

## Prevocational Training Term: Paediatric Medicine

Date of term description version	April 2024
Date term last accredited	February 2022

<b>Term Details</b>					
Facility	Canberra Health Services				
Term name*	Paediatric Medicine				
Term specialty*	Paediatrics and child health				
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	<b>5</b>	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The RMOs must be informed of their specific term supervisor prior to commencement in the 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.		Dr Felicity Williams Dr Tiffany Krause Dr Gurjit Bakshi Dr Rochelle Javier Dr Ololade Fasugba Dr Namita Acharya Dr Deepti Raina Dr Sharan Sidhu
<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	Dr Blessy Charles (Director of Paediatrics) Dr Felicity Williams is Director of Paediatric Training Dr Felicity Williams (Director of Paediatric Training) Dr Tiffany Krause Dr Gurjit Bakshi Dr Pearl Chan

	<p>experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.</p>	<p>Dr Immi Fabros  Dr Gina Mariano (Deputy Director of Paediatrics)  Dr Rochelle Javier  Dr Vijay Waugh  Dr Ololade Fasugba  Dr Namita Acharya  Dr Deepti Raina  Dr Sharan Sidhu  Dr Tony Lafferty (Paediatric Endocrine)  Dr Cecilia Garcia-Rudaz (Paediatric Endocrine)  Dr Uma Visser (Paediatric Endocrine)  Dr Jennifer Schaefer (Paediatric respiratory)  Dr Josie Goodyer</p> <p>JMOs are allocated to one of the primary clinical supervisors listed above who is generally one of the consultants leading their allocated team.</p>	
	<p><b>Additional Clinical Supervisors (positions)</b>  Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.</p>	<p>During Hours: RMOs will regularly round with and be directly by the Consultant Paediatrician on call. The Paediatric Fellow, Paediatric Registrars and Paediatrics SRMOs will also provide supervision and advice and guidance to the prevocational RMOs on a day-to-day basis.</p> <p>After hours, the Paediatric Registrar on site will provide direct supervision and Residents may also contact the on-call consultant for supervision by phone. On call consultants will attend after hours as needed in discussion with the registrar and resident on site.</p>	
	<p><b>EPA Assessors</b>  Name and position of others (PGY3+) who have completed training to undertake EPA assessments.</p>	<p>All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.</p>	
<p><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.</p>	<p>Ward Based</p>	<p>Team Based</p>	<p>Other</p>
	<p>The Paediatric department provide 24-hour x 7-day care for acute in patients and provide a small number of weekday services which the RMOs contribute to (including Day stay; HITH: Acute review clinic).</p> <p>The work is Team based and RMOs will be allocated to shifts covering a Team with admitted patients allocated to an admitting consultant via Teams A; B and Team C (day only).</p> <p>JMOs are allocated to a run of shifts in a team to allow continuity of care of patients within the team. Teams A and B include a specialist, Registrar and RMO on each day shift.</p> <p>After hours RMOs are involved in the care of all paediatric patients and are primarily responsible for those admitted under the Paediatric Medical teams but are also expected to respond to nursing concerns or emergencies for any</p>		

admitted paediatric patient in the hospital. There are opportunities to accompany the Admitting registrar to the Emergency department on after hours shifts to assist with the admission of new patients.

## 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.

RMOs are encouraged to complete PLS or be scheduled to undertake PLS or Resus-4-kids training during their term.

### 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.**

2-4 weeks prior to commencing work in Paediatrics you will be sent a comprehensive written orientation guide to Paediatrics. We encourage you to read this and carry it with you either electronically or in hard copy during your shifts.

During the first week of term, there will be a face-to-face orientation day to give an overview of the Paediatrics department and the term by the fellow or consultant. There will be a guided tour of the clinical areas within paediatrics including location of the resuscitation trolleys. Where possible, additional staffing will be provided in the first shift.

During orientation we will also run some clinical skills based / practical teaching sessions over 1-2 afternoons including IV cannulation and venepuncture, management of acute respiratory illness, calculation of IV fluids and prescribing of insulin in type 1 Diabetics.

A teaching schedule is included in the orientation manual and the details of your supervisor will be emailed to you prior to commencement of the term. Please contact your supervisor to book a time to meet to discuss your goals for the term within the first few weeks of the term.

