Prevocational Training Term: Renal Medicine

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

Term Details

Facility	Canberra Health Services				
Term name*	Renal Medicine				
Term specialty*	Internal medicine, Renal 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	**2**	**Limitations/conditions** These will be added by the CRMEC and may include skills mix or minimum numbers	There are no accreditation 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 Alice Kennard (Consultant)
Clinical team supervision	**Additional primary/immediate Clinical Supervisor (name and position)** Clinical supervisor is a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr. Girish Talaulikar (Department Head) Dr. Giles Walters (Consultant) Dr. Krishna Karpe (Consultant) Dr. Richard Singer (Consultant) Dr. Michael Falk (Consultant) Dr. Simon Jiang (Consultant)
	Additional Clinical Supervisors	• One Fellow (rotates yearly) • Two advanced trainees (one for inpatient consults and one for outpatient clinics)

	Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	• One basic physician trainee on the ward and performing admissions and attending post discharge review clinics • After-hours an on-site medical registrar covers the inpatients for all medical specialties • There is an off-site, on-call renal advanced trainee contactable by phone after hours
	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
	• Each JMO will be allocated to a clinical team. • In this term the consultants alternate taking in-patients in two-week blocks. At the end of this two weeks, there is a consultant handover on ward 4B where the new consultant takes over. • Reporting to the consultant is an advanced trainee (AT) for inpatients. They attend ward round and take consults during the day. • Under supervision and reporting to the AT is a basic physician trainee (BPT) who will attend ward jobs and admit new patients. • The two junior doctors (usually a resident and intern) will attend ward rounds and review patients when needed on the wards and in the dialysis unit. If the junior doctors need to ask clinical questions these are typically directed to the BPT, the AT or consultant as required.		

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 general hospital experience including time management and communication skills. Basic clinical training such as: • Basic cardiac life-support skills • Basic understanding of pharmacology of fluids, diuretics antihypertensives and antibiotics • Basic management of electrolyte disturbance, especially hyperkalaemia • Basic understanding of volume assessment and the pathophysiology of hypo - and hypervolaemic states • Ability to recognise a deteriorating patient and to seek help when necessary.
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**	**Ward Orientation** There is currently no dedicated renal ward. Ward 4B is where consultant handover occurs. The dialysis unit is on ward 8A. Introduce yourself to the dialysis CNC who can orientate you to this ward.

responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.	**Term orientation** JMO should email the supervisor, Dr Alice Kennard in the week prior to commencing the term to set up a time for orientation. If you are unable to contact Dr Kennard please attend the doctors' office on 4B at 0755am on the first day of term where you will meet the BPT and AT. **Workplace orientation** On commencement of the term, the JMO should present to the doctors' office behind the nurses' station on ward 4B no later than 0755am. They should introduce themselves to the BPT and/or AT who will be in the doctors' office at this time.

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	**Medical Pod 1** This term forms part of Medical Pod 1. Medical Pod 1 encompasses: • General Medicine • Neurology A&B • Infectious Diseases • Renal Medicine • Relief positions. 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 their term specialties' teaching program. All JMOs are expected to attend general mandatory general teaching sessions (see timetable). **Renal Medicine** • The service provides comprehensive inpatient care for patients with all forms of renal disease including hypertension, dialysis, renal transplantation, acute renal failure, and management of the complications of renal failure. • The service also guides the management of fluid and electrolytes. • Renal supportive care is integrated into the general nephrology care for all patients. • The service conducts research in the areas of vasculitis, glomerulonephritis, vaccination, sleep disordered breathing, obesity and micronutrient deficiencies. • The service maintains quality improvement surveillance on patients with renal disease including vascular access complications, peritoneal dialysis related infections and quality of dying.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	In addition to regular JMO duties, JMOs can expect to undertake the following: • Take accurate notes during ward rounds. • Take notes for consult requests from other treating teams, with the consult performed by the registrar, AT or consultant. • Order medications and investigations through DHR. • Review blood test results and alert the team to concerning findings.

	• Ensure VTE prophylaxis is considered in each patient. • Assess deteriorating patients with MEWS score 0-4. • Communicate treatment plans with family, external healthcare providers, and the remote dialysis units when required. • Place consult requests for other speciality teams. • Attend multidisciplinary meetings with nursing and allied health staff to facilitate patient flow and timely discharge. • Perform accurate and succinct discharge summaries. • Advocate for patient safety and notify your team if you have concerns for patient wellbeing. • Assist with difficult IVC placements. • Liaise with the interventional radiology department for insertion of temporary dialysis lines such as CVCs and tunnelled lines.
Work routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	**Day shift** • Morning meeting and handover occur in the doctor's office on 4B behind the nurses station at 0800. • Consultant rounds are generally on Mon and Thursdays at 9am, although can vary between consultants. The AT attends journal club on Tuesday mornings, so BPT rounds on patients before the AT arrives on the ward. There are Basic Trainee Registrar clinics on Monday and Thursday afternoons and Advanced Trainee clinics on Tuesday mornings, Wednesday afternoons and Friday mornings, so the registrars are often not on the wards on these afternoons, but are generally contactable via phone/messages. • Every 2 weeks on a Tuesday there is a consultant handover which occurs in the 4B meeting room near patient bed 10. Your AT and BPT will be able to show you where this occurs if you are unsure. This typically occurs around 0830-0900. • In the final week of your term please make contact with the next group of JMOs to assist them with a smooth transition into Renal **Evening shift** • Handover is received from all JMOs within the pod at 3pm. This should ideally be performed face to face, but if that is not possible can be performed via a hospital approved secure messaging service. • Handover to the night JMO at 9pm in the main hospital auditorium, unless otherwise instructed.
Safety	**Occupational Violence** While rare, occupational violence is a risk in all departments. JMOs should: • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). **Pregnancy**

