

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:	WESTMEAD HOSPITAL
Training Term Based at:	<i>If not at above location, please give off site facility name and location:</i>
Offsite Term? <i>Includes affiliated private hospitals, general practices, community-based medical services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, Collaborative Agreement to be attached</i>
B: TERM NAME	Cardiology
Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided: The aim of this department is to provide a comprehensive cardiac care to patients to treat their current problem and manage their risk factors to enhance their quality of life. All patients are to be treated courteously and to have their problems and treatment explained as fully as possible.</p> <p>Protocols and/or instruction sheets exist and, if not attached, can be located at/from: Coronary Care Unit (A5b) Cardiology Advance Trainees Cardiology Orientation package (contain protocols)</p> <p>The Service has 6 clinical teams. The typical configuration of the junior medical staff is 5 PGY2s and 3 Interns. 6 JMOs will be attached to the 6 teams and the remaining 2 are nominated as floater.</p> <p>One floater works a staggered shift from 11:00-19:30. Under the direction of the Ward Advanced Trainee, the floater will be directed to the busiest teams to assist with completing the work during the normal working hours. This designated floater, will then swap with other JMOs on each team for 2 weeks at a time, while they in turn work as floater for a fortnight period, under the guidance of the Ward Advanced Trainee.</p> <p>The second floater will do daily Integrated care /Rapid Access Cardiology Clinics from 8:30am -12:30pm as part of the Integrated Care Program. Each afternoon this floater will be assigned ward duties, and helping to facilitater rapid access assessments of ED patients.</p> <p>A roster for the floaters will be available at the start of each term. The floaters will be PGY2 only.</p> <p>Please outline the patient case mix, acuity and turnover: Mix of acute and chronic cardiac conditions, interventional Cardiology, long-stay and day only patients.</p>
Term Duration (Weeks)	10 – 11 Weeks
HETI Term Identifier Number <i>HETI Assigned after</i>	050002

accreditation decision	
Date of Accreditation by HETI	19/11/2008

C: TERM CATEGORY <i>Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify)</i>	Medicine	If other please specify:
Is the term a PGY1 or a PGY2 term?	PGY1 <input checked="" type="checkbox"/>	PGY2 <input checked="" type="checkbox"/> <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>

D: TERM CAPACITY			
Please indicate the term capacity – total number of PGY1s and PGY2 trainees	PGY1 <input type="text" value="3"/>	PGY2 <input type="text" value="5"/>	MAXIMUM NUMBER OF TRAINEES IN TERM <input type="text" value="8"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity			

E: TERM SUPERVISION	
<p>Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i></p>	<p>Prof Robert Denniss, Director of Cardiology Called Via Westmead Hospital Switchboard Dept.</p>
<p>Term Supervisor Contact with Trainee <i>Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term</i></p>	<p>General Contact: Ward Advanced Trainee</p> <p>Orientation: Ward Advanced Trainee</p> <p>Mid Term: Cardiologist allocated as Term Supervisor/Mentor</p> <p>End of Term: Cardiologist allocated as Term Supervisor/Mentor</p>
<p>Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline</i></p>	<p>Name, Position and Contact details As above.</p>
<p>Immediate Supervisor with direct responsibility for day to day supervision</p>	<p>Position and Contact details Ward Advanced Trainee</p>
<p>Clinical Team Structure <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify how PGY1 & 2s will be distributed amongst the teams</i></p>	<p>Name, Position and Contact details</p> <p>Cardiology 1 Dr Mark Cooper 9633 2244 Prof Clara Chow 8890 6511 A/Prof Tim Tan 9671 3011 Prof Liza Thomas 8890 8981</p> <p>Cardiology 2 A/Prof James Chong 8890 6795 Dr Mahidi Mardini 9635 0333 Dr Paul Russell 9633 2244</p> <p>Cardiology 3 A/Prof Stuart Thomas 8890 6795 Dr David Tanous 9687 0866 Dr Robert Abraham 9659 3345 Dr Saurabh Kumar 8890 8981</p> <p>Cardiology 4 Prof A Robert Denniss 8890 3831 A/Prof Pramesh Kovoov 8890 6511 A/Prof Gopal Sivagangabalan 8890 6511 Dr Dylan Wynne 8890 3809</p> <p>Cardiology 5</p>

	<p>Dr Aravinda Thiagalingam 8890 8981 A/Prof Andrew Ong 9633 5658 A/Prof Lloyd Davis 9744 5055 A/Prof Richard Haber 9649 3988 Dr Mikhail Altman 8890 8981</p> <p>Cardiology 6 Dr Eddy Kizana 8890 6511 Dr Michael Skinner 9687 0073 A/Prof Norman Sadick 9831 2120 Dr William Chik 9633 5580</p> <p>Integrated Care Service / Rapid Access Clinic Prof Clara Chow 8890 6511 Integrated Care Registrar p27308</p> <p>** While Prof Denniss is the overarching Term Supervisor, each Team will have its own Term Supervisor. This role rotates on a term by term basis and the schedule will be made available to each Cardiology JMO along with the Term descriptions at the beginning of each term</p> <p>Advanced Trainees (2017)</p> <p>Dr Harry Klimis Dr Dinesh Selvakumar Dr Cuneyt Ada Dr Sumita Barua Dr Tejas Deshmukh Dr Siddarth Trivedi</p> <p>CARDIAC ARREST PAGER 8500</p> <p>Clinical Nurse Consultants: Jill Squire p 08769 and Lana Sengstock p 9434 NUM A5a : Nathan Lovely NUM A5b: Patrick Byrum NUM A5c : Kelly Bivona Cath Lab NUM : Annika Fingland 8890 6401 Clinical Nurse Educator : Matthew Han p 08894, 27142 Business Manager: Matthew Napier 8890 7018</p> <p>Secretaries : Cardiology Office 8890 6795</p> <p>Cardiology Office Manager : Gagandeep Bhullar 8890 3831</p> <p>Five Basic Physician Trainees and one Advanced Trainee are allocated to Teams each term. 1 extra Advanced trainee is allocated to manage resident term and rosters.</p>
--	---

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<p>This section may include:</p> <ul style="list-style-type: none"> • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed</p>	<p>FIRST DAY OF TERM</p> <p>Please attend the Monday Morning Business Meeting at 0800 in the Castaldi Room. On the first day of Term there is an orientation at 0900 am in the Castaldi Room which all JMOs are required to attend.</p> <p>Prior to the commencement of the Term the JMO should be proficient in:</p> <ul style="list-style-type: none"> • History taking and physical examination • Formulation and documentation of Management Plans and Discharge Summaries <p>The JMO should also be proficient in the following skills (as assessed in the Basic Skills Workshop)</p> <ul style="list-style-type: none"> • Cardiopulmonary resuscitation • Intravenous cannulation • Arterial Blood Gas sampling • Safe prescribing <p>Education Resources</p> <ul style="list-style-type: none"> • Cardiology Orientation Package • Cardiology Unit Protocols • RMO Handbook • Access to CIAP via Intranet • Cardiology Orientation Package • Internet
--	--

G: TERM LEARNING OPPORTUNITIES

<p>Please list top 5 learning opportunities/objectives</p>	1	Familiarity with the routine procedures and investigations of the Cardiology Unit with basic understanding of the results of these procedures and what they mean. These include echocardiography, nuclear medicine, cardiac catheterisation, electrophysiological study, cardiac pacing, coronary angioplasty, catheter ablation and automatic implantable defibrillators.
	2	Become competent at a basic level in the short, medium and long-term management of angina pectoris, acute myocardial infarction, congestive cardiac failure, common arrhythmias, valvular heart disease, congenital heart disease, cardiomyopathy, aortic dissection and pericardial disease.
	3	Performance of a competent cardiovascular history and physical examination in the inpatient and outpatient settings.
	4	Ability to arrive at an accurate cardiovascular diagnoses and the development of a good bedside manner and courteous, effective communication with patients, relatives and staff.
	5	Mastery of standard clinical skills such as venepuncture, venous cannulation, arterial puncture for blood gas estimation, and pleural taps using approved aseptic techniques for each procedure.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations

- Primary clinical responsibility for the patients under their care
 - Daily rounds with Registrar of patient load, with more frequent visits to sicker patients
 - Begin ward rounds at 7.30am, to review patient discharges of short stay patients. Monday to Friday. It is expected that each JMO will claim un-rostered overtime for this extra work load, and for it to be reviewed by the senior registrar or consultant each fortnight.
 - Assess patient in order of: 1) CCU patients (and B5b patients if any), 2) new admissions, 3) potential discharges, then 4) other inpatients.
 - Round with each AMO in the team at least twice per week
 - Primary responsibility for maintaining adequate documentation for each patient in the medical record and issues list and other relevant Cardiology Unit forms
 - Prompt completion of discharge summaries utilising the CARDS system
 - Attendance at their allotted outpatient clinic sessions each week. Team 4, which has 2 JMOs assigned will provide a greater proportion of the JMO support to the morning rapid access clinics.
 - Supervision in the Rapid Access Clinic will be provided by the dedicated integrated care Advanced trainee and the Integrated Care consultants, led by Prof Clara Chow
 - Attendance at all Cardiology Unit and Department of Medicine educational and scientific meetings
 - Participate in Cardiac Arrest Team Roster depending on patient load, to be shared amongst all residents, as delegated by Advanced Trainee.
 - RMOs are encouraged to assume as much responsibility as they are competent to handle. They are expected to recognise early major cardiovascular emergencies such as aortic dissection, cardiac tamponade, ruptured interventricular septum or papillary muscle and to promptly organise definitive treatment in consultation with their Registrar and AMO.
- INFORMING YOUR CONSULTANT**
- JMOs must notify their AMO of all admissions under his or her care and initially manage patients with acute myocardial ischaemia, acute myocardial infarction including referral for primary angioplasty where appropriate, acute pulmonary oedema, heart failure, cardiac arrest, and common arrhythmias.
 - Referrals for invasive investigations or procedures, surgery or to other medical units should always be discussed with senior staff beforehand.
 - AMOs can be contacted through their secretaries or paging services, details of which should be ascertained from the AMO concerned or the hospital switchboard.

<p>(average per shift)</p>	<p>Patient Load per trainee</p>	<div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">10</div>	<p>Patient load total for team</p>	<div style="border: 1px solid black; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">70</div>
<p>After hours Roster</p> <p><i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i></p>	<p>The cardiology JMOs participates in the CARDIOLOGY OVERTIME ROSTER which involved weekends, public holidays and ADOs. They do not participate in the general ward overtime roster on Weekends – though they may be rostered to general ward overtime on weekday evenings. The evening cardiology shift - the CR – will preferentially be filled by Cardiology JMOs, when it is being staffed as overtime. However, when staffing permits, it will be staffed by RMOs from the relief pool. This will be the case most of the time.</p> <p>General overtime duties involve the following:</p> <ul style="list-style-type: none"> • Review as a matter of urgency all patients with chest pain (any patient with chest pain MUST be seen within 15 minutes of the doctor being informed). • Ensure that patients in the Coronary Care Unit (A5b) and A5a/c are given priority. • Admit any patients that arrive after hours for procedures the next morning. • Ensure patients who are first on the morning lists for procedures are consented, cannulated and pre-medications ordered. • Work closely with senior nurses who are very experienced in managing cardiac problems • Inform the Medical Registrar or Cardiology Fellow early if there are any patients who are unstable • Handover all unstable patients • Be part of the Cardiac Arrest Team • Complete ischarge summaries and scripts for patients being discharged out of hours or on weekends. • Participate in weekend ward rounds with the cardiology fellow. <p>The CR resident participates in the 9 pm handover round in the RMO Common Room. The CR resident is on a separate roster and covers A5 after 4.30pm on weekends.</p> <p>Participation in the review of medical records for discharged patients. This involves reviewing recent discharge summaries and issues list relating to the patient to ensure that all information relating to the patients diagnosis and treatment is recorded/documentated properly for coding purposes. The review is conducted at least once a week in the medical records unit with the Ward advanced trainee.</p> <p>2) Cardiology Resident "X" shift - Cardiology Registrar - Supervisor On weekends and public holidays, a cardiology JMO is rostered by the department to cover the cardiology wards between 8 – 5 pm. Their role is to assist the cardiology Fellow or Advanced Trainee in the CCU ward round, and then the admissions and discharge round on the other cardiology wards. All other problems, such as cannulations, medication and fluid orders, and assessment of acutely ill patients are to be referred to the rostered AR resident as usual. If the cardiology JMO has completed their admission and discharges they are to assist the AR resident in any routine patient care required on the cardiology wards alone.</p> <p>3) On hospital ADOs, four cardiology JMOs are rostered to cover A5a/b/c between 8 – 4.30 pm. The other cardiology JMOs receive a well earned ADO. Ward cover is as follows:</p> <ol style="list-style-type: none"> i. Two of the JMOs will be BPTs. One who carries the 8540 ALS arrest pager also deals with consults for cardiology. The second BPT covers new admissions under cardiology in ED and assists with the morning ward 			

	<p>rounds. One of the other two RMOs will carry the resident 8404 ALS pager. They will attend hospital-wide ALS calls between 8 – 5 pm.</p> <p>ii. The two cardiology RMOs are to attend to the admissions and discharge rounds on the general cardiology wards and to perform the routine JMO task required during the working day. This includes admissions, discharges, cannulations, medication and fluids orders, and assessment of acutely unwell patients. They are to divide the cover of A5a, A5b, and A5c patients between themselves on an equitable basis.</p> <p>iii. after 5pm, the BPT is to give the 8540 pager to the rostered medical registrar/acting superintendant, and all JMOs are to go home. The 8404 pager is to be given to the AR resident at 5 pm.</p> <p>In the event of any disputes with nursing staff regarding the management of patients in Cardiology, the senior nurses have been given permission to contact the Cardiologist on-call. However, they must first inform the JMO and have the JMO present when the call is made to ensure that any problems are resolved over the phone with the Cardiologist and the two parties involved.</p>
--	---

I: SIGN OFF <i>Terms will not be considered unless this section is completed.</i>	
Revision date and by who <i>(Name and Position)</i>	11/01/2018 Prof Robert Denniss
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	11/01/2018 Prof Robert Denniss
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	11/1/2018 Dr A Baker

HETI OFFICE USE ONLY – Approved by PAC or PAC Member	
Date	
Signature/TRIM DOC number of PAC minutes	

J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:30-17:00 08:30 Outpatient Clinic	07:30-17:00 07:30 Cardiology Meeting 08:30 Outpatient Clinic	07:30-17:00 07:30 RMO Teaching Cardiology 08:30 Outpatient Clinic	07:30-17:00 08:30 Outpatient Clinic	07:30-17:00 Cardiology Clinical Meeting (except ADOs) 08:30 Outpatient Clinic		
		12:00 Cardiology Grand Rounds				
13:00 Outpatient Clinic	13:00 Outpatient Clinic	13:00 Medical Grand Rounds 14:00 Outpatient Clinic	13:00 Outpatient Clinic	13:00 JMO Lunchtime Lectures (except last Friday of term) 14:00 Outpatient Clinic		

Important notes about completing this timetable:



- Please include the start and finish times of the shifts the trainees will be rostered to
- Please show the activities that the trainee are expected /rostered to attend – these include all educational opportunities (both train facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospitals after hours team. Please include approximate time of activities where possible
- If there are extended shifts or evening shifts as part of the term, please attach four weeks of roster for the whole team. If the term includes evening shifts, please ensure it meets the requirement for evening shifts (refer to accreditation procedure)