## 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**

Role of the Service

- To care for and manage paediatric patients admitted under General Paediatrics, Paediatric Endocrinology and Diabetes, Paediatric Respiratory Medicine, Paediatric Gastroenterology and Paediatric Surgery
- To provide support for patients admitted under the Child and Adolescent Mental Health Service
- To consult if required on paediatric patients who are under the care of subspecialists.
- To provide ongoing follow-up and management of paediatric patients in the outpatient setting
- To provide ongoing follow-up and management of paediatric patients who are considered to be at risk of ongoing problems

	<ul style="list-style-type: none"> <li>• To help in teaching junior medical officers, nursing and allied health professionals in all modalities in paediatrics.</li> <li>• To transition patients from Paediatric care to the Adult Service.</li> <li>• To conduct clinical research.</li> <li>• To participate in teaching for the Australian National University Medical School.</li> </ul> <p>The role of the Paediatric RMO is to provide clinical care, support and day-to-day management of Paediatric patients, under the direct clinical supervision of the Paediatric Registrars, Fellow and Consultant Staff.</p> <p>NB: Paediatric patients may be transferred to larger tertiary referring hospitals depending on clinical presentation or ensuing complications/deterioration.</p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b></p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>This term offers the JMO an opportunity to manage paediatric patients and to further refine the clinical skills acquired through the PGY1 year to:</p> <ul style="list-style-type: none"> <li>• Complete daily ward rounds with the registrar and treating Consultant</li> <li>• Ensure accurate and detailed documentation in patients notes</li> <li>• Encourage participation of any medical student attached to the unit</li> <li>• Liaise with other medical units and multidisciplinary team-members</li> <li>• Document assessment/management plan in the medical record. (There should be a medical entry in each patient's notes at least once each day.)</li> <li>• Arrange appropriate/requested investigations.</li> <li>• Follow up results and document in the patients' record and advise registrar/consultant of results as appropriate</li> <li>• Ensure all discharge summaries are completed in a timely fashion and convey accurate follow up information for the patient's GP.</li> <li>• Attend handover and hand over any patients that need specific follow up or reviews at any change of shift</li> <li>• Be involved in finding answers to clinical problems and learn and use Evidence Based Medicine in daily practice.</li> <li>• Participate in Quality Improvement activities.</li> </ul> <p>Attend scheduled Teaching Sessions</p> <ul style="list-style-type: none"> <li>• Paediatric Grand Round Auditorium, Tuesday 0815 - 0900</li> <li>• Multidisciplinary Paediatric Radiology Meeting, Radiology Department Tuesday 1400 – 1500</li> <li>• Clinical Case Presentation, Wednesday 8:15-9am</li> <li>• Teaching Handover Thursday 0800 — 0900</li> <li>• JMO education, Thursday 1400 - 1500</li> </ul> <p>As a JMO it is important that you know your limitations.</p> <ul style="list-style-type: none"> <li>• It is essential that you stay within your 'comfort zone' — your zone of knowledge and experience.</li> <li>• There is always someone you can ask for advice or assistance.</li> <li>• There is no question too simple to be asked, and no task so straightforward that help can't be requested.</li> <li>• If you don't know the dose, ask.</li> </ul>

	<ul style="list-style-type: none"> <li>If you do not think you can take the blood or get the cannula in, and, even if the Registrar is busy, ask.</li> <li>If the Registrar is busy, ask another Registrar or a Consultant.</li> </ul> <p><b>Protocols and Clinical Pathways</b></p> <p>Available on the hospital intranet under CHS Policy and Guidance Register The Paediatrician on-call for the team is always available for phone calls.</p>
<p><b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term</p>	<p>Consultant led Paediatrics Handover occurs at 8am 7 days per week in Room 2, Level 2 Building 11 Annex.</p> <ul style="list-style-type: none"> <li>Tuesdays and Wednesday handover commences early at 7:45am to allow for attendance at teaching at 8:15am on these days.</li> <li>Senior led Handover from day to Evening staff occurs on arrival of the evening staff at 2pm in the Registrar room in Paediatric Outpatients North, Level 1 Building 11.</li> <li>Night handover occurs at 9:30pm in the Registrar room in Paediatric Outpatients North, Level 1 Building 11.</li> </ul>
<p><b>Safety</b></p>	<p>OH&amp;S, occupational violence and safety in pregnancy are detailed in the JMO Handbook.</p> <p>The Department of Paediatrics supports Speaking Up For Safety of patients and staff.</p>
<p><b>Opportunities for Indigenous Health</b></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><b>Term Learning Objectives</b> List the term-specific learning objectives*</p>	<p>CLINICAL MANAGEMENT:</p> <p><b>General Knowledge:</b></p> <p>By the end of the Term, you will be:</p> <ul style="list-style-type: none"> <li>Confident and competent in history-taking and examination of children</li> <li>Able to assess a sick child and decide on management priorities</li> <li>Able to include consideration of growth (centiles), development status, immunisation history and family circumstances in the assessment of the sick child</li> <li>Able to assess dehydration, and to calculate maintenance and replacement fluid requirement</li> <li>Able to accurately prescribe medication and calculate medication dosages</li> <li>Be aware of and use resources that assist with medication dosing and prescribing</li> <li>Be familiar with the principals of informed consent</li> <li>Have developed skills in patient and family counselling</li> </ul> <p><b>Procedures:</b></p>
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	<p>By the end of the Term, you should have observed and completed under supervision:</p> <ul style="list-style-type: none"> <li>• Venepuncture in children</li> <li>• Intravenous cannulation in children</li> <li>• Collection of a catheter urine specimen</li> </ul> <p>By the end of the Term, you should have observed, and may have done yourself:</p> <ul style="list-style-type: none"> <li>• Lumbar Puncture</li> </ul> <p><b>Specific Knowledge:</b></p> <p>You should plan to have acquired, a working knowledge of common paediatric conditions. You will amass some of this information just by being involved in the day-to-day ward management of infants and children with, for example, asthma, bronchiolitis and gastroenteritis. It is almost certain, however, that you will not encounter every important paediatric disease on the ward during your twelve to fourteen weeks. Some conditions don't require hospital contact or admission, and are managed in outpatient settings, often in the Paediatric clinics. For these reasons you should, at the beginning of your term, consult one of the general paediatric texts or handbooks, and compile a list of paediatric topics you wish to gain knowledge of during the term. You should read around those which you don't learn with 'hands on' experience. You may also be able to spend some time (having arranged cover) in the outpatient clinics. Be pro-active; ask questions about the problems you haven't seen yourself. Don't wait until your last day to learn everything.</p>
<p><b>Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.</b></p> <p>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>• 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.</li> <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>• The 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> </ul> <p><b>Grand Rounds:</b></p> <p>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 Paediatric Unit. 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></p> <p>JMOs in Paediatrics will be rostered to present at weekly clinical case conferences with partnership between the RMOs and Paediatric registrars to present a case and discuss the learning points associated with the case.</p> <p><b>Educational Resources</b></p>

