

Prevocational Training Term Description: Paediatrics/HITH

Date of term description version	January 2024
Date term last accredited	June 2021

Term Details

Facility	Goulburn Base Hospital				
Term name*	Paediatrics / HITH				
Term specialty*	Paediatrics				
Term location	Goulburn Base 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 (based on term dates)				
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)	This term is not accredited for afterhours work, except the on-call theatre cover roster.		

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 Reeta Singh (Staff Specialist Paediatrician) – 0.8 FTE	
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 education, conduct EPAs and contribute to assessment.	Paediatrics Dr Mona Bernal (Staff Specialist Paediatrician) HITH Dr Pushpa Wickramasuriya (HITH) – 0.2 FTE

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Advanced Trainee Paediatric Registrar - Rotating from SCHN		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term who have undertaken EPA training can undertake EPAs, including registrars.		
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 Paediatric team is comprised of the Paediatric Consultant oncall for the day, the Advanced Trainee Paediatric Registrar and the Paediatric RMO. All clinical decisions are discussed with either the Paediatric Registrar or directly with the Consultant. HITH component is supervised by Dr Pushpa Wickramasuriya who is the HITH consultant.			

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.	<u>Paediatric (0.8 FTE)</u> BLS skills are required for commencement of this term. It is expected that the JMO have fulfilled this requirement through the hospital wide orientation program. Neonatal resuscitation training will be provided within the first 2 weeks of commencement on this rotation. Additional training can be provided through an accredited training program run by the Canberra NICU. Certificates of competence are generated after successful progress through the training program. <u>HITH (0.2 FTE)</u> The JMO is expected to have skills at a PGY 2 level. The JMO should be competent in history taking, physical examination, venepuncture, IV cannula insertion and indwelling catheter insertion.
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	Prior to commencing the rotation, the JMO will attend two days of orientation conducted by various Departments of Goulburn Base Hospital. The orientation program includes a half day introduction which outlines patient flows and geographical location and orientation of wards, equipment, facilities etc. The JMO will also receive an introduction to administration and IT systems. The JMO will be provided with time to do Mandatory Training as well. A separate orientation for the Paediatric team is held in the afternoon of third day of commencement by Dr. Mona Liza Bernal.

	<p>The Paediatric Manual and a handover from the outgoing JMOs are sent out at least a week before commencement of the term.</p> <p>Dr Pushpa Wickramasuriya will conduct a separate orientation for HITH within the first two days of commencement.</p>
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Overview of the Unit

<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><u>Paediatric (0.8 FTE)</u></p> <p>The GBH Paediatric service is the main referral centre providing support to surrounding district hospital within the Southern New South Wales Local Health District including Yass, Crookwell, and Braidwood though phone consultations and innovative technology such as telehealth. Approximately 4000 children present to the emergency department per year and there are approximately 950 admissions to the children's ward per year. Facilities include a dedicated 6 bed Paediatric ward with general Paediatric Services including General Medical Admission, Mental Health, limited Paediatric Surgery (ENT, Ortho, General Surgery). Additionally, neonatal care is provided in the Maternity Department and the 2-bed Level 2 nurse. Babies of more than 37 weeks of gestation or greater can be delivered at GBH and cared for in the Nursery. Pre-term infants delivered at tertiary hospitals are transferred to the GBH Nursery when stable for ongoing care.</p> <p><u>HITH (0.2 FTE)</u></p> <p>The GBH HITH team mainly serve Goulburn and 50km radius from Goulburn. GBH HITH services can be divided into 2 parts: HITH to patients' home to deliver antibiotics or to do specialised wound dressing. There are approximately 600 admission per year; and handling infusions including routine blood transfusion, iron transfusion, Ivlg administration and other infusions. There are roughly 30 patients in infusion clinics per month.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>JMO covers both HITH and paediatrics, HITH duties are more predictable and should be performed in the set times.</p> <p>The JMO is scheduled to attend HITH on Tuesday and Wednesday mornings from 0800- 1200. At 1130, handover to Dr Wickramasuriya before returning to Paediatrics. When JMO is covering Paediatrics, Dr Wickramasuriya will cover HITH. On Tuesday and Wednesday afternoons, the JMO will get handover from Paediatric Registrar. In the absence of the RMO, the Paediatric Registrar will cover paediatric during Tuesday and Wednesday mornings.</p> <p><u>Paediatric (0.8 FTE)</u></p> <ul style="list-style-type: none"> • Assess Paediatric patients at the Children's Ward, Maternity and Emergency in accordance with Hospital procedures that include comprehensive patient history, examination, and management plan • Attend Paediatric Clinic with the supervision of Paediatrician • Promptly attend to patient's medical needs as required and review medically unstable patients • Ensure that clear and concise clinical notes are maintained in the patient records at regular intervals

