

Prevocational Training Term Description: Haematology

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

| Term Details | | | | | |
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| Facility | Canberra Health Services | | | | |
| Term name* | Haematology | | | | |
| 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 | | | | |
| Term accredited for | PGY1 and PGY2 | | PGY2 Only | | |
| Total number of prevocational training places | 2 | Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers) | | | |

| Term Supervision | | |
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| 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 Nalini Pati |
| 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. Maya Latimer Dr. Sam Bennett Dr. Phillip Crispin Dr. Edwin Lee Dr. Nalini Pati Dr. Phil Choi |

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| | education, conduct EPAs and contribute to assessment. | Dr Renee Eslick Dr Mark Polizzotto Dr Pietro DiCiaccio Dr Maansi Joshi Dr Fathima Ayallil Dr Kirsty Rady Dr. Michael Pidcock | | |
| | Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors. | Registrars and Advanced Trainees are available to provide day-to-day supervision. | | |
| | 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>Each PGY doctor will be allocated to a either the outpatient or clinical ward service team and swap halfway for a full learning experience. There is only a one clinical ward service team.</p> <p>The outpatient team consists of the PGY doctor, BPT and AT.</p> <p>The inpatient ward service team consists of a PGY, BPT, AT and the on-service ward service consultant that cares for all the inpatient haematology patients (their own and their colleagues) and rounds daily (weekdays) for the 2-week period. This enables close supervision of patients and medical staff, daily ward rounds, continuity of patient care. There is a weekly ward meeting on Tuesday 0900 to discuss all inpatients and outreach patients to facilitate their care. There is a weekend handover every Friday at 3pm, for the weekend team.</p> | | | |

Commencing the Term

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| 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. | No specific extra skills related to this position are required. |
| 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 | JMOs should arrive to ward 14 A at 0800 on the first Monday of their rotation and meet the AT. Dr Nalini Pati will provide a global haematology orientation and an ehandbook for orientation later that |

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| <p>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>day. This will be organised formally by the department on the day of commencing the haematology rotation.</p> <p>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> |
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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 role of the haematology unit is:

- The investigation, treatment, and care of patients with haematological malignancies as inpatients and outpatients such as Acute Leukaemia, Lymphoma and Myeloma. This includes delivering novel therapies, chemotherapy, management of chemotherapy side effects as well as sides effects of CAR-T cell therapy, bispecific and trispecific T cell engager therapies which include CRS and ICAN syndromes.
- The provision of a comprehensive service in autologous haemopoietic cell transplantation (we are the only transplant service in the ACT).
- The provision of an apheresis service for emergency plasmapheresis, leukapheresis and stem cell collections.
- Shared care management of post allogeneic bone marrow transplant recipients, management of GVHD and treatment of donor lymphocyte infusions
- The investigation, treatment, and care of patients with other haematological disorders including:
 - Venous thromboembolic disease, congenital and acquired bleeding disorders such as haemophilia and inhibitor syndromes.
 - Anaemia, myelodysplastic syndrome, and bone marrow failure syndromes.
 - Haemoglobinopathies
 - Platelets disorders including ITP, TTP, HUS
 - White cell disorders
 - Limited paediatric haematology exposure mostly with benign disorders such as Thalassemia, haemophilia and cytopenias.
- The provision of a consultative service, for both inpatients and outpatients in Canberra hospital and the surrounding region.
- The teaching of medical students, postgraduates, nursing staff and allied health professionals.
- Advice and management in the appropriate use of blood and blood products as part of the Transfusion Medicine Service.
- The instigation and participation in clinical research in Haematology, including clinical trials.
- The instigation in and collaboration with other groups in translational research relevant to haematologic practice
- To work closely with and support the Laboratory in providing a high quality diagnostic Haematology service.