	<p>A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Reading and Resource List:</p> <ul style="list-style-type: none"> <li>• Handbooks from the:             <ul style="list-style-type: none"> <li>○ Royal Children's Hospital, Melbourne</li> <li>○ Sydney Children's Hospital Network</li> </ul> </li> <li>• Children's Hospital at Westmead Drug Doses</li> <li>• AMH Children's Dosing Companion</li> <li>• Essentials of Paediatrics, Nelson</li> </ul> <p>Useful Websites:</p> <ul style="list-style-type: none"> <li>• <a href="https://www.rch.org.au/clinicalguide/">https://www.rch.org.au/clinicalguide/</a></li> <li>• <a href="https://www.schn.health.nsw.gov.au/professionals/professional-resources">https://www.schn.health.nsw.gov.au/professionals/professional-resources</a></li> </ul> <p>Journals:</p> <ul style="list-style-type: none"> <li>• Paediatric Clinics of North America</li> <li>• Journal of Paediatrics and Child Health</li> <li>• Archives of Disease in Childhood</li> <li>• Journal of Paediatrics</li> </ul> <p>Websites:</p> <p><a href="http://www.bmj.com">www.bmj.com</a>  <a href="http://www.archidschild.com">www.archidschild.com</a>,  <a href="http://www.thelanecet.com/">www.thelanecet.com/</a>  <a href="http://www.nejm.com">www.nejm.com</a>,  <a href="http://www.mja.com/">www.mja.com/</a>  <a href="http://www.pediatrics.org">www.pediatrics.org</a>,  <a href="http://www.medscape.com">www.medscape.com</a>.  <a href="http://Uptodate.com">Uptodate.com</a>-  <a href="#">accessible via the intranet</a></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
0800 Handover  0830 Ward Round/ Day Stay  1300 – Monday Shorts JMO Teaching  1430-1600 Eating Disorder MDT	0745 Handover  0815 Paediatric Grand Round/Journal Club/ M & M  0915 Ward Round/Day Stay  1200 – 1300 Paediatric Endocrine Teaching  1300 – XRAY Meeting  1430-1600 Mandatory Intern teaching session	0745 Handover 0815 Case based Discussion  0900 Ward Round/Day Stay  1200 Grand Rounds  1300-1400 Westmead Grand Rounds	0800 Teaching Handover  0830 Ward Round/ Day Stay  1300 – 1400 Mandatory Registrar and RMO Teaching/Sim based education  1430-1600 Eating Disorder MDT	0800 Handover  0830 Ward Round/ Day Stay	0800 Handover  0830 Ward Round/ Day Stay	0800 Handover  0830 Ward Round/ Day Stay



<b>Patient Load</b> Average Per Shift	Varies seasonally with between 10 to 44 medical and surgical inpatients per day. Each JMO will look after on average 5 to 18 patients on a day shift.  Patients are admitted under General Paediatrics and the subspecialties of Endocrinology (including diabetes), Paediatric Gastroenterology and Paediatric Respiratory Medicine.	
<b>Overtime</b>	Rostered overtime hours/week	2 - 8
	Unrostered overtime hours/week	1 - 2
<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.	All JMOs are expected to work after-hours shifts.  While in Paediatrics, you may have 2 or more weeks of evening shifts and 1-2 week(s) of night shifts. 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).  JMOs will also be expected to do approximately 2 –3 weekend/public holiday shifts throughout the term.  The JMOs work closely with the paediatric registrars on all shifts, who provide immediate clinical supervision.  The on-call Consultant is available at all times through switchboard.	

### List Other Relevant Documentation

Intern job description  
 RMO job description  
 JMO Handbook