

Prevocational Training Term: Med Pod 1 Relief

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

Term Details

Facility	Canberra Health Services				
Term name*	Medical Pod 1 Relief				
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	3 N.b: There are 14 positions within Med Pod 1 (11 core positions and 3 relief positions)	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The JMO must be informed of the specific term supervisor prior to commencing the 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 Luke Streitberg (DPET) Dr Peta Pentony (DDPET) Dr Selina Watchorn (PMEO) Dr Elizabeth Merenda (PMEO) Dr Roberto Orefice (PMEO)
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 education, conduct EPAs and contribute to assessment.	Dr Roberto Orefice

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	During Hours: The Registrar associated with the JMO's allocated team. After Hours: Medical Registrar 1 (M1) (The Registrar filling this position rotates weekly, a daily email advises the identity of the evening and night M1). Contact the M1 through Switchboard. The Night JMO should also introduce themselves to the M1 at handover.		
	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		
	<ul style="list-style-type: none"> Each JMO will be allocated to either a clinical team for day shifts, to Med Pod 1 evening or Med Pod 1 night cover. For allocations to Day Teams, please refer to the Term Description for the clinical unit. Usual duties include attending ward rounds, completing jobs and reviewing patients as needed. The Clinical team consists of the Consultants/Staff Specialists and other medical officers attached to the specific medical unit. Evening and Night Med Pod 1 requires the JMO to work independently (with a Supervising Registrar available onsite) to review unwell patients and action time-sensitive tasks. The Supervisor is Medical Registrar 1 (M1), who can be contacted through Switchboard. Queries or concerns should be escalated to the M1 and/or a MET response requested as appropriate. <ul style="list-style-type: none"> Evening Med Pod 1 covers Neurology, Infectious Disease and Renal Medicine (not General Medicine which has its own dedicated evening cover). Night Med Pod 1 covers Neurology, General Medicine, Infectious Disease and Renal Medicine. 			

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.	To commence, the JMO will have time management and communication skills and must have basic clinical training such as: <ul style="list-style-type: none"> Basic airway and cardiac life-support skills Basic understanding of the pharmacology of antihypertensives and antibiotics Basic management of electrolyte disturbance, especially hyperkalaemia Basic understanding of volume assessment and the pathophysiology and basic management of hypo- and hypervolaemic states A sound knowledge of normal human biology and its alteration in acute and chronic disease, and
---	---

	<ul style="list-style-type: none"> The ability to recognise a deteriorating patient and to seek help when necessary.
<p>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.</p>	<ul style="list-style-type: none"> Your PME0 is responsible for conducting orientation for Med Pod 1 Relief. Please contact your PME0 at commencement of your term. There will also be an orientation/handover on the last Tuesday of each term during the Intern teaching session for the outgoing JMOs to exchange information and handover with the incoming JMOs. You may also contact the clinical team members, including the registrars, of your assigned units for orientation. <p>Workplace orientation On commencement of the term, the JMO should present to</p> <ul style="list-style-type: none"> Day Shift: attend the Doctors' office of the allocated team no later than 0755am. The 7A office (for Neurology, Infectious disease and Renal) is between wards 7A and 7B; the 7B office is opposite the Nurses Station in 7B. Evening Shift: Attend the Rostering Office to collect the Med Pod 1 Pager (unless advised this will occur at a different location) and then the wards to assist Day Teams with jobs until 1630. Night Shift: Meet at the designated handover location (usually the Auditorium on weeknights and the JMO Lounge on level 8 on weekends).

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>Overview of Med Pod 1 As part of the 4-term hospital system at Canberra Hospital, the different units of the hospital are divided into 4 Pods. A Pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The Pod system is designed to:</p> <ul style="list-style-type: none"> Increase the amount and quality of JMO clinical exposure within the units of the Pod Simplify and improve the accuracy of clinical handover Improve continuity of care by facilitating a '24 hr hospital' Provide an increase in evening and night medical staffing and greater continuity of care that involves the same group of JMOs looking after the Pod patients after hours, and Enable more efficient completion of clinical duties and administrative paperwork. <p>A Key feature of the Pod system is that each pod is internally self-sufficient within that group of JMOs. Added value is achieved by the fact that JMOs are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the pod. The after-hours pod JMOs are responsible for actioning inpatient care for patients admitted within the pod across a 24hr period, seven days per week, under the supervision of their registrar and consultant.</p> <p>The Pods are staffed to enable JMO education and training, and to comply with clinical and leave obligations. The system has on-call provisions to cover for unplanned leave (sick leave). The medical officer support credentialing education training unit (MOSCETU) provides overall coordination of JMO education, training, support and administration.</p> <p>Medical Pod 1 includes accredited positions in:</p>
---	---

