Prevocational Training Term Description: General Paediatrics

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

Term Details

Facility	South East Regional Hospital				
Term name	General Paediatrics				
Term specialty*	Paediatrics				
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)*	12-14 weeks (based on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	**2**	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		Accreditation on one place will lapse if two places are not filled in Term One, 2024	

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 Prudence Harrison
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 Susie Piper (HOD) Dr Kathryn Leccese Dr Anne Mitchell Dr Caroline Stewart
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Paediatric registrar/fellow

	EPA Assessors	Dr Prudence Harrison Dr Susie Piper (HOD) Dr Kathryn Leccese Dr Anne Mitchell Dr Caroline Stewart

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 paediatric team at SERH provide a range of inpatient, outpatient, and outreach services to the Bega Valley and Eurobodalla. There are 5 consultant paediatricians on the service, a registrar, and a JMO. The on-call paediatrician is responsible for all inpatients, and serves as the JMO clinical supervisor. The primary responsibility of the JMO is for the ward care of paediatric patients under the supervision of the on-call paediatrician, and also assistance with paediatric surgical patients on the ward as required.		

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 Requirements of the Paediatric JMO:** There are some basic skills expected of all JMOs prior to their term. These include the ability to: ▪ Communicate efficiently, competently and professionally with nursing, paramedical, medical and education personnel. ▪ Communicate professionally with the other team members. ▪ Be committed to good patient care. ▪ Be enthusiastic in both learning and teaching. ▪ Be willing to work and collaborate with other staff and assist them where required. ▪ Be punctual, reliable, honest and behave in an ethical manner to patients and other staff. ▪ Be efficient in the management of the ward workload and be able to prioritise tasks. ▪ Respond to and promptly communicate the concerns of parents and nursing staff to the senior medical team. ▪ Recognise limitations of stage of training and to promptly seek appropriate senior assistance as required.
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	**Paediatric Orientation:** Paediatric and neonatal medicine is an often a new and rather daunting experience for Paediatric JMOs. To help you with your term, you will receive a specific paediatric and neonatal orientation. We also ask you to complete some compulsory learning modules prior to commencing your term with us. These will greatly assist your knowledge and skills in the area of paediatric and neonatal medicine. We will revisit, reinforce and regularly practice these skills throughout your term. The senior paediatric staff at SERH aim to provide excellence in support and training for our paediatric JMOs throughout their time here. We are keen and willing to teach, mentor and support our junior staff and encourage JMOs to seek senior support and guidance at any time. **1. Pre-Orientation Compulsory Modules:**

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.**	The modules can be accessed by going to https://www.heti.nsw.gov.au/education-and-training/my-health-learning. You will require a NSW Health Stafflink number to access these modules. You will be emailed your login details prior to the start of your term. If there are any issues with access, please email Dr Caroline Stewart on caroline.stewart@health.nsw.gov.au The compulsory HETI modules to introduce you to paediatric and neonatal medicine are: • Newborn Basic Life Support (Course Code: 130316896) • Neonatal T-piece Resuscitaire (Course Code: 819 52363) • Resusc4Kids – Paediatric Life Support for Health Rescuers (Course Code: 81519090) • Between the flags & DETECT JUNIOR - tier two, systematic assessment paediatric (DETECT JUNIOR) and case studies (Course Codes 99825401 & 99825657) **2. Other useful paediatric resources:** There are many free and useful resources out there to introduce you to the concepts of paediatrics which you may find useful, including: • *Comprehensive Assessment of the Well Newborn* (Course Code: 150265808, access via https://www.heti.nsw.gov.au/education-and-training/my-health-learning) • *OpenPediatrics - Pediatric Clerkship Videos* (Boston Children's Hospital). These are great introductory videos to core paediatric skills and common paediatric and neonatal problems. These are accessed here: https://www.youtube.com/playlist?list=PLJmgkNI4ruzy7TGO4eh47fr5YSeuU3N79 • *Don't Forget The Bubbles.* Another great Paediatric FOAMED resource. Lots of useful information but can be somewhat overwhelming if you are completely new to paediatrics. Go to https://dontforgetthebubbles.com to access all their resrouces. • *Orientation to Paediatrics (NSW Agency for Clinical Innovation).* These are really useful videos to introduce you to the skills required for your paediatric term. You can access these videos by going to the ACI website (https://aci.moodlesite.pukunui.net) and creating an account. Once you have created the account, go to https://aci.moodlesite.pukunui.net/course/view.php?id=110 to access the videos. **3. ISLHD Paediatrics MedApp:** This will be an invaluable resource that you are likely refer to throughout Paediatric term. It provides ready access to commonly used paediatric and neonatal guidelines on your mobile phone. It is a good idea to download the app and have it set up and ready to use for your first day. To access the app, go to Appstore (https://apps.apple.com/au/app/med-app/id949425615) or google play (https://play.google.com/store/apps/details?id=au.net.medapps.residentguide&hl=en_US&gl=US) and download MedApp. Once you have downloaded the app, click on the red writing to "Change Location". Search for Illawarra Shoalhaven LHD. You will be prompted to enter a reason for accessing this location. Write in the prompt box "as per discussion with Dr Susie Piper (Paediatrician) and Dr Caroline Stewart, request access to ISLHD Paediatrics". It usually takes around 1 to 2 days to be granted access. Once you are granted access, go to "Choose location". Search for Illawarra Shoalhaven LHD. Click on the dropdown menu and click on "ISLHD Paediatrics". You will then have access to all the resources you need ☺

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	SERH is a Rural Hospital in the Bega Valley, NSW. We are a team of specialist paediatricians providing 24/7 on-call cover to SERH. Our team includes one full-time specialist paediatrician, a second full-time specialist paediatrician (appointment in process, to commence in Jan 2021), part-time general practitioner (specialist skills in paediatrics) and a team of visiting specialist paediatricians. We are the main referral hospital for children from the Monaro, Bega Valley, Sapphire Coast, and Eurobodalla regions. SERH includes a 6-bed Level 4 Paediatric Unit and sees approximately 4000 paediatric presentations to the emergency department and approximately 800 paediatric admissions per year. Other local acute paediatric services include paediatric ENT, orthopaedic surgery, general surgery and dental surgery (to commence in 2021 in partnership with Sydney Dental Hospital). We are a Level 3 Maternity/Level 2 Special Care Nursery service, looking after low risk pregnancies and deliveries (between $\geq$ 37 weeks and $\leq$ 42 weeks gestation) and convalescing premature infants $\geq$ 35 weeks gestation. SERH delivers approximately 250 – 300 babies per annum. Due to our remote location, we have the capacity to acutely resuscitate, stabilise and manage critically unwell neonates, infants and children whilst awaiting for retrieval teams to arrive and there will be opportunities to improve your skills in acute resuscitation throughout your term. SERH also manages a large outpatient workload of children with chronic and complex medical, developmental and behavioural needs and support needs across the communities of the Monaro, Sapphire Coast and Eurobodalla Regions. These patients are seen locally as well as in outreach clinics across the region. Paediatric clinics are run 3-days per week and are expecting to increase to 4-days per week with our newly appointed second paediatrician in 2021. There will be many opportunities for you to learn and develop skills in the varied area of community paediatric medicine during your term. We liaise closely with our partner hospitals of Canberra Hospital (closest referral hospital) and tertiary children's hospitals of Westmead and Sydney Children's Hospitals. We also liaise closely with the local and tertiary children's hospital care navigators. In addition, many of our children have complex ancilliary needs and, as such, we also liaise closely with our local team of paediatric allied health (Speech Pathology, Occupational Therapy, Physiotherapy, Audiology, Early Years Assessment Team, Dietician), education and psychology services and mental health teams. Developing skills in working within multidisciplinary teams and care navigation for families is another valuable skill acquired during this term.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	**Daily tasks and responsibilities include the following:** 1. Attending daily clinical tasks for paediatric and neonatal patients in the paediatric unit, special care nursery, and maternity unit. 2. Maintaining an updated daily list of patients in the paediatric unit, special care nursery and emergency department. 3. Maintaining updated daily lists of expected complex patients that may birth or present for acute paediatric review. 4. Attending handover in the paediatric ward each day. 5. Attending ward rounds with the Paediatrician and documenting the round. Please ensure you clearly document the staff in attendance at the round, primary problem list, clinical examination findings, impression and medical plan. 6. Attending multidisciplinary team meetings, documenting the discussion and plan. 7. Attending Paediatric Clinics as/when inpatient workload allows, including supervised review of patients and completing a written letter of consultation

8. Admitting patients to the ward or special care nursery (in the case of direct admissions). You may also be required to review paediatric patients in the emergency department who have been referred for paediatric review or possible admission.
9. Regularly attending to the clinical job list as flagged by the nursing and senior paediatric staff
10. Nursing staff may also ask you to assist with paediatric patients admitted to the paediatric ward under surgical teams (eg with routine fluid or medication charting as per paediatric guidelines). This is the responsibility of the surgical medical officer. However, as the paediatric resident you will have had training in charting for paediatric patients. As a result, we encourage you to assist your colleagues with charting if required. In addition, we try to avoid paediatric patients going for long periods without required analgesia or intravenous fluids (eg if the surgical team is in theatre). As a result, we encourage our paediatric residents to be helpful to the nursing staff if routine charting is required for children admitted under other teams on the paediatric ward. However, if there are any clinical concerns with surgical patients, please ensure that these concerns are promptly raised with your paediatrician-on-call.
11. Arranging necessary investigations, including liaising with pathology and radiology services; collating investigation results, informing the senior paediatric staff of the results, and, if required, documenting the results in the medical record.
12. Afternoon reviews of patients on the ward as required, including review of fluid status, respiratory status, investigation results and patient progress. Document in the patient record and discuss with senior staff. Ensuring the handover list is updated in the afternoon accordingly.
13. Review of paediatric patients on the ward as part of the acute review clinic, including review of medical record, patient results, examination of patient, discussion with paediatrician on call and documentation.
14. Maintaining clear and timely electronic medical records
15. Electronic prescribing of accurate medication charts as per NSW Health policy and liaising with the ward Pharmacist as per dosing guidelines for children (Australian Medical Handbook Children's Edition) and neonates (Neomed Formulary).
16. Charting intravenous fluids with reference to the patient's clinical status, observations, intake/output charts and blood tests as per guidelines for fluid prescription on NSW Health Paediatric Intravenous Fluid Prescription Charts.
17. Promptly responding to family or nursing concerns in the event of a change in clinical condition, reviewing the patient and *promptly escalating concerns to the paediatrician on call. We strongly encourage and expect junior staff to have a low threshold for escalating concerns to senior paediatric staff at any time.* Paediatricians at SERH are available 24/7, will readily review the patients directly in the context of clinical concern, and strongly encourage junior medical staff to contact us with any concerns (both prior to and following review of the patient). We also emphasise that our nursing team are skilled and experienced in paediatric medicine. *If nursing staff are concerned, it is crucial that these concerns are promptly escalated to the paediatrician on call.*
18. Ensuring results of clinical reviews and discussions with senior staff are clearly documented in the medical record, including primary problem list, clinical examination findings, impression and medical plan.
19. Obtaining intravenous access and venopuncture where pathology and nursing staff are unable to do so. *This is a skill you will be expected to acquire during*

your term. It is expected that you will require senior assistance for *all* blood tests and intravenous access attempts at the beginning of the term and that you will learn paediatric cannulation and venopuncture during your term. PLEASE NOTE: there is to be NO MORE THAN ONE TO TWO ATTEMPTS at cannulation or bloods by the JMO staff before escalating to senior staff for further attempts.

20. Contacting the patient's subspecialty paediatric team at Canberra or tertiary children's hospital, document results of the discussion and any recommended plan. Ensuring that the relevant paediatric team are updated of relevant progress by phone or written communication at the time of discharge.
21. Arranging consultations with other teams in the hospital, at our closest referral hospital (Canberra Hospital), with our referring hospitals, or with our tertiary children's referral centres (Children's Hospital Westmead or Sydney Children's Hospital Randwick) including allied health and discharge planning
22. Completing of asthma management plans and salbutamol weaning plans on discharge and education of families in their use. You will be provided in education on how to do this.
23. Attending deliveries where paediatric expertise is required. You will be expected to be supervised by a senior staff member in attending all deliveries at the beginning of the term. As the term progresses and depending on confidence and skill level, you are supported to increase your independence and may attend some deliveries independently. However, senior paediatric staff will always be available on-site to attend and if there are any concerns. You should also *discuss each delivery with your senior staff prior to attending the birth*.
24. Conducting newborn baby checks for the blue book examination. Every baby born at SERH requires a blue book examination prior to discharge, ideally between 24 to 48 hours of life. You will be supervised and supported as you develop newborn examination skills. As the term progresses, we would expect that you would be able to complete this initial assessment independently and then discuss the findings with your senior.
25. Ensuring any issues arising from blue book baby checks have a clear follow-up and management plan documented and that this plan is clearly communicated to nursing staff, GPs and parents (including letters to GPs as required).
26. Promptly attend to and conduct initial reviews of well babies on the maternity ward as requested by nursing or senior paediatric staff (eg feeding difficulties, jaundice, temperature regulation, weight loss, hypoglycaemia, antenatal issues that require follow-up). The results of *all* of these reviews should be promptly discussed with senior paediatric staff.
27. Responding to MET and arrest calls when working at the weekend as per the detailed orientation on the first day.
28. Responding to neonatal and paediatric arrest calls during working hours. PLEASE NOTE: This will ALWAYS be with the paediatrician-on-call and senior nursing staff. Please always ensure that the paediatrician-on-call has been notified in the event of an arrest (this process should happen automatically but please check with the nurses that the necessary call has been made).
29. Assisting with arrangements to transfer patients to tertiary referral hospitals which may include liaising with accepting registrars and bed managers. In the event of critical illness, you may be required to liaise with NETS (the Newborn and Paediatric Emergency Transport Service). The role of NETS and tips for talking to NETS will be covered in your orientation.

	30. Preparing comprehensive and relevant discharge summaries that will be sent to the patient's general practitioner prior to discharge when transferring to another health facility or within 48 hours of discharge. 31. Contacting patient's regular general practitioner (where applicable) on admission and discharge; often by phone as well as with written communication 32. Liaising with the family of patients 33. Assist with medical and nursing student education 34. Presentation of case presentations at Paediatric JMO teaching – one - two case presentations per term Weekend Overtime: Expected weekend overtime roster 1 day in 4 weekends from 08:00-20:00 on Saturday and Sunday. Rounds with the weekend surgical registrar then ward jobs and responding to any ward
Work Routine Provide an overview of the work routine	Full details of the work routine are available in the term ROVER, which will be provided during orientation to the term. There is also a weekly timetable below. In general terms the work routine for the paediatric RMO is as follows: 08:00 – Handover in the Green Meeting Room on level 3, followed by ward rounds 09:00 – Finalise ward round documentation, complete post ward round tasks, provide support to clinics/ED as required 15:45 – Hand over relevant patients to on-call paediatrician and/or ICU as required
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	All ward patients must be discussed with the on-call paediatrician prior to finishing shift. All paediatric patients seen in ED must be discussed with the clinical supervisor prior to discharge from the ED.
Opportunities for Indigenous Health	6.6% of the population of Bega Valley are indigenous. There are frequent admissions of indigenous paediatric patients to SERH, and an active Aborigional Liaison Service within the hospital. JMOs are encouraged to interact with this service ask families of indigenous paediatric patients on admission if they would like to have involvement of 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:** **Knowledge** It is expected by the end of the term that the resident: • Understand the principles of neonatal resuscitation and newborn examination • Understand paediatric medication prescribing and the differences between prescribing for children and adults and be able to safely prescribe medication for children and neonates using appropriate dosing guidelines.

	• Understanding paediatric fluid management and the principals of fluid and feed prescription and management for newborns, infants and children and be able to accurately calculate and prescribe fluids and feeds for children and neonates. • Understand the differences between children and adults in respect to presentation and initial management of acute illness, signs of acute illness, airway and breathing support, and fluid management and be able to initial basic paediatric and neonatal life support • Recognise 'red flags' on history and examination for common paediatric presentations (eg serious bacterial infection, dehydration, respiratory pathology, acute abdominal pathology, neonatal cardiac disease, neonatal respiratory distress). • Recognise an unwell child or neonate, instigate appropriate initial support and promptly escalate concerns • Promptly recognise and act to escalate care of the deteriorating paediatric or neonatal patient, including correct interpretation of the paediatric "Between the Flags" observation charts. • Conduct a thorough and accurate medical history and examination of a paediatric patient on the ward, in an outpatient context and in the emergency department, • Conduct a systematic top-to-toe examination of a well newborn at the 'blue book' check • Appropriately document a neonatal admission or delivery, including relevant antenatal history, birth history, current status and medical plan. • Understanding of the basic principles of investigation and management in common newborn problems (eg hypoglycaemia, poor feeding, vomiting, weight loss, and jaundice) – including 'red flags' for immediate escalation to senior staff. • Participate in the multidisciplinary process of discharge planning. **Skills** The paediatric rotation will provide opportunities for medical skill development, including: • Paediatric and neonatal Venesection, cannulation • Assessment of a well newborn • Assessment of a sick child • In/Out bladder catheterisation • Basic resuscitation of neonates and children • Appreciation about the assessment of children with developmental delay • Basic counselling skills in discussions with parents • Safe and accurate fluid and medication prescription in neonates and children • Communicating within multidisciplinary team • Assisting families in navigating and overcoming the challenges of accessing healthcare resources in a rural setting **COMMUNICATION:** By the end of the term the JMO may expect to be more confident in: • Communication with parents, guardians or carers about a sick child • Communicating with a diverse patient group, including indigenous and non-English speaking patients. • Relaying distressing news and communicating with the family and loved ones of critically unwell patients are an important part of the JMO role in this term.

	• Effective communication with nursing and allied health staff is a crucial skill and learning how to balance respectful listening with clinical leadership is a foundation for work as a registrar and beyond. • Making logistical arrangements to facilitate consultations, investigations and transfers of patients will furnish the RMO with important practical skills for work within a complex healthcare system. • Effectively recognising and responding to the concerns of parents and nursing staff • Effective written and verbal communication with allied health and education teams about paediatric outpatient clinical needs. **PROFESSIONALISM:** By the end of term the JMO may expect to have developed their professional skills in the following areas: • Team communication • Communication and counselling with families • 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** There is a prevocational education program that takes place on Wednesdays from 12:30 – 2:30 PM. Although it is usually required that JMOs participate in this program, for the paediatric RMO this is also balanced by the extensive education opportunities available during the term as outlined below. Participation in education opportunities for the paediatric RMO should be with supervisor input. There are many other learning opportunities for the paediatric RMO 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 general surgery, ED, general medicine 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. Interns present at SERH for 9 months or more are also eligible to apply for education scholarships through HETI. Past JMOs have used this to access various courses including ALS, trauma workshops, surgical skills, child and maternal health diploma course. **R** **esearch 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. **<u>Paediatric teaching opportunities includes:</u>** Mondays: 1430 SERH High Risk Pregnancy Meeting Wednesdays: 1300 SCHN (Randwick) Grand Rounds 1500 ISLHD Paediatric JMO Case Presentations 1530 NSW RP4 Rural Paediatric Network Teaching Thursdays 1300 SCHN (Westmead) Grand Rounds 1500 ISLHD Paediatric SMO Case Presentations Fridays 930 Outpatient Paediatric Intake Meeting Weekly (various times): RHW and UNSW Perinatology Teaching Program Monthly (Tuesdays 8am): SCHN Paediatric Neurology for the General Paediatrician teaching program (Dr Annie Bye) 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 hospital based ANU Medical School Education Centre. There is also the facility for eduroam access for those JMOs with ongoing university commitments. Other paediatric specific resources are outlined in “Orientation” section above.

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)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A	Shift commences 0800 Handover / ward Round	Shift commences 0800 Handover / ward Round	Shift commences 0800 Handover / ward Round	Shift commences 0800 Handover / ward Round	Shift commences 0800 Handover / ward Round		
	Ward/Clinic Support	Ward/Clinic Support	Ward/Clinic Support	Ward/Clinic Support	0930 Paediatric Intake Meeting Ward / Clinic Support		
P	30 minute lunch break	30 minute lunch break	30 minute lunch break	30 minute lunch break	30 minute lunch break		
	Ward/Clinic Support 1430 Obstetric High Risk Pregnancy Meeting 1600 Paediatric Handover 1630 Shift ends	Ward/Clinic Support 1600 Paediatric Handover 1630 Shift ends	*Either:* 1300 – 1400 Paediatric Grand Rounds (SCHN) *OR* 1230 – 1430 RMO teaching 1500 Paediatric Teaching (Case Presentations) 1530 Rural Paediatric Program teaching 1600 Handover 1630 Shift ends	Ward/Clinic Support 1500 Paediatric Teaching (Case Presentations) 1600 Paediatric Handover 1630 Shift ends	Ward /Clinic Support 1600 Paediatric Handover 1630 Shift ends	1 in 7 Weekend Ward Call Shift 0800-2000	1 in 7 Weekend Ward Call Shift 0800-2000

Patient Load Average Per Shift	2-6 The Paediatric Team also provides a support service for the Delivery Suite, Birthing Unit and Maternity Ward, as well as the Domiciliary Midwifery Service.

Overtime	Rostered overtime hours/week	**Total Rostered Hours:** 10
	Un-rostered overtime hours/week	Varies
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.	**AFTER HOURS (and in Emergencies):** There are additional supervisory resources available from ICU, anaesthetics, General Physicians, General Surgeons and ED doctors.	

List Other Relevant Documentation
- SERH Paediatric ROVER - SERH JMO Supervision Guide