A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:	WESTMEAD HOSPITAL
Training Term Based at:	*If not at above location, please give off site facility name and location:*
Offsite Term? *Includes affiliated private hospitals, general practices, community-based medical services*	Yes ☐ No ☒ *If yes, Collaborative Agreement to be attached*
B: TERM NAME	**Gastroenterology**
Overview of Unit or Service	**Please outline the role of the unit and range of clinical services provided:** Provide tertiary referral centre for Gastroenterology and Hepatology including inpatient and outpatient and consultative service and a full Endoscopic Suite service. Four JMOs, (usually two interns and two RMOs) will be allocated to each of the four clinical teams and will also support the D3b Gastroenterology outpatient clinic throughout the week. **Please outline the patient case mix, acuity and turnover:** There is a full range of acute tertiary level gastroenterology, encompassing both luminal gastroenterology, supported by a busy tertiary emergency department and hepatology. Gastro has a single dedicated inpatient ward with typically 25 patients, as well as outliers, and a busy daily outpatient clinic with a turnover of 40-50 patients/day - focusing on hepatitis follow up and minor procedures, in particular ascetic taps. The outpatient clinic, which is integrated into the ward, has consultant level supervision from Prof George, Dr Burgess or Dr Van der Poorten at all time. The endoscopy unit carries out a full range of procedures including ERCP and EUS.
Term Duration *(Weeks)*	10 – 11 Weeks
HETI Term Identifier Number *HETI Assigned after accreditation decision*	050007
Date of Accreditation by HETI	10/11/20153
1	

C: TERM CATEGORY *Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify)*	Medicine	**If other please specify:**
Is the term a PGY1 or a PGY2 term?	**PGY1** X **PGY2** X ***Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term***	

D: TERM CAPACITY	
Please indicate the term capacity – total number of PGY1s and PGY2 trainees	**PGY1** 4 **PGY2** 0 **MAXIMUM NUMBER OF TRAINEES IN TERM** 4 Usual configuration will be 2 PGY1 and 2 PGY2 NOTE: number of PGY1s + number of PGYs=maximum Capacity

E: TERM SUPERVISION	
Name and Position of Term Supervisor *Responsible for trainee term orientation and assessment*	Dr Nicholas Burgess Team 1&2 Tel. 02 9845 5555 Staff Specialist, Gastroenterologist Dr Robert Cheng Team 3&4 Tel. 02 9845 7986 Staff Specialist, Gastroenterologist Dr Burgess and Cheng are happy to be contacted on their mobile which they will provide at orientation to the term.
Term Supervisor Contact with Trainee *Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term*	**General Contact:** Dr Nicholas Burgess, also as part of the daily ward round on a regular basis **Orientation:** All Teams - First day of term with Nicholas Burgess including handout of Gastro handbook. **Mid Term:** With term supervisor as listed above, in Week 5 **End of Term:** With term supervisor as listed above, in Week10
Primary Clinical Supervisor *(if not Term Supervisor)* *Consultant or senior medical practitioner with experience in managing patients in the relevant discipline*	**Name, Position and Contact details** As above
Immediate Supervisor with direct responsibility for day to day supervision	**Position and Contact details** Advanced trainees
Clinical Team Structure *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*	**Name, Position and Contact details** Team 1 Prof Michael Bourke,VMO & Director Endoscopy 02 9633 5953 Dr Nicholas Burgess, Staff Specialist Gastroenterologist 02 9845 5555 Dr Thao Lam, Staff Specialist Gastroenterologist 02 9845 5555

identify how PGY1 & 2s will be distributed amongst the teams	Team 2 Dr David van der Poorten, Staff Specialist Gastroenterologist 02 9845 5555 Dr Eric Lee, Staff Specialist Gastroenterologist 02 9845 7986 Dr Vu Kwan, Staff Specialist Gastroenterologist 02 9845 7986 Team 3 Prof Chris Liddle, Academic Gastroenterologist 02 9845 6086 Dr Stephen Williams, VMO Gastroenterologist 02 9633 5953 Team 4 Prof Jacob, George Head of Department 02 9845 7705 Dr Rita Lin, Staff Specialist Gastroenterologist 02 9635 1510 Dr Robert Cheng, Staff Specialist Gastroenterologist 02 9845 5555 **D3b** Prof Jacob George Dr David van der Poorten Dr Nicholas Burgess Registrars 4 Basic Physician Trainee 5 ATs. 1 BPT or 1 AT is attached to each clinical team. The other BPTs and ATs are allocated to D3b Clinics, Consults or Endoscopy

