Prevocational Training Term Description: Cardiology

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

Term Details

Facility	North Canberra Hospital				
Term name*	Cardiology				
Term specialty*	Medicine				
Term location	Cardiology Care Unit – Level 2 Xavier Building				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute and 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	1	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There is no current limitation on this 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 Sam Kashkavji, Director of Cardiology
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	Dr Muayad Alasady, Cardiologist Dr Mohammad Paymard, Cardiologist Dr Munteser Musameh

	accessible for support, provide education, conduct EPAs and contribute to assessment.		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Cardiology advanced trainee	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors and registrars must have completed EPA training to be an EPA assessor.	
Clinical Team Structure*	Ward Based	Team Based	Other
	The cardiology team is both ward based, and team based. It is composed of consultants, an advanced trainee in cardiology, an SRMO from critical care, an RMO, nurses, and allied health professionals. It is based at the Coronary Care Unit on level 2 of Xavier Building.		

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.	The junior doctors will need to have completed their Digital Health Record training prior to commencing the term. The junior doctors will need to complete Basic Life Support (BLS) accreditation. This can be organised through learning and development.
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.**	Start of term Orientation delivered by Medical Administration. Mandatory ward orientation with CNC of the department. Within the first few days of term the RMO will meet with the Director of Cardiology/Term supervisor and the Advanced Trainee to discuss whether there are any immediate issues that require further clarification. The Director of Cardiology/Term supervisor will provide orientation on the duties and the expectation of the RMO specific to 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	There are currently three cardiologists working at North Canberra Hospital, admitting to the six-bed Coronary Care Unit (CCU), in addition patients may be admitted directly to the medical wards at North Canberra Hospital and discharged from there. The CCU and the Intensive Care Unit are co-located within the same building and share many of the nursing staff on a rotation basis. As the RMO in the Coronary Care Unit, you will be working as a member of a team which comprises of cardiologists, an SRMO from critical care and an advanced trainee in cardiology. The CCU at North Canberra Hospital is a level IV Coronary Care Unit, which means it does not admit patients with acute ST segment elevation myocardial infarction (STEMI). These patients are generally transferred directly for primary angioplasty at TCH/CHS. Patients on the wards for other medical or surgical problems, who also satisfy the criteria, may also need to transfer to CHS. There are protocols in place as to how to organise this. It is possible that in their immediate convalescence following the primary angioplasty, the patients may be transferred back to North Canberra Hospital for ongoing care. All other admissions cover the full spectrum of adult cardiology, including acute and chronic heart failure, arrhythmias, (both ventricular and supraventricular) and many patients are admitted for monitoring following and unexplained episode of syncope. Many patients are admitted with chest pain syndromes which may include definite cardiac causes such as unstable angina/non-ST segment elevation myocardial infarction (non-STEMI), and these patients may be subsequently referred for angiography either at TCH or private hospitals. Stable chest pain is normally discharged and managed at the Chest Pain Clinic, which runs three times per week. This includes assessment and possible stress testing or CT Coronary Angiography. In terms of procedures that are carried out in CCU, these can include but are not limited to transthoracic echocardiography (carried out by the echocardiographic technician), trans-oesophageal echo (TOE) which may be carried out by the consultant and/or the advanced trainee registrar in cardiology, cardioversions which are generally carried out as elective procedures with patients admitted through the endoscopy day care unit. Occasionally cardioversions may also be carried out in the CCU for patient admitted with acute arrhythmias who require urgent restoration of sinus rhythm. In addition, patients may be electively admitted for investigations for possible causes of syncope. The two common tests are carried out on this group of patients are the flecainide challenge test and the adrenaline challenge test for which protocols are available in the CCU. Throughout the term, you may also see patients who have pacemakers and or cardiac defibrillators and if so, there will be an opportunity for education and discussion regarding these devices. There are also instructions available as to how to organise either an elective or urgent interrogation of these devices by contacting the representatives of the pacing companies. However, prior to contacting these representatives, it is always advised that either the cardiologist and/or the

