Prevocational Training Term Description: Emergency Medicine

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

Term Details

Facility	North Canberra Hospital (NCH)				
Term name*	Emergency Medicine				
Term specialty*	Emergency Medicine				
Term location	Emergency Department Marion Building				
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). Note: this will be determined by CRMEC based on how whether this is discontinuous supervision and education experience within the term				Yes	No

Term duration (weeks)*	One term (13 weeks)		
Term accredited for	PGY1 and PGY2		PGY2 Only
Total number of prevocational training places	19	**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 David Caldicott Dr Irshath Raheem
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 Mike Hall (Director) Dr David Banfield Dr Brendan Smith Dr John Gardiner Dr Rajun Rajupathi

	accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Michael Wu Dr Mechelle Smith
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Kim Hale (Acting CNC)
	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* 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
	JMOs are allocated to an area with a consultant and/or a registrar. The areas include acute areas, fast tracks, and resus. The allocation to the team changes each shift, which may result in a different direct supervisor for that shift. During night shifts, the registrar will be the primary point of contact and will supervise JMOs.		

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 requirements.
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. The department-specific orientation is over 2 half days plus half a day as a supernumerary buddy shift. Topics covered include: • The supervision structure • Rounding schedule • Starting times • Responsibilities • Weekly schedule

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	The Emergency Department (ED) is a mid-range suburban department on trauma bypass. Following assessment, stabilisation and initial treatment patients requiring, admission for acute orthopaedics, plastic, paediatrics, neurosurgery, ENT, involuntary psychiatric case admission and urgent interventional angiographic procedures are transferred to CHHS. An extensive range of minor trauma, community paediatrics, psychiatry, gynaecology, general surgical and general medical patients are seen in the department reflecting the prevalence of these conditions in the community. We see approximately 60,000 presentations per year of which 25 % are paediatric. Our overall admission rate is between 20 - 25%.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	JMOs can expect to undertake the following: • JMO's are expected to take histories, examine, and determine a provisional management plan for patients presenting to the Department with the assistance of the Physician or registrar. • All cases should be discussed with the Physician or registrar prior to discharge • Patients for admission should be discussed with the Team Leader prior to calling the appropriate registrar. • JMO's are encouraged to take their patients through the entire process themselves but supervision is always available via a team based model of care. • It is the JMO's responsibility to ensure all paper work, letters to GP's, referrals etc are written. • The ED information system (EDIS) must be kept up to date and all cases cleared prior to going home. This is regarded as part of the medical record handover of remaining patients and must therefore be performed and documented. • The JMO is required to attend the handover rounds to ensure a continuance of quality care. • Required documentation completed such as Med charts and medication review • Medical rounds at 2230hrs, 0230hrs and 0530hrs rest of the time will be situated in ED as per normal. • Respond to requests to review patients. • Regarding education: PGY-1/Intern JMOs are expected to attend the whole-of-hospital JMO education sessions on Tuesday afternoon. PGY2/Resident JMOs are expected to attend some teaching sessions during the week. This may be either the Tuesday afternoon session, or another formal teaching meeting run within the hospital, attendance to be negotiated with the Admitting Officer. • Basic resuscitation skills will be taught as part of your term. • The ED is a rich learning environment and JMOs are expected to have some self-directed learning whilst in the ED. • All members of the ED team are able to teach e.g. Plastering & dressings are often done by the nursing staff, it is expected

	JMOs will be able to learn to do these tasks from the nurses and become competent in them. • Flexibility of role is an important asset in a busy ED.
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	Interns only hand over to the registrars or consultants. Never to other juniors. At the start of each shift, JMO's report to the consultant or registrar for the area we are allocated. At the commencement of the ED shift, JMOs will be assigned a patient that has been handed over from the prior shift. They will then receive the handover and continue the care for that patient as required. Alternatively, they will take the next patient on the triage list based on the triage category in your area. In this case, no handover is required. If JMO has patients that have not been discharged during your shift, then they all must be handed over to a registrar or a consultant from your area before the end of your shift.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients may present 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*	**Start of Term Day one:** **JMO Mandatory Orientation** **Term specific clinical learning objectives:** • Develop confidence in the assessment and initial management of common medical, surgical, psychiatric and paediatric presentations. • Increase understanding of abnormal physiology and manifestations of critical illness. • Gain skills in the recognition and assessment of acutely ill or deteriorating patients. • Develop capacity to move from 'presenting a history' to purposeful verbal communication presenting the clinical scenario according to the patients progress through the clinical episode. • Develop and understanding of the triage process and develop skills in appropriate prioritisation of time and tasks with respect to clinical priority. • Recognise that resuscitation and symptom control measures may be instituted before complete assessment.

<table>
<tr><td></td><td colspan="4">Term specific educational learning objectives:
• Increase knowledge about management of common medical, surgical, psychiatric and paediatric presentations and emergencies.
• Learn about emergency procedures, including intubation, chest drain insertion and arterial catheterisation.

Term specific interpretive learning objectives:
• Develop skills in interpreting and acting upon common abnormalities in common blood tests, bedside urine tests, blood gases, ECG, chest and skeletal x-rays.</td></tr>
<tr><td>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</td><td colspan="4">JMOs are encouraged to attend as many educational events as possible.

The following general education is available:
• Tuesday afternoon Education Session. This is protected time.
• Wednesday lunchtime Grand rounds.

The following term-specific education is available:
• ED specific teaching for JMOs takes place most weeks on a Wednesday for an hour.
• JMOs have the opportunity to supervise medical students.
• Bed side teaching opportunities.</td></tr>
<tr><td>During this term prevocational doctors should expect opportunity to complete the following EPAs* (Highlight all that apply)</td><td>EPA 1
Clinical Assessment</td><td>EPA 2
Recognition and care of the acutely unwell patient</td><td>EPA 3
Prescribing</td><td>EPA 4
Team communication – documentation, handover and referrals</td></tr>
</table>

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 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover
	1300-1530 Education Program	1200 Grand Rounds				
1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover
2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover

Patient Load Average Per Shift	4-8	
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: • 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.	Please indicate how rostering works, and the education being conducted in after-hours and weekend times. • Interns and RMOs will be rostered night shifts. • The night-staffing specialist 2400-0800 includes a senior or mid-grade and a junior registrar. There is a consultant available by phone able to attend within 15 minutes. • The Emergency Department rosters JMOs for 80 hours a fortnight, as 10, 8 hour shift pattern. There may also be a number of weekends worked during the term • Staff are expected to take meal breaks thus the ED pays meal breaks. • Infrequently the dictates of an appropriately professional handover require a JMO staff-member to stay 15-20 minutes beyond the end of the shift. If the JMO is staying beyond 30 minutes, the onus is on the JMO to raise prolonged shift attendance with a supervising medical officer. In the unlikely event that the clinical load cannot be picked up by a staff-member on the continuing shift, their un-rostered overtime will be paid. • JMOs will be provided with case based bed side education by the night registrar or the consultant in the afterhours and weekend.	

List Other Relevant Documentation
Intern job description RMO job description Scope of Practice