

Prevocational Training Term Description: Radiation Oncology

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

Term Details

Facility	Canberra Health Services				
Term name*	Radiation Oncology				
Term specialty*	Internal Medicine				
Term location	The 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	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)			

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 Andrew Lee
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	Dr. Angela Rezo Dr. Lisa Sullivan Dr. Lyn Austen Dr. Brandon Nguyen Dr. Isabel Lee Dr. Amy Shorthouse

	education, conduct EPAs and contribute to assessment.	Dr Andrew Lee Dr Trish Pulvirenti Dr Farhan Syed Dr Kylie Jung Dr Hilde Kleiven		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars are available to provide day to day clinical supervision.		
	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
	The JMO's primary responsibility is for inpatient care of radiation oncology patients. The vast majority of radiation oncology patients are outpatients with only 1-2% being admitted at a time. Depending on the allocation of registrars, there may be a ward registrar or alternatively registrars allocated to consultant teams may be responsible for ward care of patients. With a ward registrar, the JMO and registrar will see all inpatients daily and update the admitting consultant. The consultant will ideally round on the patients daily. When there is no ward registrar the individual team registrars will take turns rounding on their own patients with the JMO on a daily basis. There will need to be discussion amongst the registrars as to how this is arranged with the JMO. Please confirm with the term supervisor how the term will be running.			

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 required.
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	The term supervisor provides an initial orientation to the department. JMOs should contact the term supervisor on commencement of the term to organise an appropriate time.

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**

You may also like to contact the outgoing JMO to seek a handover.

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 Unit

- To care for inpatients and outpatients of the Radiation Oncology Unit.
- To consult on inpatients and outpatients with suspected or proven malignant disease.
- To treat patients with malignant disease.
- To provide advice to patients, other units and the community on the management of cancer and associated symptoms.
- To train medical students, medical graduates, nursing and allied health staff in the management of malignant disease and symptom control.
- To provide advice on aspects of malignant disease for the community, if requested.
- To provide advice on the role of anticancer treatments in multidisciplinary combined meetings and clinics.
- To conduct research to benefit patients with malignant disease.
- To ensure an efficient and timely delivery of radiation therapy.

This term forms part of Medical Pod 2.

Clinical responsibilities and tasks of the prevocational doctor
Provide an overview of the routine duties and responsibilities

Radiation Oncology Unit Patients:

Under the supervision of the Radiation Oncology Registrar, the JMO is responsible for the day-to-day management of inpatients admitted under the Radiation Oncology Unit. All Radiation Oncology inpatients should be seen daily until discharged. The JMO should encourage medical student participation in the Unit, as appropriate.

The JMO may be called to assess patients who present to the clinic unwell. Often these patients require admission. From time to time, the JMO will be asked to see patients attending the clinic who require a procedure, such as abdominal paracentesis. JMOs should never consent patients for treatments that they do not have a complete understanding of (including treatments they have not been exposed to).

The hospital has set up a Hospital In The Home (HITH) program which facilitates ongoing management of patients within their own home. Patients remain classified as 'inpatients' and either attend hospital daily or receive treatment from nursing staff who attend their home. If a Radiation Oncology patient is transferred to HITH, the JMO must liaise with HITH staff.

Consultations:

The JMO is not responsible for patients on whom the Radiation Oncology Unit is consulted by other units, unless that patient is taken over by the Radiation Oncology

	<p>Unit. Should a consultation be directed to a JMO, then he or she should ask the person to contact the Radiation Oncology Registrar or one of the Consultants.</p> <p>Ward Rounds: The JMO is responsible for presenting all new patients under the Radiation Oncology Unit to the relevant registrar and updating the registrar and/or on the progress of all patients. The JMO will present patients on the Tuesday afternoon ward round (1400 – 1430); there is an additional weekend handover meeting at 0830 on Friday morning.</p> <p>Oncology Treatment: The JMO is encouraged to follow at least one patient through treatment during their term and spend time in the department so that he/she can see the process of radiotherapy treatment, assessment of therapy, and any side-effects encountered.</p> <p>Weekends: You will be required to prepare a weekend handover of inpatients for the on-call oncology weekend registrar. Please ensure that all relevant tests are ordered before the weekend and that a JMO and/or Registrar review is arranged for unwell patients on weekends.</p> <p>Handover: Attend morning handover. At the end of term, ensure you contact the incoming JMO to provide a handover the ward(s)/clinics and any current inpatients.</p>
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the Rover guide.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>Handover from night to day staff occurs at the start of shift.</p> <p>There is a weekend handover meeting at 0830 on Friday morning. The JMO should maintain a 'handover list' with the current patients and their ongoing issues for the weekend team.</p> <p>Handover from evening to Med Pod 2 night staff occurs in accordance with Med Pod 2 processes (please see the JMO Handbook).</p> <p>Handover may occur in person or utilising a hospital approved communication service.</p>
Safety	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. As this term involved radiation, pregnant JMOs are strongly encouraged to review the JMO Handbook and speak to their supervisor prior to starting the term.</p> <p>The Radiation Oncology department supports Speaking Up For Safety of patients and staff.</p>
Opportunities for Indigenous Health	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

Term Learning Objectives

List the term-specific learning objectives*

By the completion of this term the JMO may expect to acquire the following knowledge:

Clinical:

- Refine skills in history and examination of cancer patients, including terminally ill patients.
- Further develop skills in 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 areas of:
 - Death and dying (palliative care), with input from the palliative care service
 - Medical care and emotional support
 - Symptom control, especially pain relief, nausea and vomiting, bowel management, and common side effects of anticancer treatments, both radiation and medical.
- Become familiar with investigation and management of oncological emergencies:
 - Febrile neutropenia
 - Spinal cord compression
 - Superior vena cava obstruction (SVCO)
 - Hypercalcaemia
 - Severe dyspnoea
 - Pulmonary Emboli/ Thrombosis
- Ideally, the management of radiation oncology outpatients (both during treatment and in follow up) to provide a more rounded experience of radiation oncology

Educational:

- Understand the role that radiation therapy plays in the management of cancer
 - Acute radiation toxicity versus chronic effects
 - Management of acute radiation toxicity (e.g. nausea, loss of appetite, skin reaction, mucositis)
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Procedural:

By the completion of this term the JMO may expect to gain competency in the following skills:

- Venepuncture
- ABGs
- Cannulation

They may also get exposure to:

- Pleural tap and insertion of intercostal drain
- Abdominal paracentesis

	<ul style="list-style-type: none"> • Lumbar puncture • Seroma aspirations
<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 may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p>Term-Specific Training</p> <p>JMO/Supervisor to please provide further detail on the below.</p> <ul style="list-style-type: none"> • Consultant/Registrar teaching: The JMO may be able to attend teaching sessions provided by any of the Consultants or Registrars. These are often advanced level management of radiation oncology issues and may not be relevant to day-to-day care of ward patients • Oncology Journal Club Meeting: Second-weekly (Tuesday 1300) Oncology Journal Club Meeting, JMO is encouraged to attend but is not usually required to present • Multi-disciplinary Meetings: The JMO is encouraged to attend weekly multi-disciplinary meetings (MDM) for various subsites for his/her educational benefit. While not compulsory, this will provide a valuable overview of the complex multi-disciplinary nature of oncology patient care and further their understanding of clinical management. Unfortunately most of these meetings occur outside of routine clinical hours or during ward rounds so attendance may be difficult. A list of these meetings is available in the timetable below. <p>Educational Resources:</p> <p>A comprehensive range of reference material is held in the hospital and department library and is available on the Intranet.</p> <p>Radiotherapy Planning:</p>

	JMOs with an interest in pursuing a career in Radiation Oncology are strongly encouraged to attend radiotherapy simulation and planning sessions in the department. This provides an opportunity to gain exposure to some of the core skills and work practices of a Radiation Oncologist.			
During this term prevocational doctors should expect 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 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>8.00-9.00: Ward Round / Skin & Melanoma MDT alternate weeks (optional attendance, may be difficult with clinical duties)</p> <p>9.00-13.00: Radiation Oncology Clinics (attendance optional)</p> <p>13.00-14.00: Lung MDM 13.00 - 14.00: Monday Shorts teaching (non protected)</p> <p>14.00-17.00: Radiation Oncology Clinic (attendance optional)</p> <p>17.00 – late: Breast MDM (attendance optional)</p>	<p>8.00-9.00: Ward Round</p> <p>9.00-13.00: Radiation Oncology Clinic (attendance optional)</p> <p>13.00-14.00: Oncology Journal Club (every 2nd week)</p> <p>14.00-15.00 Weekly Audit (attendance optional)</p> <p>14.30-16.00 Intern teaching session (protected and mandated)</p>	<p>8.00-9.00 Ward Round</p> <p>9.00-13.00: Radiation Oncology Clinic (attendance optional)</p> <p>11.00-13.00: Lymphoma MDM (attendance optional)</p> <p>12.00-13.00 Grand Rounds</p> <p>14.00-17.00 Radiation Oncology Clinic (attendance optional)</p>	<p>7.00-8.00 Uro-oncology MDM</p> <p>8.00-9.00 Ward Round</p> <p>9.00-12.30 Oncology Clinic (attendance optional)</p> <p>12.00-12.30 JMO Grand Rounds</p> <p>13.00-14.00 RMO teaching (protected and mandated)</p> <p>17.00-18.00 Head and Neck MDM (attendance optional) 17.00-19.00: Thyroid MDM (monthly, attendance optional)</p>	<p>8.00-9.00 Neuro-oncology and GI MDMs (optional) Ward Round and handover to the weekend on-call team</p> <p>9.00-12.30 Radiation Oncology Clinic (attendance optional)</p> <p>14.00 - 17.00 Radiation Oncology Clinic (attendance optional)</p>		



Patient Load Average Per Shift	5-15	
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>All JMOs are expected to work after-hours shifts. This term forms part of Medical Pod 2.2 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 (Med Pod 2.2) Radiation Oncology (Med Pod 2.2) <p>You will generally be rostered for afterhours shifts covering Med Pod 2.2 which covers haematology, medical oncology and radiation oncology. Med Pod 2.1 is a Geriatrics ONLY pod that operates during weekends/public holiday and evening hours. Geriatrics folds into Med Pod 2 overnight. On occasion, the haematology JMO may be required to cover Med Pod 2.1.</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 JMOs within Med Pod 2.1 or 2.2 depending on the shift allocated. 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. Following this you will be allocated 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. 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 2.1 or 2.2 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</p>	

	<p>relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <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.</p> <p>After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians.</p> <p>You may wish to also review the Med Pod 2 term description.</p>
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List Other Relevant Documentation

Intern job description
 RMO job description
 JMO Handbook