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:	
This section may include: • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed	• Read basic internal medicine text, such as Davidsons and Talley for general medicine and examination respectively. • Gastroenterology department JMO handbook • Paracentesis etc. will be taught and supervised by advanced trainees • Regular teaching as provided by the hospital including simulation training

G: TERM LEARNING OPPORTUNITIES		
Please list top 5 learning opportunities/objectives	**1**	At the end of the term on the unit, we expect that you should be able to diagnose and manage the following disorders: 1. PUD/GORD 2. Acute GIT bleed 3. Inflammatory bowel disease 4. GIT malignancy 5. Pancreatitis 6. Hepatobiliary disease 7. Liver disease – viral/autoimmune/metabolic hepatitis 8. Malabsorption 9. Infective GIT problems 10. Irritable bowel disease
	2	You should feel confident in resuscitation or management of the following acute presentations: 1. Acute upper and lower GIT bleed

		2. Decompensated liver failure including ascites, SBP, encephalopathy 3. Acute abdomen 4. Cholangitis 5. Pancreatitis 6. Acute hepatitis
	3	You should be able to independently perform the following procedures: 1. Insertion of ICV cannula 2. Venepuncture 3. Ascitic tap / drainage 4. Insertion central line for critically ill patients
	4	You should be confident in interpreting the following tests: 1. FBC, LFT, Coagulation profile, EUC 2. Viral serology e.g. HBV, HCV 3. Endoscopy findings 4. Liver biopsy results 5. Ascitic fluid results 6. AXR, Abdominal CT/US
	5	

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE	
Please list expectations	Responsible to registrar for all patients admitted under the Department of Gastroenterology. 2. A full history (including full documentation of the present illness and past history) should be taken by the JMO in each case of admission to the Unit (including those admitted over the weekend or by another JMO). 3. The JMO should make daily progress notes on each patient outlining relevant results, diagnoses and management decision. Additions (relevant complications / co-morbidity and investigations) should be made to the MRI front sheet on a daily basis. 4. Discharge summaries should contain all relevant investigation results including endoscopy / ERCP. Discharge summaries MUST be completed for each patient (preferably on the day of discharge and certainly within 48 hrs of discharge). 5. Prior to discharge, the JMO should discuss with the registrar / CMO the appropriate diagnosis(es) to be listed on the discharge summary. 6. Also prior to discharge, the follow up treatment plan should be discussed and detailed. In some circumstances, the LMO should be contacted by phone. 7. JMOs may at times be required to attend the Endoscopy Unit to admit patients and insert IVC and perform ascitic tap. 8. The JMO responsible for a patient should attempt to be present when

	Consultants from other disciplines come to see that patient, in order to improve the flow of communication. 9. Attendance during endoscopy sessions is regarded as a valuable educational exercise; however attendance is optional and dependent on workload. 10. All JMOs should attempt to visit the library and search out references for specific patient problems arising in the course of their duties. 11. Attendance at all ward rounds Department meetings should have the highest priority for each JMO. Interns are encouraged to attend the schedule JMO training sessions. 12 A daily, consultant led ward meeting occurs at 1000am at which both teams attend and daily priorities are determined for all patients. Attendance by all JMOs is mandatory. 13. The JMO is encouraged to present cases at the weekly Department Meeting. 14. JMOs are also required to attend 2 clinics weekly (Wednesday – GE clinic (either am or pm), Thurs – Liver clinic). Ward emergencies take priority. If unable to attend clinic, let your registrar know. DEPARTMENT RADIOLOGY & HISTOPATHOLOGY MEETING Resident medical staff will submit relevant x-rays and histopathology for discussion at the meeting. They are expected to present a brief history prior to reviewing the histopathology or x-rays. DEPARTMENT WEEKLY CLINICAL MEETING All resident medical staff are expected to attend the weekly clinical meeting. When appropriate they will prepare and present cases under the supervision of the senior registrar. On occasions they will also be expected to present a review of the literature relevant to the case. DEPARTMENT OF MEDICINE GRAND ROUNDS AND QUALITY OF CARE MEETINGS All resident medical staff are expected to attend the Department of Medicine Grand Rounds and Quality of Care Meetings unless emergency ward duties intervene. **Consultants wish to be notified** regarding changes in their patient's condition. Please contact the consultant at any time of the day or night regarding the following: 1. Further GI bleeding 2. Deterioration in Hb 3. Haemodynamically unstable patient 4. Acute abdomen 5. Cardiac arrhythmia or hypotension 6. Cardiac or respiratory arrest 7. Death of a patient 8. Any other reason causing concern 9. Any new admission, however routine it may seem