	<ul style="list-style-type: none"> • Neurology • General Medicine • Infectious Disease • Renal Medicine; and • Relief positions (this position). <p>Med Pod 1 Relief is accredited for 3 PGY1/2 positions as relief/service term positions (12-14 weeks).</p> <p>Overview of Med Pod 1 Relief/service term</p> <p>Med Pod 1 Relief JMOs rotate through the disciplines within Medical Pod 1. The relief positions are a vital role within the pods to promote continuity of care of patients and broaden education for the JMO.</p> <p>The nature of these relief positions is to provide a varying experience of the different medical units within this Pod, and to allow the Med Pod 1 Relief JMO the flexibility to move within the different teams depending on need, rostering and unit requirements. Each relief JMO may be rostered to different units to cover leave, or other requirements of the Medical Pod 1 teams.</p> <p>The skills acquired by the Relief JMO include increase in comfort and confidence in changing work environments, teams and registrars; and being aware of unique and specific work practices within the varying medical units under Medical Pod 1. This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs.</p> <p><i>NB: occasionally opportunities may arise to work in a discipline outside your specialty or outside Med Pod 1. We encourage JMOs to eagerly undertake this opportunity as it enhances your medical knowledge and experience.</i></p>
<p>Clinical responsibilities and tasks of the prevocational doctor</p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>It is advisable to read the relevant term descriptions of the Medical Pod 1 units for further details of JMO clinical responsibilities and tasks. The medical pod 1 units are busy medical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties. It may also be useful to speak to the JMO allocated to the unit for their core term prior to starting.</p> <p>In addition to regular JMO duties (see JMO regular duties list), JMOs can expect to undertake the following:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • See also requirements for commencing the term above. • Triage and action incoming Pages (including prompt response to MET Calls/Code Blues), DHR messages and DHR Medical Tasks. • Know the investigation and management of acute presentations of deterioration (e.g. dyspnoea, chest pain, delirium, electrolyte imbalance, acute pulmonary oedema, behavioural disturbance/acute agitation, pain crisis etc) as these are common management issues after hours. • Know the investigation and management of chronic medical disorders, including ischaemic heart disease, heart failure, diabetes, COPD etc, especially in relation to their impact on management of common after-hours issues including fluid balance, nil by mouth status, electrolyte disturbance and management of hypo- and hypertension. • Assess deteriorating patients with MEWS score 0-4. • Have the ability to interpret physical signs and to recognize the acutely deteriorating patient. • Exercise sound judgement in when to escalate presentations to the Medical Registrar or call a MET/Code Blue. <p>Procedural:</p> <ul style="list-style-type: none"> • Basic procedural skills including cannulation, venepuncture, male and female catheterisation, NG tube insertion.

	<ul style="list-style-type: none"> Understand the implications and interpretations of normal and abnormal biochemical, serological, haematological and microbiological tests as applied to patients with renal, neurological, general medical and infectious disease. Basic imaging interpretation skills including ECG, Chest X-ray (including NGT placement), abdominal X-ray. Appropriately document actions in the patient file and provide handover or more serious presentations to ensure continuity of care with Day Teams.
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook and Rover guide.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>Day shift</p> <ul style="list-style-type: none"> Morning meeting and handover occur in the doctors' offices at 0800 – different teams may have different processes so check with core term JMOs. Handover may also be performed via a hospital approved secure messaging service. <p>Evening shift</p> <ul style="list-style-type: none"> Handover should be sought from all JMOs within the pod between 1500 to 1600. This should ideally be performed face to face, but if not possible, can be performed via a hospital approved secure messaging service. Handover to the night JMO is at 2100 on weekdays (generally in the Auditorium) and 2230 on weekends (generally in the JMO Lounge). <p>Night Shift</p> <ul style="list-style-type: none"> Handover is received from the Evening shift at the times and locations above. Handover to Day shift may occur in the doctors' offices at 0800 or be performed via a hospital approved secure messaging service. Handover should be face-to-face for critically unwell and unstable patients. <p>MET Calls take precedence over timeliness of handover, however you may wish to update the incoming day JMO of the expected delay.</p>
Safety	<p>OH&S, occupational violence and safety in pregnancy are detailed in the JMO Handbook.</p> <p>The Canberra Hospital 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 in particular, are over-represented in dialysis patients and those with end stage renal disease (ESRD). JMOs must 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*	<p>Depending on specific unit placement:</p> <p>Medical Knowledge</p> <p><i>Neurology</i></p> <ul style="list-style-type: none"> Develop an ability to take a detailed neurological history and to perform a competent neurological examination
--	---

