

Prevocational Training Term Description: Medical Pod 3 Relief

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

Term Details

Facility	Canberra Health Services				
Term name*	Medical Pod 3 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	4	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations on 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 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	Relevant consultant of the team that JMO is allocated to. Evening and night supervision is undertaken by the M1 registrar.

	education, conduct EPAs and contribute to assessment.		
	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	Other
	<ul style="list-style-type: none"> Each JMO will be allocated to either a clinical team for day shifts, to Med Pod 3 evening or Med Pod 3 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 3 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. 		

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:

- 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 PMEO is responsible for facilitating orientation for Med Pod 2 Relief. Please contact your PMEO 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. 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. 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 3</p> <p>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; 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 AH; 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 afterhours pod JMO is</p>
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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 3 includes:

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

Overview of Med Pod 3 Relief/service term

Med Pod 3 Relief JMOs rotate through the disciplines within Medical Pod 3. These positions are deemed a non-Core rotation. The relief positions are a vital role within the pods to promote continuity of care of patients and broadening 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 3 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 3 teams.

The skills acquired by the Relief JMO are to increase comfort and confidence in changing work environments, changing teams and registrars, and being aware of unique and specific work practices within the varying medical units under Medical Pod 3. This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs.

NB: occasionally opportunities may arise to work in a discipline outside your specialty or Medical Pod 3. We encourage JMO's to eagerly undertake this occurrence as it enhances your medical knowledge and experience.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

It is advisable to read the relevant term descriptions of the Medical Pod 3 units for further details of JMO clinical responsibilities and tasks. The Med Pod 3 units are busy medical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties.

Clinical:

- 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 common presentations including acute upper and lower gastrointestinal bleeding; decompensated chronic liver disease; pancreatitis; abnormal liver function tests; suspected infectious gastroenteritis; gallstones and their complications; and inflammatory bowel disease.
- Be able to manage the following common and/or important problems after hours (with available escalation to registrar as appropriate):
 - Acute diabetes emergencies including hypoglycaemia, hyperglycaemia and diabetic ketoacidosis;
 - Common endocrine emergencies including hyper and hypocalcaemia, adrenal crises and pituitary apoplexy; and

Preoperative management of patients with diabetes and endocrine disorders **especially** those on steroids.

- Perform a detailed history and physical examination of patients from a general medicine perspective, including all systems.
- 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.
- 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.

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Procedural:

- Basic procedural skills including cannulation, venepuncture, male and female catheterisation, NG tube insertion.
- 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.

	<p>Ward rounds and ward work</p> <ul style="list-style-type: none"> 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. 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.
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook and Rover guide.</p> <p>It is advisable to get a clinical and ward work handover from the preceding JMO.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<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>Code Blues take precedence over timeliness of handover, however you may wish to update the incoming day JMO of the expected delay.</p>
<p>Safety</p>	<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>
<p>Opportunities for Indigenous Health</p>	<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

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>Please refer to the relevant unit term description for unit specific learning objectives.</p>
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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>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. 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>Educational:</p> <p>Opportunities may arise for case presentations and review of the relevant medical literature.</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
<p>Please refer to the unit specific term description to determine the teaching opportunities within each unit covered by Med Pod 3.</p> <p>1300-1400 - Monday Shorts Teaching (non mandated, non protected)</p>	<p>1430 – 1600 – Intern Teaching (protected and mandated).</p>	<p>1200 – 1300 – Grand Rounds</p>	<p>1300 – 1400 – MEU JMO Teaching (protected and mandated for RMOs)</p>			

Patient Load Average Per Shift	Variable. <ul style="list-style-type: none"> • Day shifts: conducted in teams, patients per team can range from 10-30. • Evenings and Nights: Approx 50-80 patients. 	
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>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 3 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 3. 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 3 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 regular duties
 Rover Guide