

## Prevocational Training Term Description: Medical Pod 2 Relief

<b>Date of term description version</b>	April 2024
<b>Date term last accredited</b>	March 2021

### Term Details

<b>Facility</b>	Canberra Health Services				
<b>Term name*</b>	Medical Pod 2 Relief				
<b>Term specialty*</b>	Internal Medicine				
<b>Term location</b>	Canberra Hospital				
<b>Classification of clinical experience in term*</b>  (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)
<b>Is this a service term?</b> 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
<b>Term duration (weeks)*</b>	12-14 weeks				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	<b>6</b>  (6 relief positions in Med Pod 2)	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations or conditions on the med Pod 2 relief training term		

### Term Supervision

<b>Term Supervisor (name and position)</b> 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 Roberto Orefice (PMEO)
<b>Clinical team supervision</b> <b>Primary/Immediate Clinical Supervisor (name and position)</b> Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline.	Dr Selina Watchorn (PMEO) Dr Peta Pentony (PEMO) Dr Elizabeth Merenda (PEMO)

	They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.		
	<b>Additional Clinical Supervisors (positions)</b> 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 and 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.	
	<b>EPA Assessors</b> 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.	
<b>Clinical Team Structure*</b> 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
	<ul style="list-style-type: none"> <li>Each JMO will be allocated to either a clinical team for day shifts, to Med Pod 2 evening or Med Pod 2 night cover.</li> <li>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.</li> <li>Evening and Night Med Pod 2 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"> <li>In the evenings, Med Pod 2 is split into Med Pod 2.1 which covers Geriatrics and Med Pod 2.2 which covers Haematology, Medical oncology and Radiation oncology.</li> <li>Night Med Pod 2 combines pods 2.1 and 2.2 to cover Geriatrics, Haematology, Medical oncology and Radiation oncology.</li> </ul> </li> </ul>		

## Commencing the Term

<b>Requirements for commencing the term*</b> 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"> <li>Basic airway and cardiac life-support skills</li> <li>Basic understanding of the pharmacology of antihypertensives and antibiotics</li> <li>Basic management of electrolyte disturbance, especially hyperkalaemia</li> </ul>
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	<ul style="list-style-type: none"> <li>• Basic understanding of volume assessment and the pathophysiology and basic management of hypo- and hypervolaemic states</li> <li>• A sound knowledge of normal human biology and its alteration in acute and chronic disease, and</li> <li>• The ability to recognise a deteriorating patient and to seek help when necessary.</li> </ul> <p>The JMO may wish to review febrile neutropenia and sepsis prior to the first evening or night shift covering oncology.</p>
<p><b>Orientation</b> 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. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b></p>	<p><b>Term orientation</b></p> <ul style="list-style-type: none"> <li>• Your PME0 is responsible for conducting orientation for Med Pod 2 Relief. Please contact your PME0 at commencement of term.</li> </ul> <p><b>Workplace orientation</b> On commencement of the term, the JMO should present to</p> <ul style="list-style-type: none"> <li>• Day Shift: attend the Doctors' office of the allocated team no later than 0755am.</li> <li>• Evening Shift: Attend the Rostering Office to collect the Med Pod 2 Pager (unless advised this will occur at a different location) and then the wards to assist Day Teams with jobs until 1630.</li> <li>• Night Shift: Meet at the designated handover location (usually the Auditorium on weeknights and the JMO Lounge on level 8 on weekends).</li> </ul> <p>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.</p> <p>You may also contact the clinical team members, including the registrars, of your assigned units for orientation.</p>

## 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**

### Overview of Med Pod 2

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:

- Increase in the amount and quality of JMO clinical exposure within the units of the Pod
- Simplify and improve of the accuracy of clinical handover
- Improvement in continuity of care by moving towards 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.

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 afterhours pod JMO is 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.

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.

Medical Pod 2 includes accredited positions in:

- Medical Oncology/Day Therapy Unit (DTU);
- Geriatrics;
- Haematology; and
- Radiation Oncology.

Med Pod 2.1: Geriatrics (covering wards 11A, 11B and outliers)

Med Pod 2.2: Medical Oncology, Radiation Oncology, Haematology (all covering wards 14A, 14B and outliers) and day therapy unit (DTU).

Med Pod 2: Med Pods 2.1 and 2.2 are combined overnight. Med Pod 2 Relief is accredited for 6 PGY1/P2 positions as relief positions (12-14 weeks).

### Overview of Med Pod 2 Relief/service term

Med Pod 2 Relief JMOs rotate through the disciplines within Medical Pod 2. The relief positions are a vital role within the pods to promote continuity of care of patients and broaden education for the JMO.

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 2 Relief JMO the flexibility to

	<p>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 2 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 2. 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 2. We encourage JMOs to eagerly undertake this opportunity as it enhances your medical knowledge and experience.</i></p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b> Provide an overview of the routine duties and responsibilities</p>	<p>It is advisable to read the relevant term descriptions of the Medical Pod 2 units for further details of JMO clinical responsibilities and tasks. These are busy medical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties.</p> <p>In addition to regular JMO duties (see JMO regular duties list), JMOs can expect to undertake the following:</p> <p><b>Clinical:</b></p> <ul style="list-style-type: none"> <li>• See also requirements for commencing the term above.</li> <li>• Triage and action incoming Pages (including prompt response to MET Calls/Code Blues), DHR messages and DHR Medical Tasks.</li> <li>• Know the investigation and management of acute presentations of deterioration (e.g. dyspnoea, chest pain, delirium, electrolyte imbalance, febrile neutropenia, acute pulmonary oedema, sepsis, behavioural disturbance/acute agitation, pain crisis etc) as these are common management issues after hours.</li> <li>• 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.</li> <li>• Assess deteriorating patients with MEWS score 0-4.</li> <li>• Have the ability to interpret physical signs and to recognize the acutely deteriorating patient.</li> <li>• Exercise sound judgement in when to escalate presentations to the Medical Registrar or call a MET/Code Blue.</li> <li>• As the Med Pod 2 Relief JMO 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.</li> </ul> <p><b>Procedural:</b></p>

	<ul style="list-style-type: none"> <li>• Basic procedural skills including cannulation, venepuncture, male and female catheterisation, NG tube insertion.</li> <li>• 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.</li> <li>• Basic imaging interpretation skills including ECG, Chest X-ray (including NGT placement), abdominal X-ray.</li> <li>• Appropriately document actions in the patient file and provide handover or more serious presentations to ensure continuity of care with Day Teams.</li> </ul> <p><b>Ward rounds and ward work</b></p> <ul style="list-style-type: none"> <li>• When assigned to a specific unit, attendance is expected at all ward rounds, handovers, multidisciplinary rounds, book rounds, X-Ray and unit meetings. Please also refer to the Unit timetables.</li> <li>• In these circumstances, the JMO will also be responsible for accurate documentation, ordering and following up investigations, implementing management plans and referring to other teams as appropriate.</li> </ul>
<p><b>Work Routine</b> Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook and Rover guide.</p> <p>It is advisable to get a clinical and ward work handover from the preceding JMO.</p>
<p><b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term</p>	<p><b>Day shift</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>Evening shift</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Handover to the night JMO is at 2100 on weekdays (generally in the Auditorium) and 2230 on weekends (generally in the JMO Lounge).</li> </ul> <p><b>Night Shift</b></p> <ul style="list-style-type: none"> <li>• Handover is received from the Evening shift at the times and locations above.</li> <li>• 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.</li> </ul> <p>Code Blues take precedence over timeliness of handover, however you may wish to update the incoming day JMO of the expected delay.</p>
<p><b>Safety</b></p>	<p><b>Infection Control:</b> 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</p>

	<p>strict adherence to the five moments of hand hygiene are essential. Likewise, please do not attend work when unwell.</p> <p>Patients with diseases requiring isolation, such as MRSA, or notifications should be brought to the attention of the Infection Control Unit.</p> <p>OH&amp;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>
<b>Opportunities for Indigenous Health</b>	<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

<b>Term Learning Objectives</b> List the term-specific learning objectives*	<b>Clinical</b> As opportunity allows: <ul style="list-style-type: none"> <li>• To develop knowledge of and participation in the investigation and management of diseases of the blood system.</li> <li>• To become familiar with the indication for and the management of the transfusion of blood products and its complications.</li> <li>• To develop skills in assessment and management of neutropenic fever and sepsis.</li> <li>• To develop an understanding of the principles and indications for administration of chemotherapy, and to improve skills in the management of toxicities of anticancer treatments</li> <li>• To develop skills in the medical care, emotional support and symptom control (especially pain relief) of individuals receiving cancer treatment</li> <li>• To develop an awareness of the requirements for, and improve skills in the caring of, the terminally ill.</li> <li>• To develop skills in communicating with the patient and their relatives and friends; with all health professionals, other services within the hospital; and with general practitioners.</li> <li>• To gain an understanding of, and experience in, preparing advanced care plans for patients, where appropriate.</li> <li>• To gain an understanding of the assessment and management of disability especially associated with CVA, amputation, acquired brain injury and common chronic neurological, rheumatological and orthopaedic conditions.</li> <li>• To develop skills in physical examination, particularly of the musculoskeletal and neurological systems.</li> <li>• To understand the role of the different radiation modalities in the treatment of common cancers and to manage the side effects of radiation treatment.</li> <li>• To understand the role of brachytherapy in treatment of common cancers.</li> <li>• To become familiar with investigation and management of “emergencies” as seen in Oncology, which include:             <ul style="list-style-type: none"> <li>○ Febrile neutropenia</li> </ul> </li> </ul>
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- Spinal cord compression
- SVC obstruction
- Hypercalcaemia
- Cardiac tamponade.
- To have developed competency in the assessment and management of older patients.
- To be able to manage multiple complex medical, surgical, and psychosocial issues.
- To be able to recognise and manage the following major geriatric syndromes:
  - Delirium
  - Dementia
  - Continence
  - Falls and osteoporosis.
  - Polypharmacy
  - Wounds
- To be able to perform a functional assessment.
- To be able to plan preventative management in the elderly, including osteoporosis treatment and pressure injury prevention.
- To be able to apply the use of various cognitive assessments (e.g. MMSE, RUDAS, Addenbrooke's Cognitive Assessment and depression) and interpret them in a clinical context.

