

A: ACCREDITED PREVOCAATIONAL 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	EMERGENCY MEDICINE
Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided:</p> <p>The Emergency Department (ED) is responsible for initial management of all patients presenting to the hospital (with the exception of elective admissions, team admissions, patients with routine outpatient appointments or patients coming for specialised investigations organised by their LMO). ED is an integral part but not an endpoint in the delivery of health care to the community.</p> <p>The primary role of ED is resuscitation, stabilisation, initial assessment and management of all acute conditions. Once this is achieved, ongoing care of the patients is handed over to either the most appropriate in-patient unit or patient's local medical officer or other health practitioners (e.g. outpatient clinics or specialist rooms).</p> <p>As a major trauma centre supported by 24-hour trauma team and neurosurgical service, Westmead ED receives multiple severe, multi-trauma patients on a daily basis.</p> <p>The ED is divided into acute care area with 29 acute beds including (4 resuscitation bays) all with capability of full cardiorespiratory monitor. In addition there is an Urgent Care Centre (9 assessment spaces), Emergency Short Stay Unit (ESSU) (8 beds / 6 chairs), and Front of House zone (4 beds / 6 chairs).</p> <p>Our ED takes active measures to ensure and monitor delivery of time-critical management of patients with acute coronary syndrome, stroke and sepsis. The ED endeavours to adhere to ETP Guidelines as outlined by NSW Health.</p> <p>Research projects are undertaken in the department supported by our in-house Emergency Medicine Research Unit (EMRU).</p> <p>Please outline the patient case mix, acuity and turnover:</p> <p>Westmead Emergency has approximately 75, 000 presentations annually and as a tertiary referral hospital encompasses all specialties of medicine and surgery. This equates to greater than 200 patients per day, the acuity of which is high.</p>
Term Duration (Weeks)	10 – 11 Weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	050006
Status	Provisional

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 Emergency	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="20"/>	PGY2 <input type="text" value="20"/>	MAXIMUM NUMBER OF TRAINEES IN TERM <input type="text" value="40"/>
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 Matthew Vukasovic Director Emergency Dr Danielle Unwin JMO Co-ordinator Emergency
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>	Can be contacted via Westmead Switch. General Contact All JMO's are allocated a mentor at the commencement of the term. The mentor is one of the emergency staff specialists Orientation A formal orientation session for JMOs is organised at the beginning of each term with Dr Unwin or her nominee. These are run on either the Friday before term change or the first Monday of the new term. JMOs will be contacted before the term change and booked into which ever session is most convenient. Mid Term Mid-term assessments are performed by the JMOs allocated mentor. The JMO organises a meeting with their mentor to discuss the JMOs performance and review of their logbook and case presentations. If the mentor is not available then the term supervisor will perform this duty. End of Term End of term assessments are performed by the JMOs allocated mentor. The JMO organises a meeting with their mentor to discuss the JMOs performance and review of their logbook and case presentations. If the mentor is not available then the term supervisor will perform this duty.
Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline</i>	As above.

Immediate Supervisor with direct responsibility for day to day supervision	Position and Contact details Day to day supervision of JMOs is the responsibility of the rostered Emergency Staff Specialist and/or Emergency Registrar.
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>	Name, Position and Contact details Registrars are present 24 hours a day 7 days a week. Staff Specialists are on site 07:00-24:00 Mondays- Fridays; and 08:00-24:00 on weekends. After hours, on-call staff specialists can be contacted via switchboard. JMOs are encouraged to consult senior staff regarding all potentially unwell patients early. In addition, JMOs are expected to provide supervising registrars and consultants regular updates on all patients.

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>Clinical knowledge and skill</p> <ul style="list-style-type: none"> • Basic knowledge about pathophysiology of common presentations and awareness of red flags • Competency in conducting comprehensive history taking and physical examination • Basic understanding of pharmacodynamics and pharmacokinetics of commonly prescribed medications and awareness of important drug interactions and side effects. <p>Procedural skill</p> <ul style="list-style-type: none"> • Aseptic technique • IV Cannulation • ABG collection • Basic wound management including suturing of uncomplicated wounds • Basic life support, including CPR <p>These are assessed during patient management in the department by staff specialist or registrar.</p>

G: TERM LEARNING OPPORTUNITIES		
Please list top 5 learning opportunities/objectives	1	<ul style="list-style-type: none"> • Identification of acutely ill patients
	2	<ul style="list-style-type: none"> • Demonstrate understanding of common admission criteria
	3	<ul style="list-style-type: none"> • Demonstrate effective clinical problem-solving of common presentations: <ul style="list-style-type: none"> o Outline significant differential diagnoses that need excluding o List them in order of priority for timely intervention o Describe the clinical evidence required for exclusion o Clinical and bedside tests o Supportive investigations, and o Definitive investigations o Formulate and implement an initial management plan in consultation with patient, family, and senior staff (registrars/ staff specialists)

	4	<ul style="list-style-type: none"> • Demonstrate ability to interpret common diagnostic tests
	5	<ul style="list-style-type: none"> • Demonstrate knowledge in important areas particular to practice of emergency medicine: <ul style="list-style-type: none"> o Cardiopulmonary resuscitation o Primary Trauma Survey o Support of ventilation: management of pneumothorax, bronchodilators, diuretics o Support of circulation: fluids, vasodilators, inotropes, vasoconstrictors o Approach to patients with altered level of consciousness or coma <ul style="list-style-type: none"> • Including administration of glucose (and consideration for thiamine), anticonvulsants o Time-critical emergencies <ul style="list-style-type: none"> • Patient requiring thrombolytic or acute revascularisation procedures • Acute sepsis- antimicrobials o Toxicology- approach to overdose patients and use of antidotes o Surgical intervention <p>Teaching sessions are interactive sessions conducted by ED staff specialists and from time to time, invited guest speaks chosen for their expertise in relevant fields. The topics cover major areas of emergency medicine. The JMO co-ordinator is responsible for the planning and organisation of the JMO teaching programme.</p> <p>JMO tutorials are held between 9:00-9:30am every Monday, Tuesday, Thursday and Friday year-round except on public holidays and during first week of each term when they are replaced by orientation sessions.</p> <p>All JMOs are expected to attend the JMO tutorials. The programme is emailed to all JMOs at the beginning of the term.</p>

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<p>In order to pass the term of emergency medicine, a JMO must</p> <ul style="list-style-type: none"> • at a minimum, demonstrate clinical knowledge and skills at a level consistent with that expected of his/her post-graduate level or equivalent experience in the case of international medical graduate; • competent communication and interpersonal skills • Satisfactory attendance and punctuality, • Regularly attend JMO tutorials; and • Pass two case presentations to staff specialists and completion of log book by end-term assessment. 			
<p>Patient Load (average per shift)</p>	<p>Patient Load per trainee</p>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">8</div>	<p>Patient load total for team</p>	<div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">65</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>Westmead emergency department provides a 24/7 service to the community. All JMOs in ED participate in a 24-hour roster which includes day, evening and night shifts at 10 hours duration with 8 shifts per fortnight. The roster is an irregular rotating roster which will be published 2-3 weeks prior to each term.</p> <p>JMOs are closely supervised by registrars at all hours overseen by onsite staff specialists on hours noted above.</p> <p>JMOs do NOT participate in general ward overtime</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 Danielle Unwin, ED Staff Specialist
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	Dr Danielle Unwin, ED Staff Specialist
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	Dr Vana Tam, Staff Specialist Geriatrician and Co-Chair PCTC

HETI OFFICE USE ONLY – Approved by PAC or PAC Member

Date	
Signature/TRIM DOC number of PAC minutes	