	<ul style="list-style-type: none"> • Attend and participate in daily morning and afternoon handover and ward rounds • Review ward follow-ups and discuss patient with Paediatrician on call. • Order relevant tests and investigations as part of the overall management of patient care in consultation with the involved consultant. • Attend and participate in case conference meetings and family case conferences where appropriate • Ensure that medication charts are completed legibly according to hospital and NSW Health Requirements • Ensure the maintenance of good communication with General Practitioners. • Be actively involved in ongoing education, these includes: Grand Rounds, Case Conference, SCHN Education sessions, Morbidity and Mortality Meeting, Perinatal Meeting, and Paediatric Department Meeting. • Attend emergency calls at the Delivery Suite <p><u>HITH (0.2 FTE)</u>- service provision is in-hospital only. JMO does not make home visits.</p> <ul style="list-style-type: none"> • The JMO might be asked to review current patients under HITH in the hospital if there are minor problems. They are not expected to go to patient's home. • The JMO is expected to help with infusion clinic. This includes charting the infusion and reviewing patients as required. Infusions include routine blood transfusion, IVIg infusion and iron infusion.
<p>Work Routine Provide an overview of the work routine</p>	<p><u>Paediatric</u></p> <ol style="list-style-type: none"> (1) Ward rounds commence following handover. (2) Assess the inpatients with the consultant and investigate and treat as necessary. (3) Discharge planning (4) Attend deliveries as requested under supervision (5) Attend (with supervision) to children with medical problems in the Emergency Department and assess, investigate, treat and admit or discharge as necessary. (6) Manage the care of neonates under supervision in the postnatal ward as requested (7) Admit patients to the Paediatric Ward (8) Attend teachings scheduled for the day <p>Outpatient clinics are under Consultant supervision twice a week, Wednesday and Friday morning. Each clinic will be 1hr duration for new patients and 30mins for follow up. The RMO sees patients first and takes a thorough history, physical examination and reviews investigations already done. The RMO then discusses the patients with the supervising consultant where working diagnosis and management plans are discussed prior to the Consultant and the RMO reviewing the patient together. Clinic letters and feedback are discussed with the Paediatric RMO after each clinic session.</p> <p><u>HITH</u></p> <ol style="list-style-type: none"> (1) Monday and Tuesday – From 0800 to 1200 to cover HITH. During this time, the paediatric component will be covered by Paediatric Registrar. (2) The RMO just need to help with the infusion clinic. (3) From 1200 – 1230 – this will be given as lunch break. (4) 1230 to 1300 – Handover from Paediatric Registrar

<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>The Paediatric RMO together with Paediatric Registrar are present in face to face handover from the Weekend Paediatrician to the Consultant. The handover is formal when there is a change over in the oncall Paediatrician, i.e. Monday morning, Wednesday morning and Friday afternoon. During this meeting, all inpatients will be discussed. All complex patients who a presented during the duration that the outgoing Paediatrician was oncall are also discussed, i.e., patients transferred, patients who may re-present, patients requiring Paediatric follow up. At the end of the meeting, the team will determine potential discharges, commence ward round (concentrating on sick/unwell patients) followed by potential discharges.</p> <p>For Monday and Tuesday – they will start in HITH and then handover to Dr Pushpa Wickramasuriya prior to leaving at 1200. Thereafter they have lunch from 1200 to 1230. At 1230, they will get a handover from the paediatric RMO.</p>
<p>Opportunities for Indigenous Health</p>	<p>Aboriginal and Torres Strait islander patients may present within this term and JMOs can 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>Term Learning Objectives List the term-specific learning objectives*</p>	<p>To develop skills in:</p> <ul style="list-style-type: none"> • History and examination • Problem formulation including synthesising information, ranking problems and regularly re-evaluate the patient’s problem list as part of clinical reasoning. • Investigation including selection of investigations, interpretation of investigations and providing succinct information when ordering investigations • Procedures including performing IV cannulation, in and out urine catheter, suprapubic tap, neonatal resuscitation, venous and arterial blood collection on paediatric patients • Identifying and justifying patient management options 			
<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. Formal education opportunities should also be included in the unit timetable</p>	<p>JMOs are expected to be actively involved in ongoing education, these includes: Grand Rounds, Case Conference, SCHN Education sessions, Morbidity and Mortality Meeting, Perinatal Meeting, and Paediatric Department Meeting.</p> <p>JMOs are also encouraged to take up courses such as APLS and Diploma in Paediatrics while in Goulburn.</p>			
<p>During this term prevocational doctors should expect 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 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
0800 – 1200 – Covering HITH 13.00-16.00 Cover paed Evening Handover	8.00-1200 – Covering HITH 13.00-14.00 SCHN Education Session (Paeds) 14.00-16.00 cover paed Evening Handover	8.00-10.00 Handover + Ward Round (paeds) 10am-12nn Paed RMO clinic supervised by Dr. Bernal 13.00-14.00 Sydney Children's Hospital Grand Rounds 14.00-16.00 cover paed Attend CS list Evening Handover	8.00-10.00 Handover + Ward Rounds (paeds) 13.00-14.00 Goulburn Grand Rounds or SCHN Education session 14:30-15:30 RMO teaching Canberra 14.00-16.00 Cover paed Evening Handover	8.00-11.00 Handover + Ward Round (Paeds) 10am-12nn Paed RMO clinic supervised by Dr. Singh 13.00-16.00 Cover paed Evening Handover	No Weekend	No weekend

Patient Load Average Per Shift	Paediatric: 5	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	5 – 8 (on average)
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.	This term is not accredited for after hours rosters, excepting on-call theatre cover as per below. Weekday cover <ul style="list-style-type: none"> - 1 in 9 weekday cover from 1600 to 2030 for theatres only. - This is oncall basis. - If there is an emergency in theatre, the JMO oncall will be called in to assist in theatre. 	

List Other Relevant Documentation

Intern job description
 RMO job description
 Rover Guide