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| | <p>This term forms part of Medical Pod 2 (see after hours work below).</p> |
| <p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p> | <p>Haematology Patients: The Haematology JMO is responsible, under Registrar (BPT/AT) and/or on-service consultant supervision, for actioning the day-to-day management of patients of the Haematology Unit, including stem cell autograft patients, and patients in outlying wards. Most patients should be seen daily, but patients in the high dependency unit of Ward 14A, who are usually heavily myelo-suppressed, should be seen more frequently. The JMO should actively encourage participation in the Ward by medical students attached to the Unit and assist with bedside teaching.</p> <p>Ward Rounds: Please refer to the Unit Timetable at the end of this document. The JMO should present new patients of the Unit to the AT and on-service consultant and provide up to date information on all patients assigned to the care of the team. The JMO is responsible for keeping concise and accurate progress notes and ensuring that the results of all relevant pathology investigations and imaging studies are available for ward rounds. See the JMO Handbook for tips on documenting ward rounds.</p> <p>Education meetings: JMOs are expected to attend the Tuesday 0900 ward meeting weekly and the weekly haematology CPD meeting Tuesday 1pm for continuing education. Department also organises formal teachings every week supervised by consultants and Ats.</p> <p>Outpatient Clinics: JMOs may be asked to participate in the assessment and management of ambulatory haematology patients on level 4, cancer building, of patients in the cancer rapid assessment unit (CRAU) and in emergency. They may also be asked to attend outpatient clinics weekly. The outpatient team is assigned a dedicated BPT who will supervise this work along with the consultant and an RMO.</p> <p>Assistance with outpatient clinics is usually provided by the Clinical and Laboratory advanced trainee Registrars and the BPTs. The Haematology JMO may be invited to assist with the assessment of new patients. A comprehensive Haemophilia Review Clinic is held twice a year in CRCC clinics. The Haematology JMO is expected to participate in these clinics.</p> |

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| | <p>Conversely, if the ward becomes especially busy, the outpatient team may be asked to assist. The inpatient and outpatient RMOs will swap roles midway through the term to gain broader exposure.</p> <p>Consultations: The JMO should accompany the registrar and on service consultant on consultations to other wards and may, under registrar supervision, review consultations.</p> <p>Cancer Outreach Team (COT): Patients from the Haematology Unit are frequently managed through this service. They should be provided with the same attention as inpatients and be reviewed when requested on level 4.</p> <p>Weekends: Consultants and advanced trainee registrars are rostered on weekends. It is important that all relevant tests on Haematology patients be ordered prior to the weekend and the JMO be present for the weekend handover with the registrar and on service consultant on Friday afternoon to appropriately hand over all patients to the weekend team. Where possible, transfusion requirements for blood and platelets should be anticipated and ordered in advance of weekends and public holidays, as well as blood tests. It is extremely important that a summary of each inpatient's progress with a plan is filed in the patients progress notes for the weekend duty registrar to review.</p> <p>Discharges: Discharge summaries must be completed by JMOs on all patients, including deceased patients.</p> |
| <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>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p> | <p>Morning Report is the daily patient handover and is compulsory for JMOs during their Haematology term.</p> <p>There is a weekend handover in the CRCC tutorial room or on the ward every Friday at 1500 for the weekend team which is also compulsory.</p> |
| <p>Safety</p> | <p>Infection Control: Haematology inpatients are frequently heavily myelo-suppressed from chemotherapy and are highly susceptible to neutropenic sepsis. Most of these patients are managed in the High Dependency Unit. Precautions to minimise transmission of infection, such as strict adherence to the five moments of hand hygiene are essential. Likewise, please do not attend work when unwell and if so, inform the registrar and on service consultant in the morning/ or as soon as possible.</p> <p>Patients with diseases requiring isolation, such as MRSA, or notifications should be brought to the attention of the Infection Control Unit.</p> |

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| | <p>OH&S, occupational violence and safety in pregnancy are detailed in the JMO Handbook.</p> <p>The Haematology 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

