

Prevocational Training Term Description: Respiratory and Sleep Medicine

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

Term Details

Facility	Canberra Health Services				
Term name*	Respiratory and Sleep Medicine				
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 (depending on term dates)				
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)	The JMO must be informed of the specific term supervisor prior to commencing the 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 Michael Ssentamu Dr Saidul Ansary Dr Carol Huang Dr Daniel Wang	
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. Carol Huang – Unit Director Dr Stuart Schembri Dr. Marianne Turner Dr Yashneel Prasad Dr. John Nicholls Dr. Rosiana Wee Dr Meera Srinivasan

	education, conduct EPAs and contribute to assessment.	Dr. Peter Jones Dr Anurag Arora Dr Daniel Wang Dr. Michael Ssentamu Dr Deborah Inman Dr. Saidal Ansary		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	During ward hours: Respiratory BPT x 2, Respiratory AT x2 After hours: Respiratory Registrar/M1 on evening shift.		
	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	
	In this term, there are 2 respiratory teams (red and blue). Each team will comprise a Respiratory Consultant on a rotating basis, a Respiratory Advanced Trainee, a Respiratory Basic Physician Trainee, and a JMO. Additionally, there will be a JMO that will assist both teams depending on the respective patient load. The teams rotate between a week on take and a week off take. The on take period commences and ends every Tuesday at 8am. All admissions and new consults made to the Respiratory Team will come under the care of the on take team while the team off take will focus on providing clinical care to their listed patients, reviewing ongoing consults, and facilitating discharges.			

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.
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	JMO's should report to their respective Term Supervisors on the first day of term for initial orientation. The Term Supervisors can be contacted through Switchboard.

responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term	The DRSM has a medical officer Orientation and CME site that is going to be available for all new medical officer starting January 2024.
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<h2 style="color: red;">Overview of the Unit</h2>	
<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>	<p>Role of the Respiratory and Sleep Medicine Unit:</p> <ul style="list-style-type: none"> • To provide a comprehensive investigative and therapeutic service in Respiratory and Sleep Medicine – on an inpatient and outpatient basis. • To provide medical education in Respiratory and Sleep Medicine at all levels from patient to physician. • To advise hospital and government of health issues as they relate to Chest disease – its prevention and treatment. <p>The Respiratory and Sleep Medicine Unit admits patients directly under its care, as well as providing an extensive consultative service across all areas of the hospital.</p> <p>The Unit cares for patients who are chronically and acutely unwell across the following areas of focus:</p> <ul style="list-style-type: none"> • General Respiratory • General Sleep • Sleep Apnoea treatment • Respiratory Function Testing • Sleep Laboratory Testing • Tuberculosis Service (screening and treatment) • Severe Asthma Service • Cystic Fibrosis (CF) Service, including an Adult CF Clinic • Chronic Obstructive Pulmonary Diseases (COPD) Service • Bronchoscopy and Endobronchial Ultrasound (EBUS) • Lung Cancer Assessment Service • Developing Interstitial Lung Disease service • Cross specialty services (including Infectious Diseases, Rheumatology, Obesity Management Service).
<p>Clinical responsibilities and tasks of the prevocational doctor</p>	<p>Respiratory and Sleep Medicine Patients:</p> <p>The JMOs attached to the Department of Respiratory and Sleep Medicine as part of their ongoing training, are expected to take part in the clinical clerking (including the</p>

<p>Provide an overview of the routine duties and responsibilities</p>	<p>completion of the admission process for every patient admitted under the Respiratory and Sleep Medicine Team), ongoing management and occasionally the subsequent follow up in Outpatients clinics of patients admitted with a wide range of respiratory diseases.</p> <p>Ward Rounds: JMOs are expected to attend handover and all ward rounds and to complete all tasks identified to facilitate patient care.</p> <p>Presentations: JMOs are also expected to attend the clinical teaching sessions which are held on Fridays in the morning and other term-specific teaching as set out below.</p>
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>Morning handover is at 0830 normally on 6A after the Acute Medicine Unit (AMU) handover occurs (as the registrar and AT attend this) for streamlining patients over to Respiratory.</p> <p>Handover from the evening staff to the night staff occurs in accordance with Med Pod 3 procedures.</p> <p>Handover typically comprises of medical tasks that need to be completed within the upcoming shift, information and plans on patients at high risk of deterioration, and investigation results that need to be reviewed at a designated time.</p> <p>At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients</p>
<p>Safety</p>	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>The Department of Respiratory and Sleep Medicine supports Speaking Up For Safety of patients and staff.</p>
<p>Opportunities for Indigenous Health</p>	<p>There is a significant Aboriginal and Torres Strait islander population within the catchment area of the ACT Health Service. JMOs are able to engage the support of the Aboriginal Liaison Officer as required for such patients and their families and improve their knowledge, and skills around cultural safety.</p>