	advanced trainee in cardiology review the patient to see if an interrogation of the device is required. At other times, patients who are originally admitted under a general medicine team or a surgical team may be transferred for monitoring to the coronary care unit. Once stable, these patients may remain under the care of a cardiologist if this is deemed appropriate or in the majority of cases transferred back to the original admitting team. In the latter instance, it is considered very important that clear and concise information is given to that ward-based team, who will now be looking after the patient regarding their time in coronary care and advice for future management and cardiological follow-up if required.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	1) Provide continuing care of all patients on the team under the supervision of the registrars/consultants. 2) Attend ward rounds. This includes patients on allocated ward and potentially patients on outlying wards. 3) Attend patient conferences & to assist in discharge planning. 4) Ensure appropriate documentation is up to date including a daily review of each patient's condition, a review of current management and outlining a future plan. 5) Implement plans devised from the ward round. 6) Ensure that all fluid charts and medication charts are up to date. 7) Arrange investigations and follow up on results. Ensure the registrar is aware of abnormal results, as soon as practically possible. 8) Ensure continuity of patient care by handing over relevant clinical details to the afterhours JMOs on the next shift and receiving handover information from the afterhours JMOs from the previous shift. 9) Admit patients not arriving through Emergency Department. 10) Electronic Discharge Referrals should be up to date. Preferably, a copy is given to the patient on discharge and an electronic copy is sent to their GP. In other cases, they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge. 11) Attend and participate in Grand Rounds and weekly medicine department meetings. Present cases in clinical meetings as requested. 12) Attend and participate in weekly cardiology meetings 13) Participate in the afterhours ward roster. 14) The RMO is responsible for the effective handover at the end of the term to the incoming RMO on rotation.
Work Routine Provide an overview of the work routine	On a day-to-day basis, you will be working closely with the registrar, doing ward rounds and performing procedures as required. You will also receive the support to the Coronary care nurse; many of whom are quite senior and experienced in coronary care matters and procedures; in addition we work closely with the intensive care and intensive care registrars who are often available as resource people for advice and support in emergencies. RMOs should attend the morning handover which usually takes place between 0800 and 0830 (apart from 0730 – 0800 on Tuesdays). RMOs should proceed to ward round with their clinical teams. RMOs may need to participate in multidisciplinary meetings involving nurses and allied health professionals to discuss management and discharge plans for each patient. RMOs are to implement other plans from ward rounds including arranging investigations, treatment, and consultations from other specialties. RMOs are

	responsible for liaising with pharmacists and nurses about medication prescriptions and changes. RMOs should provide timely feedback to the clinical team about test results, treatment outcomes, and other feedback from patient/families. RMOs should make sure that there is continuous treatment for the next shift/day. RMOs should provide effective handover to their counterpart for the next shift. They will also need to provide handover to weekend staff so that reviews and treatment/discharge plans can be actioned.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Morning handover on weekdays takes place at 0800 – 0830 at function room in the Lewisham Building except for Tuesday (0730 – 0800). Morning handover on weekends takes place at 0800 – 0830 in Level 3 JMO lounge. Afternoon handover on weekdays takes place at 1600 – 1630 in Level 3 JMO lounge. Night handover on weekdays and weekends takes place at 2100 – 2130 in Level 3 JMO lounge.
Opportunities for Indigenous Health	Patients with Aboriginal and Torres Strait Islander background may present within this term. RMOs 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*	• To become proficient in history taking, ensuring all relevant information is obtained. • To perform a thorough physical examination and be able to elicit physical signs. • To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis. • To use laboratory and radiological investigations for clearly specified purposes whilst keeping the cost in mind. • To develop organisational skills and effective time management. • To gain experience and proficiency in working in a multidisciplinary team. • Understand the basic management of cardiac presentations including acute myocardial infarct, chest pain, heart failure, and atrial fibrillation.
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	RMOs are encouraged to attend as many educational events as possible. General education • Tuesday 1300 – 1500 protected teaching. This is protected teaching time. Cardiology AT to carry pager for RMO to attend teaching. • Wednesday 1200 – 1300 Grand Rounds Term-specific education • Tuesday Physician meetings 0800 - 0900: RMO are encouraged to present at these. • Cardiology teaching Wednesday 1200 – 1300. • In the last week of the registrars term, a cardiology morbidity and mortality meeting will be held either on the Tuesday PM or Friday PM • Echo teaching on Wednesday lunchtime (every month)

	• You should receive advance notice by email of all educational activities involving the cardiology team.			
During this term prevocational doctors should expect opportunity 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
0800 – 0830 Handover Daily round with cardiology consultant	0745 Handover 0800 – 0900 Division of Medicine Clinical Meeting preceded by or followed by daily round with cardiology consultant 1300 – 1500 Education Program	0800 – 0830 Handover CT-coronary angiogram every other Wednesdays 08:00-11:00 Daily round with cardiology consultant 1200 – 1300 Grand Rounds 1300 – 1400 Cardio Meeting	0800 – 0830 Handover TOE with DC cardioversion every second Thursday from Daily round with cardiology consultant	0800 – 0830 Handover Daily round with cardiology consultant	0800 – 0830 Handover	0800 – 0830 Handover
1600 Handover 2100 – 2130 Handover	1600 Handover 2100 – 2130 Handover	1600 Handover 2100 – 2130 Handover	1600 Handover 2100 – 2130 Handover	1600 Handover 2100 –2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover

Patient Load Average Per Shift	5 - 15 patients. The cardiologist on call may have one or two admissions per day and there may be a few patients in the subacute ward of the Emergency Department. There may be patients admitted under the cardiology team directly to the general medical ward.	
Overtime	Rostered overtime hours/week	4.6 hours
	Unrostered overtime hours/week	Average of 4/fortnight which can change due to seasonal changes or activity.
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 RMOs are required to do 1 week of evening shifts (1300 – 2130) and 3 weekend shifts (0800 – 2130) throughout the term. The RMOs will be covering the general medical wards. The onsite supervision will be from the afterhours medical registrars with the on call medical consultants providing oversight.	

List Other Relevant Documentation

Intern job description
RMO job description
Scope of Practice