

## Prevocational Training Term Description: Neurology

<b>Date of term description version</b>	November 2023
<b>Date term last accredited</b>	March 2022

<b>Term Details</b>					
<b>Facility</b>	Canberra Health Services				
<b>Term name*</b>	Neurology				
<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 (depending on term dates)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	3	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitation on this training term		

<b>Term Supervision</b>		
<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.		Neurology A – Dr Chandi Das  Neurology B – Dr Anna Willard
<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. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr. Chandi Das Dr. Anna Willard Dr. Craig McColl Dr. Ram Malhotra Dr. Rajat Lahoria (Departmental Head)
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	One senior registrar/AT and two registrars on day shift.

	<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
	Each PGY1 doctor will be allocated to a clinical team, either team A or team B. Each clinical team will also have an allocated Registrar and Consultant (see above). The PGY2 doctor is usually a floating JMO who will assist both teams with jobs or back-fill a vacancy where a PGY1 JMO is on leave or working evenings/nights.  Clinical questions should be directed to the team Registrar in the first instance, although the AT and Consultant should be informed directly in the case of emergencies, when safe to do so.		

## 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.	No specific extra skills related to this position are required.
<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>	On the first day of your attachment, you will be introduced to the neurology department and wards and provided with your timetable. On the first morning of your attachment, it is expected that you will arrive to the level 7A/B doctor's room at 0800 to meet your registrars and other team members (consultant, AT, Stroke nurse and team leaders present). Following this, a full team handover occurs at 0830 in the 7A staff room. If possible, you should contact members of the team during the week prior to the beginning of your attachment to determine which consultants you will be working for and to arrange for an appropriate handover of patients.

## Overview of the Unit

**The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are**

The Neurology Unit at The Canberra Hospital aims to provide the following:

- Care and management of patients with diseases of the nervous system and advice about prevention of these diseases.
- Consultation service regarding the management of patients with neurological disease under the care of other units within The Canberra Hospital.
- Advice over the telephone on patient management to other members of the Medical Profession.
- Teaching of Neurology to Medical Undergraduates and Postgraduates and to other health professionals.
- Provision of a clinical Neurophysiology service.

The acuity of patient illness ranges from stable to clinically unwell and the JMO should be comfortable with escalation pathways, including escalation to a MET call.

**Clinical responsibilities and tasks of the prevocational doctor**

Provide an overview of the routine duties and responsibilities

In addition to regular JMO duties (see JMO Handbook), JMOs can expect to undertake the following:

**Neurology Patients:** Daily attendance on, and actioning the management of, neurology inpatients, including review of treatment charts and investigations under the supervision of the Neurology Registrars.

**Ward Rounds:** Attendance is expected at all ward rounds, handover rounds, multidisciplinary rounds, journal club and neuroradiology unit meetings. Please also refer to the Unit timetable at the end of this document. The JMO should attempt to make sure that results of recent investigations, including scans and X-rays, are available for the ward Rounds. The JMO should also ensure that accurate daily entries are made in the patients' notes during ward rounds and that notes are kept up to date.

**Outpatient Clinics:** JMOs may attend outpatient clinics if this is possible within the constraints of their ward timetable. Unfortunately, there is no capacity to timetable clinics owing to lack of clinic room space. All patients seen by JMOs in an outpatient setting must be discussed with the attending clinical supervisor.

**Grand Rounds:** All junior staff are expected to attend Grand Rounds

**Handover:** All junior staff are expected to attend the daily handover rounds at 0800 unless specifically timetabled to the contrary. At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.

	Hours of Work: 0800hrs – 1630hrs. Additionally, you will be covering evening shifts for Med Pod 1 for one or more weeks, and a week of nights, during the term.
<b>Work Routine</b> Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the Rover guide.
<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	Morning handover occurs for both teams in the 7A Tearoom at 0830 daily. JMOs from both teams should hand over to the evening JMO between 1500 and 1630 each afternoon. The night JMO should hand over to the morning JMOs via a hospital approved messaging service or face to face. Unstable and critically unwell patients should be handed over face to face.
<b>Safety</b>	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.  The Neurology Department supports Speaking Up For Safety of patients and staff.
<b>Opportunities for Indigenous Health</b>	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.

## Education, Learning and Assessment

<b>Term Learning Objectives</b> List the term-specific learning objectives*	By the completion of this term the JMO may expect to have: <b>Clinical:</b> <ul style="list-style-type: none"> <li>Developed an ability to take a detailed neurological history and to perform a competent neurological examination</li> <li>Developed an ability to present the patient's history and physical findings succinctly and accurately</li> <li>Developed 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.</li> </ul> <b>Procedural:</b> <ul style="list-style-type: none"> <li>Learned how to perform a lumbar puncture</li> <li>Developed an ability to interpret common abnormalities on CT and MR scans of the brain and spinal cord.</li> <li>Gained a basic understanding of the use of EEG and other neurophysiological tests.</li> </ul>
<b>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available</b>	<b>General Mandatory Education</b>

**to the JMO during the term.**

Formal education opportunities should also be included in the unit timetable

- All interns are expected to attend mandatory Tuesday afternoon teaching. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for JMOs.
- Mandatory RMO (PGY2) teaching is Thursdays 1300-1400. This is protected time for PGY2 JMOs.
- Non mandated, non protected JMO teaching also occurs at 1300 on Monday's as part of the 'Monday Shorts' teaching program.
- Venue and topics are confirmed by email the day of teaching.
- 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.

**Grand Rounds**

All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Unit.

**Term-Specific Training**

- All neurology junior staff are expected to attend the weekly journal club at 1230 on Thursday, the neuroradiology meeting at 1200 on Fridays and the neurology teaching at 1300 on Fridays.
- JMOs are encouraged to attend the MDT meeting at 1330 on Tuesdays.
- The resident is expected to read around interesting cases on the ward and contribute to discussion at team meetings and on ward rounds.
- You are encouraged to attend any teaching sessions conducted by other specialities within your Pod, time permitting.

**Educational resources:**

- A comprehensive range of reference material is held in the hospital library and is available on the Intranet.
- Reading and Resource List: Neurology by M Manford and G Fuller; Introductory Neurology by J G McLeod, JW Lance and L Davies.
- Protocols and Clinical Pathways: Protocols and Clinical Pathways are contained on the ward and are available from the Consultant Nurse Coordinator.

During this term prevocational doctors should expect opportunities to complete the following EPAs\* (Highlight all that apply)

**EPA 1**  
 Clinical  
 Assessment

**EPA 2**  
 Recognition  
 and care of the  
 acutely unwell  
 patient

**EPA 3**  
 Prescribing

**EPA 4**  
 Team communication –  
 documentation,  
 handover and referrals

## 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
0800 Morning Handover	0800 Morning Handover	0800 Morning Handover	0800 Morning Handover	0800 Morning Handover		
0830 Neurology paper round	0830 Neurology paper round	0830 Neurology paper round	0830 Neurology paper round	0830 Neurology paper round		
0900 Ward Rounds – On call neurologist (alternate on-call week)	0900 Ward Rounds – On call neurologist (alternate on-call week)	0900 Ward Rounds – On call neurologist (alternate on-call week)	0900 Ward Rounds – On call neurologist (alternate on-call week)	0900 Ward Rounds – On call neurologist (alternate on-call week)		
	1330 – 1430 MDT Meeting	1200 Grand Rounds	1230 Journal club	1200 Neuro-radiology		
1300 – 1400 Monday Shorts teaching session			1300 – 1400 Mandatory RMO teaching	1300 Clinical Meeting		
1400 –onwards- inpatient care	1430 – 1600 Intern Teaching Session	1430 – onwards- inpatient care	1400 onwards - inpatient care	1400 onwards- inpatient care		

<b>Patient Load</b> Average Per Shift	22 patients shared between 2 teams	
<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>PGY1/2 will be expected to work on the after-hours roster. The Neurology term forms part of Medical Pod 1. All rostered overtime over weekends or late shifts during the week fall under Medical Pod 1, however some specialities, such as General Medicine, may have additional staffing rostered out of normal working hours.</p> <p>Medical Pod 1 encompasses:</p> <ul style="list-style-type: none"> <li>• General Medicine</li> <li>• Neurology</li> <li>• Infectious Diseases</li> <li>• Renal Medicine; and</li> <li>• Relief positions.</li> </ul> <p>Please note, whilst the main wards for this Pod are 7A (Renal/Neurology), 7B (General Medicine) and 9A (Infectious Diseases), it is common for all units to have outliers in other wards.</p> <p>Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit.</p> <p>Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Med Pod 1 (except General Medicine which has dedicated 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 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. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).</p>	

JMOs will also be expected to do approximately three to five Med Pod 1 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. 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.

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 1 term description.

### List Other Relevant Documentation

Intern job description  
RMO job description  
JMO Handbook