**Procedural**

- To gain experience in the following procedures:
  - Venepuncture
  - Cannulation
  - Urethral catheterization for both males and females
  - Ascitic taps
  - Pleural aspiration
  - Nasogastric tube insertion
  - Arterial blood gases
  - Lumbar puncture and intrathecal chemotherapy administration
  - Paracentesis and thoracocentesis
  - PICC line insertion
  - Insertion and re-wiring of CVC lines (with appropriate supervision)
  - Bone marrow aspirate and trephine biopsy (with appropriate supervision)

**Interpretative and educational**

- To understand the collection, processing and interpretation of the following commonly ordered investigations: full blood counts, coagulation studies, microbiology, biochemistry profiles, tests for haemolysis, marrow biopsies, blood bank serology and blood products.
- To understand the indications for medical imaging, including CT scanning, MRI scanning, nuclear scanning and ultrasound. Be familiar with common imaging abnormalities in haematology, oncology, geriatric and rehabilitation patients.
- Understanding of the principles and implementation of evidence-based medicine in relation to management of common rehabilitation, geriatrics, haematology, medical oncology or radiation oncology conditions.



<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><b>General Mandatory Education</b></p> <ul style="list-style-type: none"> <li>• <b>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.</b> <ul style="list-style-type: none"> <li>• Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs.</li> <li>• Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the ‘Monday Shorts’ teaching program.</li> <li>• Venue and topics are confirmed by email earlier in the day.</li> <li>• 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.</li> <li>• JMOs who are post nights or on evenings are not required to attend protected teaching.</li> </ul> </li> </ul> <p><b>Grand Rounds</b> 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><b>Term-Specific Training</b> JMOs should attend teaching of the unit they are assigned to that week. Additionally, each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the subspecialties when able, as well as your own specialties teaching program.</p>			
<p><b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b> Clinical Assessment</p>	<p><b>EPA 2</b> Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b> Prescribing</p>	<p><b>EPA 4</b> 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
Day Shift with unit: 0800-1630  OR  1300 – Monday Shorts JMO Teaching  Med Pod 2 Evening Shift: 1500-2330 <i>(2-3 weeks of evening shift per term)</i>  OR  Med Pod 2 Night Shift: 2100-0830  <i>(1-2 weeks of night shift per term)</i>	Day Shift with unit: 0800-1630  OR  Med Pod 2 Evening Shift: 1500-2330  OR  Med Pod 2 Night Shift: 2100-0830  AND  Intern Teaching: 1430-1600 (for PGY1)	Day Shift with unit: 0800-1630  OR  Med Pod 2 Evening Shift: 1500-2330  OR  Med Pod 2 Night Shift: 2100-0830	Day Shift with unit: 0800-1630  OR  Med Pod 2 Evening Shift: 1500-2330  OR  Med Pod 2 Night Shift: 2100-0830  AND  RMO Teaching: 1300-1400 (for PGY2)	Day Shift with unit: 0800-1630  OR  Med Pod 2 Evening Shift: 1500-2330  OR  Med Pod 2 Night Shift: 2100-0830	Med Pod 2 Day Shift: 0800-2100  OR  Med Pod 2 Night Shift: 0830-0830	Med Pod 2 Day Shift: 0800-2100  OR  Med Pod Night Shift: 0830-0830

<b>Patient Load</b> Average Per Shift	Variable. <ul style="list-style-type: none"> <li>Day shifts: conducted in teams, patients per team can range from 10-30.</li> <li>Evenings: Approx 50-70 patients.</li> <li>Nights: Approx 100 patients (evening patient load plus the other of Medical Pod 2.1 or 2.2).</li> </ul>	
<b>Overtime</b>	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>Onsite supervision available after hours</li> </ul> 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 2 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 2.1 or 2.2 depending on the shift you are assigned to. 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.</p> <p>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 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>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