- Develop an ability to present the patient's history and physical findings succinctly and accurately
- Develop an understanding of the fundamentals of management of patients with stroke, epilepsy, undifferentiated headache, multiple sclerosis, Parkinson's disease, myasthenia, meningitis and encephalitis, and to gain exposure to other less common neurological conditions.

Renal Medicine

- Develop a list of differentials and diagnostic approach to acute kidney injury.
- Understand the pathophysiology and treatment for primary and secondary glomerulonephritis.
- Learn the complications and basic management of chronic kidney disease by body system including cardiovascular, endocrine, haematological and bone/mineral.
- Learn the basic medications used to prevent transplant rejection in transplant patients.
- Be proficient in the safe prescription of medications in ESRD and dialysis. It is particularly important to learn the management of pain in ESRD which is significantly different to other areas of medicine.
- Be comfortable with the management of hyperkalaemia.
- Be aware of the indications for emergency dialysis.

Infectious Disease

- Acquire the knowledge to diagnose and manage standard common infections such as Pneumonia (CAP and HAP), Cellulitis, Urinary Tract Infections, Osteomyelitis, Diabetic Foot infections, Septic Arthritis, Meningitis, Encephalitis, Meningococcaemia, HIV, Endocarditis, Gastroenteritis, Fever in returned traveller, Tuberculosis.
- Develop a detailed knowledge of antibiotic guidelines including major antibiotic classes, their uses, risks and side effects.
- Develop an understanding of the processing and interpretation of the following specimens: blood, CSF, urine, stool, sputum, wound swabs, fluid specimens
- Develop an understanding of the interpretation of serological and molecular tests.

Procedural skills

Neurology

- To learn how to perform a lumbar puncture
- Observe or perform a lumbar puncture (if available)
- Develop an ability to interpret common abnormalities on CT and MR scans of the brain and spinal cord.
- To gain a basic understanding of the use (and abuse) of EEG and other neurophysiological tests.

Renal Medicine

- Achieve proficiency in difficult IVCs, ideally placing them in distal region of non-fistula arm. Vein preservation is important

	<p>for dialysis patients and particularly those with AV fistulas in whom you should never cannulate the arm with the fistula.</p> <ul style="list-style-type: none"> • Develop skills in AV fistula assessment, including feeling for thrill and auscultation. • Be familiar with the steps involved in a renal biopsy. You may attend biopsies however it is unlikely you will perform one during this term. <p><i>Infectious Disease</i></p> <ul style="list-style-type: none"> • Observe or perform a lumbar puncture (if available)
<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 Consultant/Registrar is required to present on behalf of the Unit the JMO is assigned to. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p>Term-Specific Training</p> <p>JMOs should attend teaching of the unit they are assigned to that week:</p> <p><i>Neurology</i></p> <ul style="list-style-type: none"> • All Neurology and Med Pod 1 junior staff are welcome to attend the Neurology Journal Club at 1230 on Thursdays. • A neuroradiology meeting is held at 1200 on Fridays –JMOs allocated to Neurology that week are expected to attend. • JMOs allocated to Neurology are expected to attend the weekly Neurology departmental teaching at 1300 on Fridays (after the neuroradiology meeting) and Med Pod 1 JMOs are also welcome. <p><i>Renal Medicine</i></p> <ul style="list-style-type: none"> • Renal provide weekly 1-hour tutorials on Fridays, 1400-1500. Contact Dr Alice Kennard to discuss exact location and time. • Renal also provides monthly histopathology meetings on 1st Tuesday of the month. • There is a fortnightly Monday radiology meeting, and a monthly glomerulonephritis meeting. Your BPT and AT will inform you of the time and location of these meetings.

	<p><i>Infectious Disease</i></p> <ul style="list-style-type: none"> • There is a Monday case presentation, usually in the form of a PowerPoint, which will be discussed by the registrar and/or consultant. JMOs allocated for a longer placement may also be expected to present. The ID Morbidity and Mortality Meeting is periodically held in place of this meeting. • There is a Thursday Infectious Diseases complex care meeting where the current inpatient and difficult consult patients are discussed. JMOs are encouraged to research any difficult clinical questions which may have arisen in the management of the patient to discuss at this meeting. • The ID Radiology Meeting is held on Thursdays at 1200. • Infectious Diseases Registrar Teaching: Specific registrar teaching is alternated with teleconferencing into the Melbourne Infectious Diseases Group Meeting (MIDG) on Tuesday mornings in the tutorial room on level 4 of building 10. MIDG commences at 0730 whilst the tutorial commences at 0745. JMOs are welcome to attend. • The Prosthetic Joint Infection Meeting is held monthly on Wednesdays from 0700 via video conference. JMOs are welcome to attend. • The Mycobacterium Multi-Disciplinary Meeting is held on every two months on Wednesday via videoconference. The JMOs are welcome to attend. • Canberra Sexual Health Centre HIV Clinical Meeting & HIV Meeting: a weekly meeting at 0830 on Wednesdays to discuss all HIV patients reviewed over the previous week. When HIV positive patients are admitted to hospital, the responsible registrar (+/- intern/RMO) should attend the start of the meeting to provide an update. On the 4th Wednesday of the month, a HIV clinical meeting is held. <p>You are encouraged to attend any teaching sessions conducted by other specialities within your Pod, time permitting.</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>

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 and Public Holidays
Day Shift with unit: 0800-1630	Day Shift with unit: 0800-1630	Day Shift with unit: 0800-1630	Day Shift with unit: 0800-1630	Day Shift with unit: 0800-1630	Med Pod 1 Day Shift: 0800-2100	Med Pod 1 Day Shift: 0800-2100
OR	OR	OR	OR	OR	OR	OR
1300 – Monday Shorts JMO Teaching	Med Pod 1 Evening Shift: 1500-2330	Med Pod 1 Evening Shift: 1500-2330	Med Pod 1 Evening Shift: 1500-2330	Med Pod 1 Evening Shift: 1500-2330	Med Pod 1 Night Shift: 0830-0830	Med Pod 1 Night Shift: 0830-0830
Med Pod 1 Evening Shift: 1500-2330 <i>(2-3 weeks of evening shift per term)</i>	OR	OR	OR	OR		
OR	Med Pod 1 Night Shift: 2100-0830	Med Pod 1 Night Shift: 2100-0830	Med Pod 1 Night Shift: 2100-0830	Med Pod 1 Night Shift: 2100-0830		
Med Pod 1 Night Shift: 2100-0830 <i>(1-2 weeks of night shift per term)</i>	AND		AND			
	Intern Teaching: 1430-1600 (for PGY1)		RMO Teaching: 1300-1400 (for PGY2)			

Patient Load Average Per Shift	Variable. <ul style="list-style-type: none"> Day shifts: conducted in teams, patients per team can range from 5-30. Evenings: Approx 60 patients. Nights: Approx 100 patients (evening patient load plus General Medicine patient load). 	
Overtime	Rostered overtime hours/week	Variable. The evening JMO is on call during the day.
	Unrostered overtime hours/week	Approx 5 depending on unit.
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>JMOs will be expected to work on the after-hours roster. This may require two or more weeks of evening and night shifts during the term. The average Med Pod 1 service term involves two to three weeks of evening shifts and two weeks of night shifts during the term.</p> <p>For the evening shift you will receive handover from all PGY1/2 within Med Pod 1 (except General Medicine which has dedicated evening cover). 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 or more 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 1 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 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>	

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook