disease ○ Pancreatitis ○ Abnormal liver function tests ○ Suspected infectious gastroenteritis ○ Gallstones and their complications ○ Inflammatory bowel disease <p>Educational objectives:</p> <ul style="list-style-type: none"> • To deliver case presentations and review of the relevant medical literature; and • To understand the principles and implementation of evidence-based medicine in relation to management of common gastrointestinal disorders (including how bias, sensitivity and specificity of tests, positive/negative predictive value and number needed to treat influence the ordering of investigations, interpretation of results and decisions on management). <p>Procedural objectives:</p> <ul style="list-style-type: none"> • To observe various endoscopic procedures: <ul style="list-style-type: none"> ○ Upper gastrointestinal endoscopy ○ Colonoscopy (and polypectomy) ○ Endoscopic retrograde cholangiopancreatography ○ Endoscopic ultrasound • There will be opportunities to gain experience performing abdominal taps and drains on the ward.
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<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.</p> <p>Formal education opportunities should also be included in the unit timetable</p>	<p>Interpretative objectives:</p> <ul style="list-style-type: none"> To develop an understanding of the interpretation of abnormal liver function tests. <p>General Mandatory Education</p> <ul style="list-style-type: none"> All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs. Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the 'Monday Shorts' teaching program. Venue and topics are confirmed by email earlier in the day. Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching. <p>Grand Rounds:</p> <p>All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Unit.</p> <p>Term-Specific Training</p> <p>All JMO staff should attend:</p> <ul style="list-style-type: none"> Gastroenterology Meeting (case presentation and topic), Clinical Teaching Session in the Meeting Room, Level 3, Building 10, on Thursday mornings from 0800-0900. <ul style="list-style-type: none"> JMOs may be expected to give case presentations for the Thursday morning Teaching Sessions during the term. Thursday 0800-0900 QA Meeting – approximately 6-weekly. <p>JMOs are welcome but not required to attend:</p> <ul style="list-style-type: none"> Journal Club 1800-1930, first Tuesday of each month. The Radiology-Pathology Clinical Correlation Meeting in the Meeting Room, Level 3, Pathology Building (Building 10) on Tuesday afternoons from 1700-1800. <p>Educational Resources</p> <ul style="list-style-type: none"> A Unit Library is located in the GEHU, Level 2, with a range of Gastroenterology Texts. Unit members hold print and online subscriptions to a range of general and gastroenterology journals (Nature, Science, Cell, Gastroenterology, Gastrointestinal Endoscopy, Gut); A searchable, comprehensive endoscopy database for all procedures from May 2001 is available in the endoscopy procedure rooms. The GEHU maintains a website with regular updates and images of interest and JMOs are encouraged to contribute; and The GEHU is the major gastroenterology content provider to the Better Health Channel, the number 1 Australian health website and endorses articles on which the TCH logo appears; these articles are suitable for patients and their relatives. A comprehensive range of reference material is held in the hospital library and is available on the Intranet.
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During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)	EPA 1 Clinical Assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication – documentation, handover and referrals
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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 is 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
0800 Ward Round 1300 Ward Round Dr Thomson 1300 – Monday Shorts JMO Teaching	0800 Ward Round 1430 – 1600 Mandatory Intern Teaching 1700 Pathology – X-ray meeting	0800 Ward Round	0800–0900 Gastroenterology Unit teaching session 1300 – 1400 Mandatory RMO teaching	0800 Liver round 1300 Ward Round Dr Thomson		

Patient Load Average Per Shift	8-25	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0 hours expected (while patient safety remains the first priority, JMOs should please attempt to hand over to another member of the team where safe to do so to enable the JMO to leave on time).
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.	GEHU After Hours <ul style="list-style-type: none"> • You may be rostered on to dedicated Gastroenterology Evening shifts which are from 1300-2130. This will allow you to assist the day team and provide handover to the night staff at 2100 during weekdays. As an evening JMO you may be called to commence work earlier in the day should the patient load call for it. • You may also be rostered on dedicated Gastroenterology weekend shifts, which are from 0800-1630, after which you handover to the Med Pod 3 Weekend evening JMO. Medical Pod 3 PGY1/2 will be expected to work on the after-hours roster. This term form part of Medical Pod 3. Medical Pod 3 includes: <ul style="list-style-type: none"> • 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. <p>Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit.</p> <p>Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Med Pod 3 (except GEHU which has dedicated cover until 2130 per above).</p>	

As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.

A week of night shifts may also occur during your term. The standard process is 7 nights rostered, followed by 7 days off – however the JMO is on call for days 6 and 7, unless taking annual leave after the days. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).

JMOs will also be expected to do approximately three to five Med Pod 3 weekend/public holiday shifts throughout the term.

- Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 A&D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover all SP2 units (SP1 will continue to cover SP1 units) and SP 2.2 will be responsible for all admissions and discharges for both SP1 and SP2, meaning SP1 and SP2 will not be responsible for admissions and discharges on Saturdays.
- On Sundays, the SP1 and SP2 will cover their respective units (including covering admissions and discharges without an extra, as is currently the case).

By working after hours shifts, you will be part of a team providing 24-hour care for patients within your Pod. 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 a more focused handover and utilise relevant discharge/case mix 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.

Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub-specialties when able, as well as your own specialty's teaching programme. All interns are expected to attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon.

After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians.

You may wish to also review the Med Pod 3 term description.

List Other Relevant Documentation

Intern job description



ACT
Government

ACT Health



RMO job description
JMO Handbook