

Prevocational Training Term Description: Medical Oncology

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

Term Details

Facility	Canberra Health Services				
Term name*	Medical Oncology				
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	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations or conditions on this training term	

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr Yada Kanjanapan
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.	Prof Desmond Yip A/Paul Craft Dr Geoffrey Peters Dr Alison Davis Dr Nicole Goddard Dr Ankit Jain

		Dr Ganesalingam Pranavan Dr Laeeq Malik Dr Thiru Prasanna Dr Neha Aggarwal
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-to-day clinical supervision, including after-hours supervisors.	Advanced trainees and Registrars assigned to the unit.
	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
	Medical Oncology has two inpatient teams (Team A and B), notionally divided by consultants. Although patients may be primarily distributed between the teams according to their usual responsible consultant, they may also be allocated to try to maintain an even patient load between the teams. Each team consists of a Basic Physician Trainee (BPT) Registrar and a Junior Medical Officer (JMO). Day to day Consultant level supervision will be provided by the on call Medical Oncologist, but the patient's usual Medical Oncologist may also do ward rounds at least once a week to make more cancer-specific clinical decisions.	

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.	No specific extra skills related to this position are required. JMOs are not required to, and not allowed to, order or sign off on chemotherapy/systemic therapy within the BEACON module of EPIC.
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.	On the first day of term, the JMO should contact the ward BPT Registrar and also the JMO supervisor Dr Yada Kanjanapan. The JMO will also be provided with an orientation including an electronic copy of the JMO Handbook for the Department of Medical Oncology. A hard copy of this is also kept in the ward 14B Doctors' room. This document is regularly updated. Prior to commencing the term, the JMO is expected to contact the preceding Medical Oncology JMO to obtain a handover.

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>	<ul style="list-style-type: none"> • To care for inpatients and outpatients falling under the Department of Medical Oncology. • To consult and provide relevant advice on inpatients and outpatients with suspected or proven malignant disease admitted under other medical and surgical teams. • To provide advice on the management of malignancy related symptom management. • To treat patients with malignant disease with systemic therapy. • To educate and supervise Medical Students, Medical Graduates, Nursing and Allied Health Staff in the management of malignant disease and associated symptom management. • To provide advice to General Practitioners on aspects of best evidence-based management of malignant disease for the community when needed. • To provide Medical Oncology advice and advice on the role for systemic therapy in multidisciplinary combined meetings and clinics. • To conduct research for the benefit patients with malignant disease.
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>Ward Work</p> <ul style="list-style-type: none"> • Under the supervision of the Medical Oncology Registrar, the JMO is responsible for the day-to-day management of the inpatients admitted under the Department of Medical Oncology. • During normal working days (non-public holiday weekdays), all Medical Oncology inpatients should be seen daily until discharged, generally on ward rounds with a registrar. The JMO should round with the BPT or Advanced Physician Trainee (AT) on all patients under their care every weekday and should also join the Consultant rounds wherever possible. • Ward Rounds: The JMO is responsible (with the BPT) for presenting all new patients under the Medical Oncology team to the relevant Consultant and updating them on the progress of their patients. The JMO will present patients on the Monday Ward Round with concise histories of the patient’s presenting complaints, current condition and plans for management. <ul style="list-style-type: none"> ○ Specific patient details may include name, age, consultant, diagnosis and any relevant prior medical treatment history, followed by a brief summary of admission and current ongoing issues, and resuscitation status. ○ Please ensure that all current results of relevant investigations are available on rounds, particularly results of x-rays, scans and blood tests. ○ It is important to document the goals of care, suitability for MET calls and advanced directives. • The JMO should encourage Medical Student participation in the unit, as appropriate. Any entries in the records made by the student need to be checked and countersigned by the JMO. • The JMO may be called to admit patients who have been assessed in the Cancer Rapid Assessment Unit (Lvl 1, Bld 19) or the Day Chemotherapy Suite (Level 4, Bld 19) – note that assessment for admission should be performed by a Registrar or above. • JMOs may also be asked to assess patients in the Chemotherapy suite (Level 4, Bld 19 Canberra Region Cancer Centre) to assess simple problems but should not be requested to assess chemotherapy toxicity or to order chemotherapy.

	<ul style="list-style-type: none"> • Canberra Health Services has a program entitled Hospital in the Home (HITH). This program facilitates transfer of patients to HITH pending discharge, the JMO must liaise with HITH staff. • The JMO is not required/allowed to administer chemotherapy but is encouraged to follow at least one patient through treatment during their term so that the JMO is able to see the process of treatment, assessment of therapy, and any side-effects encountered. • The JMO should NOT order any chemotherapy and alter any chemotherapy orders or dosages, as this is the responsibility of the consultants or ATs. • Please ensure that all relevant tests are ordered before the weekend and that a JMO and/or Registrar review is arranged for patients with acute issues on weekends. <p>Consultations:</p> <ul style="list-style-type: none"> • JMOs are encouraged to observe and participate in consultations as a learning opportunity. • The JMO is not responsible for patients on whom the Department of Medical Oncology is consulted by other units, unless that patient is taken over by Medical Oncology. • Should a consultation be directed to a JMO, the JMO should ask the person to contact the Medical Oncology Registrar, or one of the Medical Oncology Consultants. <p>At the end of term, ensure you contact the incoming JMO and orientate the JMO to the ward(s) clinics and any current inpatients.</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>The Medical Oncology Unit's inpatients are primarily accommodated on ward 14B in Building 3. The inpatient clinical teams use the Doctors' room as their base for day-to-day clinical handover and completing desktop computer-based tasks.</p> <p>The Oncology unit also has a weekly handover meeting on Monday afternoons from 1430-1600. This is attended by all Medical Oncology Medical Staff and some key Nursing and Allied Health Staff relevant to the inpatient service.</p>
<p>Safety</p>	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>In particular, JMOs (including pregnant JMOs) should not routinely be handling cytotoxic or other chemotherapeutic drugs. In the event of a cytotoxic spill, or if undertaking clinical examination or procedures which may involve exposure to bodily fluids, standard cytotoxic precautions must be strictly adhered to (including the use of PPE).</p> <p>JMOs who are pregnant should at a minimum adhere to the standard cytotoxic precautions or may also choose to minimise or avoid exposure to cytotoxic body fluids</p>

	<p>altogether. JMOs who are pregnant are especially encouraged to discuss these issues with their supervisor ahead of time.</p> <p>The Medical Oncology Unit 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. JMOs are encouraged to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their own knowledge and skills around cultural safety.</p>

Education, Learning and Assessment

<p>Term Learning Objectives</p> <p>List the term-specific learning objectives*</p>	<p>By the completion of this term the JMO may expect to acquire the following knowledge and skills:</p> <p>Clinical objectives</p> <ul style="list-style-type: none"> • Further develop skills in history taking and examination of patients with cancer, including terminally ill patients. • An improved understanding of appropriate use of investigations and their interpretation in malignant disease. • Develop and improve communication skills with: patients, relatives, colleagues, Nursing Staff and Allied Health Staff. • Improve skills in the following areas: <ul style="list-style-type: none"> ○ Death and dying (palliative care) ○ Medical care of issues related to malignancy or its complications ○ Emotional support of patients and their relatives/carers ○ Symptom control, especially pain management ○ Management of toxicities of anticancer treatments • Become familiar with investigation and management of “emergencies” as seen in Oncology, which include: <ul style="list-style-type: none"> ○ Febrile neutropenia ○ Spinal cord compression ○ SVC obstruction ○ Hypercalcaemia ○ Cardiac tamponade • Increase knowledge of oncology, particularly for the more common tumours including: <ul style="list-style-type: none"> ○ Breast cancer ○ Lung cancer (non-small cell and small cell lung cancer) ○ Gastrointestinal cancers ○ Prostate and bladder cancers ○ Gynaecological cancers • Recognise the place of systemic therapies (including chemotherapy, endocrine therapy, targeted biological agents and immune therapy) in Oncology. These therapies may be used as adjuvant treatment, curative treatment and as palliative treatment to improve symptoms and prolong life. <p>Procedural objectives</p> <p>By the completion of this term the JMO may expect to gain competency in the following skills:</p>
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	<ul style="list-style-type: none"> • IV cannulation • Venepuncture • ABGs • Pleural tap* • Abdominal paracentesis* • Lumbar puncture* (unless these are staying in HITH) <p>* These procedures are supervised by a qualified practitioner until the JMO is competent and confident to perform them alone.</p> <p>Professionalism objectives</p> <ul style="list-style-type: none"> • Effective communication and participation in a multidisciplinary clinical team • Developing skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice • Skills in information technology relevant to clinical practice • Collection and interpretation of clinical data • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques • Further understanding of medical ethics and confidentiality and of the medico-political and medico-legal environment.
<p>Detail education and research opportunities and resources</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 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"> • The JMO will be expected to attend the fortnightly Academic/Journal club meeting (held in Radiation Oncology Training Room, Lvl 1, Bld3). This meeting is held on Tuesday at 1pm. The meeting will usually take the form of a presentation of 1 – 2 Journal articles (or other discussion topics of interest) that will be discussed by the Registrar and/or the Consultant. • JMOs are also welcomed to attend the Oncology Registrars' Training sessions (scheduled at different times from week to week).

	<p>Educational Resources: A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources available on Canberra Health Services Intranet. Some suggested resources are:</p> <ul style="list-style-type: none"> • Clinical Oncology for Medical Students-Cancer Council Australia https://wiki.cancer.org.au/oncologyformedicalstudents/Clinical_Oncology_for_Medical_Students Supervisor please note - this resource is no longer updated – would you like to keep it in this list? • Cancer Council Australia Cancer Guidelines http://wiki.cancer.org.au/australia/Guidelines • Cancer Institute NSW eviQ resources https://www.eviq.org.au/ 			
<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 Doctors are 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>0800- Ward Rounds</p> <p>0900-1300 Clinics: Drs Aggarwal, Chua, Goddard, Jain, Kanjanapan, Malik, Peters and Yip</p> <p>1430-1600 Medical Oncology Unit Handover meeting (including weekly radiology review meeting)</p>	<p>0800- Ward Rounds</p> <p>9000-1300 Clinics: Drs Craft, Davis, Jain, Malik, Pranavan and Prasanna</p> <p>1300-1400 Oncology Journal Club (Fortnightly)</p> <p>1430-1600 JMO Education Teaching sessions</p>	<p>0800- Ward Rounds</p> <p>0900-1300 Clinics: Drs Chua, Jain, Peters and Yip</p> <p>1200-1400 Medical Grand Rounds</p>	<p>0800- Ward Rounds</p> <p>0900-1300 Clinics: Drs Aggarwal, Davis, Malik and Pranavan</p> <p>1330-1600 Clinic: Dr Goddard</p> <p>1300 – 1400 RMO Teaching Session</p>	<p>0800- Ward Rounds</p> <p>0900-1300 Clinics: Drs Craft, Kanjanapan and Prasanna</p>		

Patient Load Average Per Shift	12-18	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	Variable
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 on the after-hours roster. This term forms part of Medical Pod 2.1 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 including DTU (Med Pod 2.2) • Radiation Oncology (Med Pod 2.2) <p>You will be rostered for after-hours shifts covering Med Pod 2.1 which is a Geriatrics ONLY pod during weekends/public holiday and evening hours. Geriatrics folds into Med Pod 2 overnight. The handover from the evening to the night should be given to overnight Med Pod 2 as there is no dedicated overnight Medical Pod 2.1 cover.</p> <p>Whilst in a Pod, you will have your regular direct term supervisor (as outlined by this term description) and an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit.</p> <p>Within your Pod, you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Med Pod 2.1. 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.</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. 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. It allows participation in a more focused handover and to utilise relevant discharge/case mix information more efficiently. Relevant investigations and consultations are followed up more closely with a working knowledge of the various plans for each patient from their respective day teams.</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.

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

You may wish to also review the Med Pod 2 term description.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook
Rover Guide