

## Prevocational Training Term Description: Stroke/Neurology

<b>Date of term description version</b>	January 2024
<b>Date term last accredited</b>	April 2022

### Term Details

<b>Facility</b>	North Canberra Hospital (NCH)				
<b>Term name*</b>	Stroke Services				
<b>Term specialty*</b>	Medicine				
<b>Term location</b>	Stroke Unit on Level 5 – Xavier Building				
<b>Classification of clinical experience in term*</b> (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)
<b>Is this a service term?</b> 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
<b>Term duration (weeks)*</b>	12-14 weeks (depending on term dates)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	<b>1</b>	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitation or restrictions on the training term		

### Term Supervision

<b>Term Supervisor (name and position)</b> 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 Camilla Jozwik (neurologist)
<b>Primary/Immediate Clinical Supervisor (name and position)</b> Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing	Dr Ronak Patel, Director of Stroke/Neurology Service Dr Andrew Hughes, Neurologist

<b>Clinical team supervision</b>	patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Carmela Sales, Neurologist Dr Shaun Zhai, Neurologist	
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Stroke Fellow  Neurology Advanced Trainee	
	<b>EPA Assessors</b> 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.	
<b>Clinical Team Structure*</b>	Ward Based	Team Based	Other
The stroke/neurology team is both ward based, and team based. It is composed of consultants, a stroke fellow, senior medical registrars, RMO, nurses, and allied health professionals. It is based at the Stroke Unit on level 5.			

## Commencing the Term

<b>Requirements for commencing the term*</b> 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. There are no prerequisites for commencing this term; however, RMOs will need to attend Basic Life Support session in the first week of term.
<b>Orientation</b> 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. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b>	<p>Start of term Orientation delivered by Medical Administration.</p> <p>Mandatory ward orientation with CNC of the department.</p> <p>The Stroke service Unit provides a comprehensive orientation program which includes:</p> <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Rounding schedule</li> <li>• Starting times</li> <li>• Responsibilities</li> <li>• Tour of the unit</li> <li>• Weekly schedule</li> <li>• Clinical policies</li> </ul> <p>The supervisor will provide orientation specific to the unit.</p>

## 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 Stroke/Neurology Service is responsible for management of all acute stroke and high risk TIA patients admitted to North Canberra Hospital. All acute admissions come through emergency. Strokes include both ischemic and hemorrhagic. The unit is also responsible for general neurology patients such as headache, migraine, epilepsy, multiple sclerosis who are admitted to the medical ward. The unit also provides a neurology consultation service to all the other clinical units.

### 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 neurology journal club and fortnightly neuroradiology 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

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

	<p>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 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/discharge plans can be actioned.</p>
<p><b>Clinical handover procedure</b>          Provide an overview of the handover procedure and expectations in this training term</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><b>Opportunities for Indigenous Health</b></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><b>Term Learning Objectives</b>          List the term-specific learning objectives*</p>	<p><b>Clinical learning objectives:</b></p> <ul style="list-style-type: none"> <li>• To become proficient in history taking, ensuring all relevant information is obtained.</li> <li>• To perform a thorough physical examination and be able to elicit physical signs.</li> <li>• To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis.</li> <li>• To use laboratory and radiological investigations for clearly specified purposes whilst keeping the cost in mind.</li> <li>• To develop organisational skills and effective time management.</li> <li>• To gain experience and proficiency in working in a multidisciplinary team.</li> <li>• Understand the management of stroke including ischemic and hemorrhage and high risk TIAs.</li> </ul>
---	---

<p><b>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.</b></p> <p>Formal education opportunities should also be included in the unit timetable</p>	<p>RMOs are encouraged to attend as many educational events as possible.</p> <p>General education</p> <ul style="list-style-type: none"> <li>• Tuesday 1300 – 1500 protected teaching.</li> <li>• Wednesday 1200 – 1300 Grand rounds.</li> </ul> <p>Term-specific education</p> <ul style="list-style-type: none"> <li>• Neurology Journal club on Monday 1200 -1300</li> <li>• Neuroradiology meetings (biweekly) Friday 0800- 0900</li> <li>• Tuesday morning CME Physician meeting: the RMO will be encouraged to present at these.</li> <li>• BLS training will take place in Week 1 or 2 of the term.</li> </ul>			
<p><b>During this term prevocational doctors should expect to have an opportunity to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b> Clinical Assessment</p>	<p><b>EPA 2</b> Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b> Prescribing</p>	<p><b>EPA 4</b> 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 – 0830 Handover	0730 – 0800 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover
0900 Ward Round	0800 – 0900 Division of Medicine Clinical Meeting	0900 Ward Round	0900 Ward Round	0800 – 0900 Neuro-Radiology Meeting		
1000 MDT Meeting	0900 Ward Round	1000 MDT Meeting	1000 MDT Meeting	0900 Ward Round		
	1000 MDT Meeting			1000 MDT Meeting		
1200 – 1300 Neurology Journal Club	1300 – 1500 Education Program for JMO/RMO	1200 – 1300 Grand Rounds				
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

<b>Patient Load</b> Average Per Shift	4 acute monitored beds with 2 stepdown beds. On average there are 10-15 patients each day under the service	
<b>Overtime</b>	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.
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> 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