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| <p>Term Learning Objectives List the term-specific learning objectives*</p> | <p>CLINICAL MANAGEMENT:</p> <p>By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • Experience in admission and assessment, including taking a history, examination, formulating a provisional diagnosis and options for management of patients with haematological diseases. • A knowledge of and participation in the investigation and management of haematological diseases. • To become familiar with the indications for, management of, and complications associated with the transfusion of blood products. • To gain an understanding of the investigation and treatment of patients with haemophilia and related bleeding disorders. • To understand the principles of therapeutic plasmapheresis, stem cell harvesting and autologous haematopoietic cell transplantation. • The assessment and management of neutropenic fever and sepsis. • Gaining an understanding of the principles and indications for administration of chemotherapy. • An awareness of requirements for caring for the terminally ill and communication with the patient's relatives and friends. • The development of communication skills with all health professionals, other services within the hospital and general practitioners. • Involvement in advanced care planning for patients where appropriate, although this requires approval from a registrar or above. <p>Procedural:</p> <ul style="list-style-type: none"> • Venepuncture • Intravenous cannulation • Arterial blood gases • Paracentesis, lumbar puncture (without chemotherapy administration), Hickman line removal and thoracocentesis under supervision • For observation of LPs and Bone marrow biopsies <p>Interpretative:</p> <ul style="list-style-type: none"> • Understand the collection, processing, and interpretation of the following: |
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| | <ul style="list-style-type: none"> • Full blood counts, coagulation studies, microbiology, biochemistry profiles, tests for haemolysis, marrow biopsies, blood bank serology and blood products. • Understand the haematological indications for medical imaging including CT scanning, MRI scanning, PET scanning and ultrasound. • Be familiar with common imaging abnormalities in Haematology patients. • There will be two assessments performed during the term; at mid-term and end of term facilitated by Dr Nalini Pati or Dr Kirsty Rady. |
| <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>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. • JMOs who are post nights or on evenings are not required to attend protected teaching. <p>Grand Rounds:</p> <p>All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Haematology Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> • Clinical Meeting (Tuesday): A weekly (Tuesday) discussion of current inpatients and COT patients occurs in the L1 conference room CRCC, building 19. For JMOs this meeting is mandatory. The ward team is present face to face and the remainder team will participate in a hybrid model. • CPD/ Educational Meeting: A weekly educational meeting is held in the L1 conference room CRCC on Tuesdays between 1-2pm. JMOs will have the opportunity (and be expected) to prepare and make a case presentation to the department as a prelude to further discussion or presentation by the Registrar or Specialist. Consultants are rostered on each week and are ultimately responsible for the content of these meetings. JMOs are expected to attend. • Lymphoma MDT: A multidisciplinary team meeting in lymphoma cases is held weekly every Wednesday through virtual platform between 11am-12:30pm. ATs are expected to while RMs can attend. • Laboratory Haematology Meeting: A weekly meeting held on Wednesdays 10.00am mainly for laboratory staff, consultants and ATs. • Morbidity and Mortality Review meeting (on specific Tuesdays 8.00am-9.00am (one per month)). |

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| | <ul style="list-style-type: none"> Formal teaching sessions on ward rounds and on Wednesdays 8:30-9:15am or Fridays in the CRCC Tutorial rooms, 1600 onwards after handover. <p>Educational Resources</p> <p>Most commonly used haematology textbooks can be found online through the hospital library or “UPTODATE” is also very helpful.</p> | | | |
| <p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p> | <p>EPA 1 Clinical Assessment</p> | <p>EPA 2 Recognition and care of the acutely unwell patient</p> | <p>EPA 3 Prescribing</p> | <p>EPA 4 Team communication – documentation, handover and referrals</p> |

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| Patient Load Average Per Shift | 15 | |
| 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>All JMOs are expected to work after-hours shifts. This term forms part of Medical Pod 2.2 during the evening and on weekends/public holidays; and Medical Pod 2 overnight. Medical Pod 2 includes:</p> <ul style="list-style-type: none"> • Geriatrics (Med Pod 2.1) • Haematology (Med Pod 2.2) • Medical Oncology (Med Pod 2.2) • Radiation Oncology (Med Pod 2.2) <p>You will generally be rostered for afterhours shifts covering Med Pod 2.2 which covers haematology, medical oncology, and radiation oncology. Med Pod 2.1 is a Geriatrics ONLY pod that operates during weekends/public holiday and evening hours. Geriatrics folds into Med Pod 2 overnight. On occasion, the haematology JMO may be required to cover Med Pod 2.1.</p> <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 JMOs within Med Pod 2.1 or 2.2 depending on the shift allocated. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <p>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 off Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).</p> <p>JMOs will also be expected to do approximately three to five Med Pod 2.1 or 2.2 weekend/public holiday shifts throughout the term.</p> <p>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</p> | |

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| | <p>relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>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.</p> <p>After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians.</p> <p>You may wish to also review the Med Pod 2 term description.</p> |
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List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook
Febrile Neutropenia Guideline
Anticoagulation guideline
Rover Guide