Patient Load *(average per shift)*	**Patient Load per trainee** 5-10 + outpts **Patient load total for team** 20-30
After hours Roster *Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours*	The JMO will participate in the general ward JMO overtime weekend roster, at an average rate of 2-4 15 hour weekend day shifts per term. JMOs will not participate in weekday general ward evening cover. Both teams will have an internal roster of alternating staggered starts which will run for 2 weeks at time. The late starter will commence at 10:00 am with the morning ward meeting, and will be rostered until 18:30 pm. On site supervision will be provide by the consultant staff and in particular by the Gastro registrars, one of whom will be on site during these hours.

I: SIGN OFF *Terms will not be considered unless this section is completed.*	
Revision date and by who *(Name and Position)*	Dr Nicholas Burgess
Endorsement by Term Supervisor *(Name, Date and Signature)*	Dr Nicholas Burgess
Endorsement by GCTC Chair (or representative) *(Name, Date and Signature)*	

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

HEALTH EDUCATION & TRAINING INSTITUTE

J: TERM / UNIT TIMETABLE AND INDICATVE DUTY ROSTER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0830-1700 or 1000-1830 ENDOSCOPY – Dr Williams/Dr Lee 0830-0930 review of planned discharges and new admissions or D3b allocations for review and procedures	0830-1700 or 1000-1830 0830-0930 review of planned discharges and new admissions or D3b allocations for review and procedures	0830-1700 or 1000-1830 0830-0930 review of planned discharges and new admissions or D3b allocations for review and procedures or Gastro clinic	0830-1700 or 1000-1830 ENDOSCOPY/EUS – Dr Bourke, Dr Lee, Dr Williams 0830-0930 review of planned discharges and new admissions or D3b allocations for review and procedures	0830-1700 or 1000-1830 ENDOSCOPY - Dr Lin, Dr Cheng/A/Rpf Van der Poorten 0830-0930 review of planned discharges and new admissions or D3b allocations for review and procedures	08:00-23:00 Participation in General Ward overtime as rostered (2-4 days per term)	08:00-23:00 Participation in General Ward overtime as rostered (2-4 days per term)
1000-1030 ward meeting	1000-1030 ward meeting	1000-1030 ward meeting	1000-1030 ward meeting	1000-1030 ward meeting		
1000-1400 ward round incl. consultant ward round and lunch break or D3b allocations for review and procedures	1000-1400 ward round incl. consultant ward round and lunch break or D3b allocations for review and procedures	1000-1400 ward round incl. consultant ward round and lunch break or D3b allocations for review and procedures	1000-1400 ward round incl. consultant ward round and lunch break or D3b allocations for review and procedures	1000-1400 ward round incl. consultant ward round and lunch break or D3b allocations for review and procedures		
1330 X-Ray Hepatology (fortnightly) 1400 interferon Clinic (BPTs and ATs only, not for interns and residents) 1400-1700 new admissions, patient care, consultations, organizing referrals and procedure, prepare discharge summaries and prescriptions	13:00-14:00 PGY2 Teaching Session ENDOSCOPY/ERCP/EUS – Prof Bourke, Dr Lee 1400-1700 new admissions, patient care, consultations, organizing referrals and procedure, prepare discharge summaries and prescriptions	13:00-14:00 Medical Grand Round ENDOSCOPY - A/Prof van der Poorten 1400-1600 Gastro clinic, IBD Clinic C	13:00-14:00 JMO Teaching Session 1400-1600 Liver clinic	ENDOSCOPY - A/Prof van der Poorten ERCP, Dr Burgess 1400-1700 new admissions, patient care, consultations, organizing referrals and procedure, prepare discharge summaries and prescriptions		
1600 Liver histology meeting (Monthly)		1600-1700 patient care, consultations, organizing referrals and procedure, prepare discharge summaries and prescriptions 1700-1800 Department meeting	1600-1700 patient care, consultations, organizing referrals and procedure, prepare discharge summaries and prescriptions 1700-1800 Department meeting			