Prevocational Training Term: Emergency Medicine

Date of term description version	January 2024
Date term last accredited	March 2023

Term Details

Facility	South East Regional Hospital				
Term name*	Emergency Medicine				
Term specialty*	Emergency Medicine				
Term location	South East Regional 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)*	13 Weeks at 1.0 FTE (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 are no limitations on conditions on this training 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 Tormey FACRRM
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.	Dr Sam Tormey FACRRM Dr Kal Bhide Dr Stuart Sugden Dr Melissa Strachan
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Dr Timothy Allman Dr Brayden Bever Dr Jason

	EPA Assessors	Dr Sam Tormey Dr Kal Bhide Dr Stuart Sugden Dr Melissa Strachan

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 ED team is structured to match the service delivery demands of the department. Medical officer shifts are rostered to reflect the peak volume of presentations to the ED that are typically seen in the afternoon and evening. There is at least one senior doctor present at all times in the department and a further 2-3 senior doctors in peak times. A less senior doctor (typically PGY 5-7) is also rostered on during peak presentation times for a total of 4-5 doctors in addition to the intern. The intern is rostered to be supernumerary to the service provision demands of the department. They are rostered to be given balance between ideal clinical exposure (evenings) and reasonable work hours. As the only prevocational doctor on the team, the intern has access to supervisory input from all of the senior medical staff. In this context the intern will be enabled to take responsibility for patients with a variety of acuity of presentation.		

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 and compliance with NSW Health immunisation, working with children, occupational health and safety and medical registration and professional insurance policies. Other requirements: • To communicate professionally with nursing and paramedical personnel • To communicate professionally with the other team members. • To be committed to good patient care. • To be enthusiastic in both learning and teaching • To be willing to work with an assist other staff. • To be punctual, reliable, honest and behave in an ethical manner to patients and other staff. • To be efficient in the management of the ward workload and be able to prioritise tasks.
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**	SERH provides a detailed orientation to the hospital on the first day. This program is run by the Director of Prevocational Education and Training and the JMO Support Officer. It is followed by an additional unit supervisor and Nurse Unit Manager introduction, and an introduction to the Director of Medical Services. There are sessions on the electronic medical record systems, and on electronic prescribing. JMOs are shown how to access electronic resources including daily patient lists, contacts information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies.

expectations within the first week of starting the term.	The orientation program is supplemented with an information handbook including the term ROVER, with necessary information and policies, and links to digital resources that include all necessary information are also provided. Orientation to the Emergency Department term is conducted by the term supervisor or a senior colleague prior to undertaking any clinical work. This includes a day of shadowing a senior ED doctor.

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) at The South East Regional Hospital serves the Bega Valley and surrounds, with an estimated population catchment of 45,000 people. There are 21,000 presentations to the ED each year. The ED has 2 resuscitation beds, 6 acute beds, 2 psychiatric beds, paediatric and isolation spaces and a 4 bed short-stay unit. In addition there is a fast-track area, procedure room and plaster room. The department has 3 key roles: • To facilitate the timely assessment, treatment, and referral of patients with acute undifferentiated medical, surgical, paediatric and psychiatric presentations; • To provide training in Emergency Medicine for undergraduates and postgraduates; and • To stabilise and transfer higher acuity patients to tertiary hospitals in Canberra or Sydney. SERH is a major regional orthopaedics centre. Other services include general medicine and surgery, intensive care, psychiatry, obstetrics/gynaecology and paediatrics. There is no neonatal or paediatric ICU, neurosurgery or interventional cardiology. Some subspecialties are offered on a visiting basis (eg urology, ophthalmology).
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	General requirements: • Punctuality in starting the shift, continued attendance throughout the shift, and consultation with shift supervisor before taking breaks; • Consult senior emergency staff on all patients; • PGY-1 staff are not to discharge a patient without discussion with a supervising medical officer from the ED (inpatient registrars are not a substitute); • Courtesy to patients and colleagues; • Be guided by senior ED nursing staff; • Assess patients in order of triage priority; • Record patient data into the electronic medical record; • Ensure adequate handover of patient at change of shift or ward transfer; • Communicate with GP and/or community services upon discharge and appropriate completion of medical record and discharge summary; and • Ensure adequate handover of patient if out on a break and at shift conclusion. Patients: • Assess each emergency patient in a timely and professional manner and discuss the management with a supervisor • Be able to manage more than a single patient at a time. Presentations: • Concise case presentations are expected at the handover rounds;

	• Participate in ED education and present at least one case at SERH Grand Rounds Satisfactory term completion: • There is a minimum requirement for 32 clinical shifts worked in the department for PGY-1 staff to be signed off as meeting AHPRA requirements. Interns will do a minimum of 48 shifts during the rotation. • When the new curriculum framework is implemented, completion requirements will include assessment of EPAs during the term
Work Routine Provide an overview of the work routine	There are two shifts the intern will work during the term, and the routine for each will be essentially identical: • On arrival the intern will discuss the plan for the day with their clinical supervisor, including (as required) taking handover for patients already in the department. They will discuss any relevant learning objectives or anticipated absences from the department (eg for teaching). • The intern will assess patients according to their triage priority and complete any tasks for patients handed over within the department. • As the end of shift approaches the intern will discuss with their clinical supervisor any outstanding tasks for patients under assessment, and plan for handover of these patients. • At the conclusion of the shift the intern will hand over each patient under their care within the department. They will ensure the team taking handover are aware of the priority of any outstanding tasks, and that the patient and relevant members of the care team are aware of the handover arrangements.
Clinical handover procedure Provide overview of the handover procedure and expectations in this training term	The handover process is to be discussed with the clinical supervisor each day. It is expected that the JMO is mindful of the need for patients to be handed over at the end of each shift, and discuss strategies to manage this when considering reviewing additional patients close to the end of a shift.
Opportunities for Indigenous Health	6.6% of the population of Bega Valley are Indigenous. There are frequent admissions of Indigenous patients to SERH, and an active Aboriginal Liaison Service within the hospital. JMOs are encouraged to interact with this service and refer all Indigenous patients on admission to the ALOs.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	Learning objectives must be discussed with the term supervisor in the first 2 weeks of term. **CLINICAL MANAGEMENT:** By the completion of this term the JMO may expect to acquire the following knowledge: **Clinical:** Confidence in the assessment and initial management of common medical, surgical and paediatric presentations, by being able to: • Understand the abnormal physiology and manifestations of critical illness; • Recognise and assess acutely ill or deteriorating patients;

- Understand that resuscitation and symptom control measures may be instituted before complete assessment;
- Understand the triage process;
- Formulate an appropriate differential diagnosis and initial investigations list;
- Communicate effectively with patients and their families as well as medical and nursing staff;
- Develop their capacity to move from 'presenting a history' to adjusting their verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication;
- Effectively manage time with regard to a patient's clinical priority; and
- Be able to manage common medical and surgical emergencies under supervision.

Procedural:
Confident and proficient in performing ABG, IV cannulation, plaster cast, urinary catheterisation and basic life support. Basic skills in bedside ultrasound use (eg. For peripheral IV access and limited eFAST exam) will be expected by the end of the term.

Please refer to the ACF attached for a description of patient presentations and specific skills that the JMO can potentially be exposed to during the Emergency term.

Educational:
- Learn about management of common medical, surgical and paediatric presentations and emergencies; and
- Take opportunities to learn about emergency procedures such as NIV, intubation, chest drains, advanced IV and arterial access techniques.

Interpretative:
Be able to interpret and act upon common abnormalities in FBC, ABG, serum electrolytes, ECG, emergency x-ray, ultrasound and CT.

COMMUNICATION:
Quality communication skills are expected as standard. This relates to patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management.

Every discharged patient will have a discharge letter sent to their nominated GP. All pathology and radiology results must be copied to that GP. It is strongly encouraged to ring the patient's GP if the patient has an unexpected emergency or has been personally referred by a GP or their colleague to ED, particularly if the patient is to be discharged.

PROFESSIONALISM:
Professionalism is expected throughout your employment. This relates to: Effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.

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	**Education opportunities** The ED intern will be expected to participate in the JMO teaching program, with protected teaching every Wednesday from 12:30 – 14:30. This program is mapped to the Australian Curriculum Framework for junior doctors, and is designed to address the education requirements of JMOs as the progress through their first prevocational year. In addition to this, the term supervisor is allocated 4 hours of paid education time per week, for emergency department specific teaching. There is also a visiting teaching program from the EMET team, and the ED intern is required to attend these teaching days. Interns present at SERH for 9 months or more are eligible to apply for education scholarships through HETI. Other learning opportunities include: • Community Medical Grand Rounds are held every 2nd month on a Wednesday evening. These will be advertised to all JMOs, and JMOs will have the opportunity to present at these. • CRC meetings are held monthly. • GCTC meetings are held once per term. • There are additional teaching sessions each week with paediatrics, ED, surgical, and orthopaedics. The details of these are available on the education calendar on MS Teams, and on SharePoint. There are also additional simulation based education sessions. **Research opportunities** There are opportunities for interns to conduct and present audits in the department. There is also an emerging research network within Southern NSW LHD, and there is opportunity for motivated JMOs to participate in this. **Resources** There is easy access to the CIAP website for online information including UpToDate. The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of the ANU School of Medicine and Psychology Clinical Training Facility, which is located on the hospital campus. There is also the facility for eduroam access for those JMOs with ongoing university commitments.

During this term prevocational doctors should expect 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

TIMETABLE *(the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)*

Week 1						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 - 20:30	10:00 - 20:30	10:00 - 20:30 JMO education program 12:30 – 14:30	10:00 - 20:30	Off	Off	Off
Week 2						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Off	10:00 - 20:30	10:00 - 20:30 JMO education program 12:30 – 14:30	10:00 - 20:30	10:00 - 20:30	Off	Off

Patient Load Average Per Shift	Expected load up to 2 acute + 4 subacute patients per shift	
Overtime	Rostered overtime hours/week	**Total Rostered Hours:** 40 hours
	Un-rostered overtime hours/week	None
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.	There is no overtime during the rotation except for contribution to the SERH weekend roster. Weekend roster 1 in 4 weekends rostered overtime 0900-1500. *Average hours per week* ROSTERED: 40 plus 4 rostered overtime UNROSTERED: 0	

List Other Relevant Documentation

- SERH ED ROVER
- JMO supervisor guide