	JMOs who are pregnant or trying to conceive should be aware of the following: • Where possible, ensure immunisations are up to date prior to conception. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Be aware of your CMV status (IgM/IgG) before commencement of the term. If you are CMV naïve (IgG negative) and either pregnant or trying to conceive, you may choose to use standard respiratory precautions or avoidance of seeing patients who have known CMV infection. • Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. • Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). • Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) and maintain a distance of X metres from these patients for X hours after the scan. • Be alert around patients who are delirious, confused or known to have previously engaged in violence. The Renal Medicine Department supports Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients are over-represented in dialysis patients and those with ESKD. It is important that the JMO is familiar with and 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*	**Medical Knowledge** • Develop a list of differentials and diagnostic approach to acute kidney injury. • Understand the pathophysiology and treatment for primary and secondary glomerulonephritis. • Learn the complications and basic management of chronic kidney disease by body system including infectious, cardiovascular, endocrine, haematological and bone/mineral diseases. • Learn the basic medications used to prevent transplant rejection in transplant patients. • Be proficient in the safe prescription of medications in ESKD and dialysis. It is particularly important to learn the management of pain in ESKD which is significantly different to other areas of medicine. • Be comfortable with the management of hyperkalaemia and states of fluid overload. • Be aware of the indications for emergency dialysis.

	• Be aware of the indications and management of end-of-life care in patients with advanced kidney disease and ESKD. **Procedural skills** • Achieve proficiency in difficult IVCs, ideally placing them in distal region of non-fistula arm. Vein preservation is important for dialysis patients and particularly those with AV fistulas in whom you should never cannulate the arm with the fistula. The renal term is an excellent opportunity to practice difficult cannulations. As a resident on this term it would also be beneficial to learn ultrasound guided IVC placement. • Develop skills in AV fistula assessment, including feeling for thrill and auscultation. You may also attend the dialysis unit and ask the CNC dialysis unit for instruction on cannulating a fistula if you would like to learn this skill. • Develop skills for urinary catheter insertion (where patients are not anuric). • Be familiar with the steps involved in a renal biopsy. • You may attend biopsies however it is unlikely you will perform one during this term. • You may have the opportunity to observe or undertake other procedural skills including lumbar puncture and ascitic drain. • JMOs will not be expected to access or remove tunnelled dialysis catheters. **Emergency Situations** • Be competent in ALS skills and learn the specific medications used to treat hyperkalaemia and arrest. Hyperkalaemic cardiac arrest is much more common on the renal ward than other areas in the hospital. • Be familiar with the diagnosis and treatment of acute pulmonary oedema (APO). Acute pulmonary oedema (APO) is very common in dialysis patients who produce little or no urine and a common cause of deteriorating patients on the ward. • Be able to assess chest pain competently. Chest pain should be taken seriously. Acute coronary syndrome is the leading cause of death in ESKD. A 30 year old dialysis patient has the same risk of ACS as a 60-80 year old.
Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable	• Renal services provide weekly 1-hour tutorials on Fridays, 1400-1500. Contact Dr Alice Kennard to discuss exact location and time. • Renal services provide weekly monthly histopathology meetings on 1st Tuesday of the month. • There is a fortnightly Renal Unit clinical handover meeting, a fortnightly Monday radiology meeting, and a monthly glomerulonephritis meeting. Your BPT and AT will inform you of the time and location of these meetings. • 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.			
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*

Please include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to
Please 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 as part of the term, please attach four weeks of rosters for the whole team. If the term includes evening shifts please ensure it meets the requirements for evening shifts (refer to the accreditation procedure).
Alternatively, a description of the unit roster can be provided in the free text space below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0800-0830 Morning Handover Consultant Ward Round (check start time) 1300-1400 Monday shorts 1330-1400 Radiology meeting	0800-0830 Morning Handover 0830 Ward Round – Registrar 0915-1015 alternate weeks, handover to on call specialist (4B conference room) 1015 Registrar Ward Rounds 1430-1600 Intern teaching (protected, mandated)	0800-0830 Morning Handover 0830 Ward Round – Registrar 1200 Grand Rounds	0800-0830 Morning Handover Consultant Ward Round (check start time) 1300-1400 JMO Teaching (protected and mandated for RMOs)	0800-0830 Morning Handover 0830 Ward Round – Registrar 1400-1500 Dr Kennard JMO tutorial (contact her for location, otherwise she will often meet on 4B)	Daily rounds held	Daily rounds held

Patient Load average per shift	15-25 complex patients	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	5-10 hours/week
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: 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	The renal term sits within Med Pod 1. JMOs will be expected to work on the after-hours roster. For the evening shift you will receive handover from all JMOs within Med Pod 1. As an evening JMO you may be called to commence work earlier in the day should the patient load require it. A week of night shifts may also occur during your term from 9pm-8.30am (8.30pm-8.30am on weekends). 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 warning is given.	

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook