

<b>A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:</b>		WESTMEAD HOSPITAL
<b>Training Term Based at:</b>	<i>If not at above location, please give off site facility name and location:</i>	
<b>Offsite Term?</b> <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>B: TERM NAME</b>		
<b>INTENSIVE CARE UNIT</b>		
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b> Intensive Care Services currently run three ICU Level III zones in a purpose built facility commissioned in August 2006 Wards E3a (Zone A, 11 beds) and E3b (Zone B, 13 beds) form the General ICU and Ward E3c (Zone C, 13 beds) forms the Cardiothoracic ICU. Each Zone is overseen by a Consultant Intensivist with Provisional Fellow and Registrar support. Intensive Care Services provide outreach support to High Dependency areas (Medical and Surgical) as well as leadership to the hospital ALS team</p> <p>In 2019, the sicker HDU patients will be collocated into a new 22-bed Level 1 ICU area under the bed and clinical governance of Intensive Care Services.</p> <p>In our Intensive Care Unit we aim to provide a caring and effective health service for our patients while fostering an environment for professional development for students, medical and nursing trainees as well as qualified professionals.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b> The Level III ICU Zones are one of the busiest in Australia with 1800 patients admitted per year. These patients have a high severity of illness (APACHE 2 score 18) and length of stay 4 days.</p> <p>The work involves the management of acute reversible life threatening illnesses from a multitude of clinical backgrounds including trauma, post-op surgical, respiratory, neurological, cardiovascular, sepsis and haematological. Interventions undertaken commonly include ventilation, fluid resuscitation, inotrope management and renal support.</p>	
<b>Term Duration (Weeks)</b>	10 – 11 Weeks	
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050017	
<b>Date of Accreditation by HETI</b>	19/11/2008	

<b>C: TERM CATEGORY</b> <i>Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify) For information on 'core' terms please see the last page of this document.</i>	Others	<b>If other please specify:</b>
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<b>Is the term a PGY1 or a PGY2 term?</b>	<b>PGY1</b> <input type="checkbox"/> <b>PGY2</b> <input checked="" type="checkbox"/> <p><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></p>
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## D: TERM CAPACITY

<b>Please indicate the term capacity – total number of PGY1s and PGY2 trainees</b>	<b>PGY1</b> <input type="text" value="0"/> <b>PGY2</b> <input type="text" value="8"/> <b>MAXIMUM NUMBER OF TRAINEES IN TERM</b> <input type="text" value="8"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity	

## E: TERM SUPERVISION

<b>Name, Position and Contact Details of Term Supervisor</b> <i>Responsible for trainee term orientation and assessment</i>	Drs Peter Clark, Mohammad Hamidi, Madhav Pendyala, Alex Yartsev Contacted via Switchboard Dept. 8890 5555 or pls refer to Clinical Team Structure below.		
<b>Term Supervisor Contact with Trainee</b> <i>Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term</i>	<b>General Contact:</b>  <b>Orientation:</b> Orientation provided by Consultant on duty in the week of commencement. Meet with Term supervisor at earliest opportunity  <b>Mid Term:</b> Book meeting with Term supervisor through unit secretary  <b>End of Term:</b> Book meeting with Term supervisor through unit secretary		
<b>Primary Clinical Supervisor (if not Term Supervisor)</b> <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i>	<b>Name, Position and Contact details</b> Dr Peter Clark, Senior Staff Specialist, 8890 9363		
<b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b>	<b>Position and Contact details</b> Consultants and Provisional Fellows are available after hours either onsite or by phone. Registrars are present 24 hours per day. ICU Provisional Fellows (2 per Day Shift) and Registrars (3 per Day Shift) will provide clinical supervision and teaching.		
<b>Clinical Team Structure</b> <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 and describe how PGY1 &amp; 2s will be distributed</i>	Dr Dani Goh	Head of Department	Ext 59363
	A/Prof Vineet Nayyar	Consultant	Ext 59363
	Dr Edward Stachowski	Consultant	Ext 59363
	Dr Ashoke Banerjee	Consultant	Ext 59363
	Dr Peter Clark	Consultant	Ext 59363
	Dr John Gallagher	Consultant	Ext 59363
	A/Prof Yugan Mudaliar	Consultant	Ext 59363
	Dr Amit Vaidya	Consultant	Ext 59363

<i>amongst the teams</i>	Dr Mohammad Hamidi	Consultant	Ext 59363
	Dr Alex Yartsev	Consultant	Ext 59363
	Dr Hugh Playford	VMO	Ext 59363
	Dr Kush Deshpande	VMO	Ext 59363
	Dr Yung Tran	VMO	Ext 59363
	Dr James Fratzia	VMO	Ext 59363
	Dr Ivana Kliman	VMO	Ext 59363
	Dr Simon Hockley	VMO	Ext 59363
	Dr Tom Solano	VMO	Ext 59363
	Dr Dhaval Ghelani	VMO	Ext 59363
	A/Prof Graham Reece	VMO	Ext 59363
	Dr Kiran Deol	VMO	Ext 59363
	Dr Hemal Vachharajani	VMO	Ext 59363

## 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

You should be accredited in Basic and Advanced Life Support.

- You should have read the ICU Policies and Procedures Manual (copy available from the Secretary)
- You should have read the ICU Medical Protocol Manual (copy available from the Secretary)
- If accreditation in ACLS is deficient, the RMO will be booked into the next available slot.

Continuous access to CIAP  
ICU Library  
Journals online and in print (available)

## G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objective</b>	<b>1</b>	<p>You should be able to recognise and initiate management of the following conditions:</p> <ul style="list-style-type: none"> <li>* Severe Sepsis &amp; Septic Shock</li> <li>* Respiratory failure requiring mechanical ventilation</li> <li>* Cardiac failure</li> <li>* The Unconscious patient</li> <li>* Common metabolic emergencies</li> <li>* Poisoning and deliberate self-harm</li> <li>* Multi-trauma</li> </ul>
	<b>2</b>	<p>You should feel confident in resuscitation of the following acute presentations:</p> <ul style="list-style-type: none"> <li>* Multiple Trauma</li> <li>* Acute blood loss</li> <li>* Shock</li> <li>* Cardiac arrhythmias</li> </ul>
	<b>3</b>	<p>By the completion of this term the JMO may expect to gain competency in the following skills:</p> <ul style="list-style-type: none"> <li>* Peripheral venous cannulation</li> <li>* Central venous cannulation</li> <li>* Arterial vascular cannulation</li> </ul>
	<b>4</b>	<p>Education Sessions: 0900                      Tuesday, Wednesday, Thursday: ICU Short Topics (Radiology Room)</p>

	1100 Daily Radiology meeting with Radiologists (Radiology Room) 1300 Tuesday ICU Grands Rounds, ICU Lectures, ICU Journal Club (Conference Room) 1300 Wednesday Medical Ground Rounds 1300 Thursday Audit Meeting / Tutorial (Conference Room) 1300 Friday Case Conference (Conference Room) Attendance at Ground Rounds, Primary Courses etc is dependent on the workload in the Unit
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## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<b>Please list expectations</b>	<ul style="list-style-type: none"> <li>- Physical examination and history taking on admission.</li> <li>- Organisation of investigations on admission according to protocol and direction.</li> <li>- Follow-up, review and recording of all investigations.</li> <li>- Examination and review of patient condition and progress on a follow-up basis.</li> <li>- Documentation of progress notes (including decisions made on the daily consultant round).</li> <li>- Complete discharge summaries when directed by the Senior Registrar/Consultant on duty.</li> <li>- Completion of all ICU data collection sheets.</li> <li>- Specialised procedures as directed and supervised by the Senior Registrar/Consultant on duty.</li> <li>- Implementation of Senior Registrar/Consultant instructions for patient management.</li> </ul> <p>Change of shifts and sick leave must be notified to the consultant on call directly, for approval by the Head of Department and then forwarded Resident Support Unit.</p> <p>Requirements for examination leave, annual leave, course leave must be communicated with and supported by Resident Support Unit to ensure adequate cover is provided to the ICU. Please contact the term supervisor if you have any concerns.</p>				
<b>Patient Load</b> <i>(average per shift)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><b>Patient Load per trainee</b></td> <td style="border: 1px solid black; text-align: center; width: 50px;">3-6</td> <td style="text-align: center;"><b>Patient load total for team</b></td> <td style="border: 1px solid black; text-align: center; width: 50px;">12-13</td> </tr> </table>	<b>Patient Load per trainee</b>	3-6	<b>Patient load total for team</b>	12-13
<b>Patient Load per trainee</b>	3-6	<b>Patient load total for team</b>	12-13		
<b>After hours Roster</b>  <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>JMOs only participate in the ICU roster, which follows a 7 on / 7 off, pattern, rotating through days and nights. There are 2 Juniors rostered each day and each night, one for each zone. Day shifts run from 08:00-21:00 and night shifts run from 20:30-09:00</p>				

## I: SIGN OFF

*Terms will not be considered unless this section is completed.*

<b>Revision date and by who</b> <i>(Name and Position)</i>	Dr Peter Clark Term Supervisor
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	Dr Peter Clark Term Supervisor
<b>Endorsement by GCTC Chair (or representative)</b> <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**

## J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>0800-0900 Handover Round followed by Xrays</b>	0800-0900 Handover Round followed by Xrays and Short Topics	0800-0900 Handover Round followed by Xrays and Short Topics	0800-0900 Handover Round followed by Xrays and Short Topics	0800-0900 Handover Round followed by Xrays	0800-0900 Handover Round followed by Xrays	0800-0900 Handover Round followed by Xrays
0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds	0900-1300 Daily Ward Rounds
1130-1230 <b>Xray Round with Radiologist</b>	1100-1130 Micro round 1130-1230 Xray Round with Radiologist	1130-1230 Xray Round with Radiologist	1130-1230 Xray Round with Radiologist	1100-1130 Micro round 1130-1230 Xray Round with Radiologist	1130-1230 Xray Round with Radiologist	1130-1230 Xray Round with Radiologist
	1300-1400 ICU Grands Rounds ICU Lectures ICU Journal Club Monthly	1300-1400 Medical Grand Rounds	1300-1400 ICU Discharge Audit meeting and Tutorial, IIMS meeting	1300-1400 Clinical Conference		
1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds	1600-1730 Afternoon Rounds
Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00	Day Shift 8:00 – 21:00 Night Shift 20:30 – 09:00

### 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)