Education, Learning and Assessment

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>By the completion of this term the JMO may expect to acquire the following:</p> <p>Clinical:</p> <ul style="list-style-type: none"> An ability to perform a detailed and accurate history and physical examination of patients with respiratory pathology.
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	<ul style="list-style-type: none"> • Develop an understanding of the principles of management of a variety of acute and chronic respiratory diseases. • Interpretation of chest x-ray, sputum results, and antibiotic indications, and basic understanding of other imaging modalities including CT thorax. • Develop basic understanding of the principles of sleep medicine. • Develop an appreciation for the use of non-invasive ventilation as a treatment modality. • Ability to review a deteriorating patient, to recognise need for escalation, and the confidence to institute appropriate first-line care. <p>Procedural:</p> <ul style="list-style-type: none"> • Observe and develop an understanding of the role of pleurocentesis, and interpretation of its results. 			
<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. <p>Grand Rounds</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 Infectious Diseases Unit.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> • Clinical teaching: There is a clinical Case presentation at weekly case meetings: Friday 0830hrs – 0915hrs. Case Presentations, journal club, and clinical discussion also occur at this time. • Radiology Meeting weekly: Monday 1200hrs – 1300hrs • Multidisciplinary Lung Oncology Meetings: held on Mondays at 1300hrs where cases on the ward are discussed in the presence of the Respiratory/Cardiothoracic Surgery/Interventional Radiology/Medical Oncologist and Radiation Oncologist 			
<p>During this term prevocational doctors should expect opportunities 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 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 L8 Respiratory Offices/6A 0900-1200 Ward Round 1200-1300 Radiology meeting 1300-1400 Joint Oncology Meeting Monday Shorts teaching 1300 – 1630 Completion of medical tasks 1630 Handover to evening Medical Pod 3 Junior Medical Officer	0800 Morning Handover L8 Respiratory Offices/6A 0900-1430 Ward Round and Completion of medical tasks 1430-1600 Mandatory Intern teaching session 1630 Handover to evening Medical Pod 3 Junior Medical Officer	0800 Morning Handover L8 Respiratory Offices/6A 0900-1630 Ward Round and Completion of medical tasks 1630 Handover to evening Medical Pod 3 Junior Medical Officer	0800 Morning Handover L8 Respiratory Offices/6A 0900-1400 Ward Round and Completion of medical tasks 1300-1400 Mandatory RMO teaching 1630 Handover to evening Medical Pod 3 Junior Medical Officer	0800 Morning Handover L8 Respiratory Offices/6A 0830-0915 Journal Club 0915-1630 Ward Round and Completion of medical tasks 1630 Handover to evening Medical Pod 3 Junior Medical Officer		

Patient Load Average Per Shift	10-15	
Overtime	Rostered overtime hours/week	0
	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>PGY1/2 will be expected to work on the after-hours roster. Respiratory Medicine is part of Med Pod 3. All rostered overtime over weekends or late shifts during the week fall under Medical Pod 3.</p> <p>Medical Pod 3 includes:</p> <ul style="list-style-type: none"> • Gastroenterology and Hepatology • Home in the Hospital (HITH) • Respiratory & Sleep Medicine • Cardiology • Rheumatology, Immunology & Dermatology • Endocrinology • Med Pod 3 Relief positions • The Adult Mental Health Unit (AHMU) between the hours of 2300 and 0800 <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 3. 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. 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 3 weekend/public holiday shifts throughout the term (either Medical Pod 3 or Gastroenterology).</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</p>	

basis. You will participate in 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.

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

As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible.

You may wish to also review the Med Pod 3 term description.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook