

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:	WESTMEAD HOSPITAL
Training Term Based at:	Westmead Hospital
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	CLINICAL IMMUNOLOGY AND ALLERGY
Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided:</p> <p>Welcome to Clinical Immunology & Allergy. (Ward A4c/d)</p> <p>The Clinical Services in Immunology span two major divisions of the hospital: Medicine (Department of Clinical Immunology & Allergy) and Pathology (Department of Immunopathology)</p> <p>Patients cared for by the Service include those with disorders in the fields of autoimmune disease, primary immune deficiency disease, allergy, neuroimmunology and HIV medicine. The Immunology Service also has the responsibility for the plasma exchange program, since most patients treated by this modality have an immunological disorder.</p> <p>As these fields involve patients mostly with chronic disorders, the outpatient services provide the major component of consultant work and offer the best opportunity for teaching. Separate clinics are held each week in Immunology and Allergy. In addition there are regular multidisciplinary clinics in Neuroimmunology, Lupus, Oral Immunology and Amyloidosis. Ambulatory care is supported by the Clinical Immunology & Allergy Day Only Ward (A4d), two converted four bed rooms, which houses the plasma exchange service, IV immunoglobulin therapy, intermittent IV antimicrobial and cytotoxic therapy and supervised challenges for life-threatening allergic reactions providing service to over 60 patients per week.</p> <p>The term offers experience in the integrated management of an interesting range of chronic complex disorders. An interesting aspect of Immunology is the considerable overlap with many other specialties. This derives from the role of the immune system in the pathogenesis of diseases in a large number of organs. Clinical practice, both patient and laboratory diagnosis, therefore involves much consultation and interaction with colleagues in other specialties.</p> <p>A term in Immunology offers the unique opportunity to acquire a better understanding of the interface between the bedside and the laboratory.</p> <p>For the RMO who has not excluded research as a future career goal, a term in Immunology offers the opportunity to explore the joys of a working week shared between patient care and science.</p> <p>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are.</p> <p>Casemix is quite varied but typically encompasses autoimmune disease, primary immune deficiency disease, allergy, neuroimmunology, HIV medicine and plasma exchange program. The Inpatient service, in A4c, occupies an average of approximately five beds; it is the nature of the specialty that such patients usually have complex, acute on chronic problems of considerable severity. The</p>

	plasma exchange program consists of rapid turnover day patients, and while they are generally stable, will be at risk of allergic reactions and other complications
Term Duration (Weeks)	10 – 12 Weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	050004
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>	Core Medicine	If other please specify:
Is the term a PGY1 or a PGY2 term?	PGY1 <input 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"/>	PGY2 <input type="text" value="1"/> MAXIMUM NUMBER OF TRAINEES IN TERM <input type="text" value="1"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity		

E: TERM SUPERVISION	
Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Lucinda Berglund Clinical Immunologist Immunopathology Department Prof Graeme Stewart Head Consultant Clinical Immunology
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>	General Contact: Dr Lucinda Berglund, Clinical Immunologist Immunopathology Dept., ICPMR Phone: 8890 6933 Email: Lucinda.berglund@health.nsw.gov.au Orientation Please contact Dr Berglund in the first week of term to discuss the term orientation.

	<p>Mid Term</p> <p>It is your responsibility to contact Dr Berglund again mid-term and at the end of term for completion of your supervision reports.</p> <p>End of Term</p> <p>It is your responsibility to contact Dr Berglund again mid-term and at the end of term for completion of your supervision reports.</p>																																										
<p>Primary Clinical Supervisor (if not Term Supervisor)</p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline</i></p>	<p>Name, Position and Contact details</p> <p>As above.</p>																																										
<p>Immediate Supervisor with direct responsibility for day to day supervision</p>	<p>Dr Lucinda Berglund, Clinical Immunologist Immunopathology Dept., ICPMR Phone: 8890 6933 Email: Lucinda.berglund@health.nsw.gov.au</p>																																										
<p>Clinical Team Structure</p> <p><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>	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone / Page</th> </tr> </thead> <tbody> <tr> <td>Prof Graeme Stewart</td> <td>Consultant (Head)</td> <td>56791</td> </tr> <tr> <td>Prof David Brown</td> <td>Consultant</td> <td>56933</td> </tr> <tr> <td>Dr Sanjay Swaminathan</td> <td>Consultant</td> <td>56791</td> </tr> <tr> <td>Dr Ming-Wei Lin</td> <td>Consultant</td> <td>56933</td> </tr> <tr> <td>Dr Lucinda Berglund</td> <td>Consultant</td> <td>56933</td> </tr> <tr> <td>Dr Dan Suan</td> <td>Consultant</td> <td>56791</td> </tr> <tr> <td></td> <td>Registrar (Clinical)</td> <td>p22535</td> </tr> <tr> <td></td> <td>Registrar (Pathology)</td> <td>p09143</td> </tr> <tr> <td>Amenze Itoya</td> <td>NUM, A4D</td> <td>57092</td> </tr> <tr> <td>Paula Cook, Karen Wells</td> <td>Nurses, A4d</td> <td>57092 (p01496)</td> </tr> <tr> <td>Trish Walsh</td> <td>NUM, A4c</td> <td>56094</td> </tr> <tr> <td>Coco Kang</td> <td>Secretarial (Immunology)</td> <td>56791</td> </tr> <tr> <td>Mavis Billinge</td> <td>Secretarial (Immunopath)</td> <td>56933</td> </tr> </tbody> </table>	Name	Title	Phone / Page	Prof Graeme Stewart	Consultant (Head)	56791	Prof David Brown	Consultant	56933	Dr Sanjay Swaminathan	Consultant	56791	Dr Ming-Wei Lin	Consultant	56933	Dr Lucinda Berglund	Consultant	56933	Dr Dan Suan	Consultant	56791		Registrar (Clinical)	p22535		Registrar (Pathology)	p09143	Amenze Itoya	NUM, A4D	57092	Paula Cook, Karen Wells	Nurses, A4d	57092 (p01496)	Trish Walsh	NUM, A4c	56094	Coco Kang	Secretarial (Immunology)	56791	Mavis Billinge	Secretarial (Immunopath)	56933
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F: SPECIFIC REQUIREMENTS TO PRACTISE 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>General clinical skills only.</p>
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G: TERM LEARNING OPPORTUNITIES

	1	To understand the spectrum of diseases of the immune system, including allergic disorders.
	2	To enhance understanding of the management of severe chronic disease.

	3	To acquire specific knowledge in diagnosis and management of immunologic and allergic disorders.
	4	To assist understanding of the role in basic and clinical research in best quality clinical care and to consider interest in and aptitude for, a career in Clinical Immunology and Allergy
	5	<p>RMO SPECIFIC LEARNING OBJECTIVES</p> <p>Management It is expected at the end of the term that RMOs will have a good grounding in the management of:</p> <ul style="list-style-type: none"> • connective tissue disorders, particularly SLE • systemic vasculitis • neuroimmunology • primary immune deficiency disorders • HIV/AIDS • allergic disorders <p>RMOs should be familiar with the use of:</p> <ul style="list-style-type: none"> • immunosuppressive therapy (high dose corticosteroids, cyclophosphamide and other cytotoxic drugs, cyclosporin and mycophenolate) • intravenous immunoglobulin (IVIG) • plasmapheresis <p>RMOs should become well skilled in management of chronic disorders including the importance of communication with:</p> <ul style="list-style-type: none"> • general practitioners and other members of the multi-disciplinary team <p>This term offers the opportunity to become fully familiar with the range of tests provided in the Immunopathology laboratory. Specifically, RMOs should be able to interpret the following tests:</p> <ul style="list-style-type: none"> • ANA, anti-ENA, anti-dsDNA • Serum complement • EPG/IEPG • Immunoglobulin • Immunoglobulin levels • ANCA • Lymphocyte sub-sets <p>RMOs should aim to become familiar with the use in diagnosis of direct immunofluorescence.</p> <ul style="list-style-type: none"> • Kidney biopsies • Skin biopsies, etc. <p>There are few procedures carried out in the department but RMOs should become competent in:</p> <ul style="list-style-type: none"> • skin biopsy • skin testing for immediate hypersensitivity • lumbar puncture

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	<p>INPATIENTS As with all other services, the RMO in Immunology is expected to provide a high standard of care in daily management of patients.</p> <p>Medical Charts It is mandatory that a full admission is charted for each patient. Those done by A&E staff are rarely adequate and must be expanded or rewritten by the RMO. This will be followed by a summary written by the Registrar outlining the management plan.</p>
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Many of the Immunology & Allergy patients have long and detailed medical records. It is mandatory that the RMO become fully familiar with the past record within 24 hours of admission.

It is expected that all active problems will be identified by number in the patient's notes and progress commented on, on a daily basis. If there has been no change with a particular problem, write "no change".

The medical charts must reflect the management plan, not just record events and test results. Each Friday it is mandatory for the RMO to write (in consultation with the Registrar) a brief plan under the heading "Weekend Management Plan" including name of Consultant Medical Officer (CMO) to be contacted.

Ward Rounds

RMOs are encouraged to contribute to the discussion regarding all management issues during consultant rounds; the recording of the outcome of those discussions should take place after the completion of the round, not during it.

Discharge Duties

On the day of discharge, it is mandatory that the RMO phones the office of the General Practitioner (GP) to let him/her know that the patient is leaving the hospital. If the GP is not available, the RMO should leave his/her name and page number should the primary care doctor wish to make contact.

The RMO has responsibility for a typed discharge summary in consultation with the Registrar which must be based on the day of discharge and must include name, contact details for the Registrar/CMO appropriate to contact should there be immediate problems. Discharge summaries will be reviewed throughout the term. Given the chronic and complex nature of most of our patients' disorders, the liaison with the GP through 'phone and typed summary is one of the most important aspects of care on which RMO performance will be judged.

After Hours Care

The RMO has a responsibility for a handover to after hours staff at nights and weekends, both through carefully written progress notes summarising the Unit's management plan and through direct discussion with the after hours RMO when appropriate.

Day Only Ward (A4d)

The RMO has a particular responsibility to assist in the Day Only Ward. Serious adverse events are rare but do occur with patients undergoing plasma exchange, receiving intravenous therapy (including immunoglobulin) or undergoing allergy challenges. It is the RMOs responsibility to assess the need for his/her presence at various times in consultation with the nursing staff. It is absolutely essential that two pages in rapid succession to the Short Stay Ward (57092) are answered urgently in all circumstances.

Maximum assistance for the efficient running of the Day Only Ward is an important responsibility for the RMO. The nursing staff look to the RMO for assistance with venous access, writing up of intravenous fluids and medications and other medical duties. The nursing staff are very experienced and knowledgeable and do have an understanding of the RMOs other commitments

Whilst many patients undergoing plasma exchange are admitted under other services, it is required of the RMO to have a working understanding of the patient's underlying disease, its management and the active problems as these may impinge upon the need for, and complication of, further plasmapheresis, the decisions for which reside with the Immunologist.

A brief visit first thing each morning to A4d is essential to plan likely RMO requirements for the day.

	<p>Attendance at Outpatients is not compulsory but assistance from a keen and well organised RMO is greatly appreciated by the senior staff. The Outpatient clinics provide a great opportunity for teaching.</p> <p>Laboratory liaison The RMO may be called upon from time to time to assist with liaison between the diagnostic laboratory and staff responsible for patients in the ward. Such occasions are infrequent.</p> <p>RMO Learning Opportunities and helping whenever possible The Consultant staff of the clinical service have a strong commitment to teaching and enjoy doing so. Enthusiasm for learning on the part of the RMO will be more than amply rewarded.</p> <p>A full understanding of the psychosocial issues involved in the management of severe chronic disorders would be expected. Counselling skills in all areas would expect to be enhanced.</p> <p>Informing Your Consultant</p> <p>The Consultants in Clinical Immunology very often have a close relationship with patients, their friends and family, as a result of severe chronic illness managed over a long period of time. They do not mind being phoned at home at night and would rather see the RMO err on the side of contacting too early rather than too late. Ordinarily this would follow consultation with the Registrar, but it is understood that there are occasions when this would not be possible, particularly those involving urgent aspects of management. Notification of an expected death during the early hours of the morning may be deferred to 7.00am but the CMO would wish to be contacted at any hour of the night in all other circumstances.</p>				
<p>Patient Load <i>(average per shift)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Patient Load per trainee</td> <td style="width: 10%; text-align: center;">4</td> <td style="width: 30%;">Patient load total for team</td> <td style="width: 10%; text-align: center;">25</td> </tr> </table>	Patient Load per trainee	4	Patient load total for team	25
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<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 JMO participates in the Westmead Hospital evening and weekend ward overtime. Supervision is provided by the following on site staff:</p> <ul style="list-style-type: none"> § Medical Registrar § Surgical Registrar § Anaesthetic Registrar § ICU Registrar <p>JMOs should read "A Guide to Medical Ward After-Hours Shifts at Westmead Hospital" as edited by the Medical Clinical Superintendent.</p>				

I: SIGN OFF

Terms will not be considered unless this section is completed.

Revision date and by who <i>(Name and Position)</i>	Dr Lucinda Berglund, Clinical Immunologist/Immune pathologist
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	 Dr Lucinda Berglund 3/10/2018
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	Dr VanaWing Tam

HETI OFFICE USE ONLY – Approved by PAC or PAC Member

Date	
Signature/TRIM DOC number of PAC minutes	

