

Prevocational Training Term Description: Palliative Care

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

Term Details

Facility	North Canberra Hospital (NHC)				
Term name*	Palliative Care				
Term specialty*	Medicine				
Term location	Clare Holland House (5 Menindee Drive Barton)				
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). Note: this will be determined by CRMEC based on level of discontinuous supervision and education experienced within the term				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)			

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 Sivaraj Rajadorai, Palliative Care Physicians and Deputy Director of Palliative Care Service
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 Suharsha Kanathigoda, Director of Palliative Care Service Dr Michael Chapman Dr Jessica Mather-Hilton Dr Basil Lau Dr Alison Care

	accessible for support, provide education, conduct EPAs and contribute to assessment.	(All members are Palliative Care Physicians)	
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Rachel Bilton-Simek, Palliative Education Coordinator	
	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 palliative care team is both ward based, and team based. It is composed of consultants, a registrar, RMO, nurses, and allied health professionals. It is based at the Clare Holland House.		

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.	Basic Clinical Training. The RMO is expected to be competent in insertion of IV cannula.
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 Palliative Care Unit provides a comprehensive orientation program which includes supervision and responsibilities. Rachel Bilton-Simek, Palliative Education Coordinator provides orientation on: <ul style="list-style-type: none"> ○ Rounding schedule ○ Starting times ○ Responsibilities ○ Tour of the unit ○ Weekly schedule ○ Clinical policies

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	Clare Holland House (CHH) is a 22-bed, stand-alone, hospice unit located in Menindee Drive, Barton. Admissions to the hospice are under care of palliative care specialists with the team consisting of the PGY2 JMO, a Palliative Care Advanced Trainee as well as nursing, social work, counsellor, pastoral care, physiotherapy, occupational therapy staff and volunteers. Admissions to the unit are arranged following review by the Palliative Care Specialist involved on a planned or semi-urgent basis. Hospice admissions may be arranged for acute symptom management, medical assessment, respite care or end-of-life care.
--	--

<p>Clinical responsibilities and tasks of the prevocational doctor</p> <p>Provide an overview of the routine duties and responsibilities</p>	<ul style="list-style-type: none"> • To ensure continuity of patient care by attending daily ward handover meeting. • To admit patients on arrival in ward. • Provide continuing care of all patients on the team under the supervision of the registrars/consultants. • Attend ward rounds. This includes patients on allocated ward and potentially patients on outlying wards. • Attend patient conferences & to assist in discharge planning. • Ensure appropriate documentation is up to date including a daily review of each patient’s condition, a review of current management and outlining a treatment plan. • Implement plans devised from the ward round. • Ensure that all fluid charts and medication charts are up to date. • Arrange investigations and follow up on results. Ensure the registrar is aware of abnormal results, as soon as practically possible. • 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. • 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. • Participate in the afterhours ward roster. • The RMO is responsible for the effective handover at the end of the term to the incoming RMO on rotation.
<p>Work Routine</p> <p>Provide an overview of the work routine</p>	<p>RMOs should attend the ward handover meeting between 0900 and 0930. RMOs should proceed to ward round with their clinical teams at 0930. RMOs may need to participate in multidisciplinary meetings involving nurses and allied health professionals to discuss management plans for each patient. RMOs are to implement other plans from ward rounds. 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 the 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 plans can be actioned.</p> <p>Work routine and tasks are outlined in more detail in the Rover guide.</p>
<p>Clinical handover procedure</p>	<p>The ward handover meeting at Clare Holland House between 0900 and 0930. There will be a handover meeting to the clinical team at 1600.</p>

<p>Provide an overview of the handover procedure and expectations in this training term</p>	<p>During afterhours shift at NCH, the handover process will be identical to other JMO/RMOs covering the medical wards as outlined below.</p> <p>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.</p> <p>Afternoon handover on weekdays takes place at 1600 – 1630 in Level 3 JMO lounge.</p> <p>Night handover on weekdays and weekends takes place at 2100 – 2130 in Level 3 JMO lounge.</p>
<p>Opportunities for Indigenous Health</p>	<p>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.</p>

Education, Learning and Assessment

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>Clinical learning objectives:</p> <ul style="list-style-type: none"> • 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 management of palliative care patients across the spectrum of admission settings, including recognition of terminal phase. • Understand the management of pain, other common symptoms and end-of-life care. • Develop proficiency and confidence using opioid analgesics, including opioid conversion and management of common side-effects. <p>Communication learning objectives:</p> <ul style="list-style-type: none"> • To be able to communicate with patients and their families about the patient’s illness and future plans.
---	---

	<ul style="list-style-type: none"> • To be able to communicate with patients and families about end-of-life care in a sensitive and appropriate manner. • To be able to communicate with external health care professionals, including the GP, about the patient and to ensure good follow up care on discharge. • To communicate effectively with hospice staff involved with the patient including the Specialist & the registrar. • To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings and the clinical plan. • Be able to communicate with nursing staff regarding the clinical plans for each patient. 			
<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>The RMO is encouraged to attend all medical education sessions available at NCH. In addition, the RMO should attend unit-specific education sessions including weekly journal club meetings on Wednesday mornings, education sessions on Thursday afternoons and Friday mornings.</p> <p>The RMOs are encouraged to liaise with the supervisor / other palliative care specialists/registrar to look at conducting audits, retrospective analysis, and writing up case reports pertaining to palliative care medicine. There is a dedicated senior specialist in overseeing research and education (Dr Michael Chapman).</p> <p>Education Resources</p> <p>The CHH library holds a small range of Palliative Care texts and Journals. The library service also provides online access to a range of databases including Medline, CINAHL, Cochrane Library, HIAP and AustHealth. Therapeutics guidelines, Martindale and Medicines Handbook are all available on the Hospital Intranet, as are a range of clinical policies and procedures.</p>			
<p>During this term prevocational doctors should expect to have opportunity 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
0900 – 0930 Ward Handover Meeting	0900 – 0930 Ward Handover Meeting	0830 – 0900 Journal Club	0900 – 0930 Ward Handover Meeting	0830 – 0900 Education Session	0800 – 0830 Handover	0800 – 0830 Handover
0930 Ward Round	0930 Ward Round	0900 – 0930 Ward Handover Meeting	0930 Ward Round	0900 – 0930 Ward Handover Meeting		
		0930 Ward Round		1000 Ward Round		
		1130 Ward Interdisciplinary Meeting				
	1300 – 1500 JMO Teaching		1330 Education Session			
1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover		
2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover

Patient Load Average Per Shift	19 patients shared with Palliative Care Advanced Trainee.	
Overtime	Rostered overtime hours/week	4.8 hours
	Unrostered overtime hours/week	Average of 4 hours per 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: <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.	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 at North Canberra Hospital. 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
 JMO regular duties
 Rover Guide