

<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>Medical Oncology</b>	
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b></p> <p>Management of all aspects of care of patients with cancer. Integration of hospital and community based facilities for care of patients with cancer. Integration of medical, radiation and surgical oncology facilities.</p> <p>The Departments of Medical and Radiation Oncology incorporate units at Westmead, Nepean, Norwest Private and Westmead Private Hospitals. Additionally medical oncology patients are seen at Blacktown Hospital. Some patients may be treated at each of the five hospitals.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b></p> <p>The Medical Oncology Department sees approximately 2,600 new patients per year, and over 25,000 patients are seen in Westmead Hospital outpatient clinics. These patients are managed by consultants and advanced trainees and do not impact on the workload of the ward team. The average number of inpatients per week in Medical Oncology is 20, with approximately 1,000 admissions per year.</p> <p>The Medical Oncology ward is C5c, with 12 short stay beds and 16 long stay beds. The chemotherapy day ward is in the new Cancer Care Centre on Level 1, and medical cover is via the advanced trainees.</p> <p>For patients (and their families) far from home requiring treatment but not requiring hospital admission there is a 28-room hostel called Casuarina Lodge located in the grounds of the hospital. There is a minimal cost, which in appropriate cases is reimbursed under the IPTAAS scheme. A similar cottage called Hope Cottage is close to the Nepean Cancer Care Centre.</p>	
<b>Term Duration (Weeks)</b>	10 – 11 Weeks	
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050023	
<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>	Medicine	<b>If other please specify:</b>

<b>Is the term a PGY1 or a PGY2 term?</b>	<b>PGY1</b> <input checked="" type="checkbox"/> <b>PGY2</b> <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>
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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="1"/> <b>PGY2</b> <input type="text" value="1"/> <b>MAXIMUM NUMBER OF TRAINEES IN TERM</b> <input type="text" value="2"/>
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>	Prof Paul Harnett Team A & B 8890 5200
<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> JMO to contact Term Supervisor directly for ad hoc meetings  <b>Orientation:</b> Term Supervisor will meet with JMO in first 2 days of new term  <b>Mid Term:</b> JMO to book meeting with Term supervisor on above extension in week 5 for mid term assessment  <b>End of Term:</b> JMO to book meeting with Term supervisor on above extension in week 95 for end of term assessment
<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> As above
<b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b>	<b>Position and Contact details</b> Mainly basic trainees who are primarily ward based and available, if not Advanced Trainees and Consultants are approachable (consultants via mobile phones after hours).
<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 amongst the teams</i>	Team A A/Prof Howard Gurney- Director Medical Oncology -8890 5200 A/Prof Sandra Turner-Staff Specialist 8890 5200 Dr Jayasingham Jayamohan-Staff Specialist 8890 5200 A/Prof Michael Veness 8890 6499 A/Prof Rina Hui-Staff Specialist - Mentor -8890 5200 Dr Adnan Nagrial - Staff Specialist - 8890 5200 Dr Matt Carlino - Staff Specialist - 8890 5200 Dr Phuong Dinh - Staff Specialist - 8890 5200  Team B A/Prof P. Harnett-Stream Leader for Cancer Services-8890 5200 A/Prof Nicholas Wilcken - Staff Specialist - 8890 5200 Dr Mark Wong - Staff Specialist - 8890 5200

	Dr Bo Gao – Staff Specialist – 8890 5200 Dr Viet Do-Staff Specialist 8890 6499
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**F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:**

<p><b>This section may include:</b></p> <ul style="list-style-type: none"> <li>• Courses (e.g. life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed</p>	<p>Prior to the commencement of the Term the JMO should be proficient in:</p> <ul style="list-style-type: none"> <li>§ History taking and physical examination</li> <li>§ Formulation and documentation of Management Plans and Discharge Summaries</li> </ul> <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"> <li>§ Cardiopulmonary resuscitation</li> <li>§ Intravenous cannulation</li> <li>§ Safe prescribing</li> </ul> <p>Educational Resources</p> <ul style="list-style-type: none"> <li>§ New Staff Information via Intranet</li> <li>§ Medical Oncology Handbook</li> <li>§ Information Sheets</li> </ul> <p>New Medical Officer Orientation Pack</p> <ul style="list-style-type: none"> <li>• Medical Oncology Orientation</li> <li>• Handbook of Medical Oncology</li> <li>• Writing a Discharge Summary</li> <li>• Effective Case Presentation</li> <li>• Term Specific Goals</li> <li>• The Resident's Alternative Guide to Medical Oncology</li> </ul> <ul style="list-style-type: none"> <li>§ Chemotherapy Guidelines for new ward staff</li> <li>§ CIAP site via Intranet / Internet</li> <li>§ There is a library area in the radiation oncology clinic area where cancer journals and textbooks are kept. These are available for use within the department and are a valuable resource.</li> <li>§ RMO Handook.</li> </ul>
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**G: TERM LEARNING OPPORTUNITIES**

<p><b>Please list top 5 learning opportunities/objectives</b></p>	<p>By the completion of this term the JMO should expect to</p> <ul style="list-style-type: none"> <li>§ Be comfortable in diagnosing and initiating management of febrile neutropaenia, hypercalcaemia, neurological complications of cancer such as spinal cord compression, malignant effusions.</li> <li>§ Be competent in the management of pain with opiates.</li> <li>§ Have some experience in managing radiation oesophagitis, pharyngitis, enteritis etc. which require parenteral support.</li> <li>§ Have developed some skills in breaking bad news, discussing prognosis, death and dying with patients and families.</li> <li>§ Develop some familiarity with common chemotherapy drugs.</li> <li>§ Provide excellent case presentations on ward rounds and at meetings.</li> <li>§ Provide excellent record keeping / documentation in both hospital medical records and medical oncology files.</li> <li>§ Produce excellent discharge letters.</li> </ul>
	<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>• looking after the “whole person”.</li> <li>• working as part of a team involving other health professionals.</li> <li>• determination of treatment goals (e.g. curative or palliative).</li> <li>• excellent communication skills.</li> <li>• Interpreting blood tests including tumour markers.</li> <li>• Interpreting imaging</li> <li>• Paracentesis and Pleural taps</li> <li>• commencing patients on appropriate doses of opiates.</li> </ul>

	<p>Interpret the following with confidence and competence:</p> <ul style="list-style-type: none"> <li>- Laboratory tests eg; blood tests</li> <li>- Plain X-rays and CT scans+/-MRI scans (within limits)</li> </ul> <p>Be able to initiate investigation or treatment under appropriate supervision</p>
	<p>Practical Learning Opportunities</p> <p>Extensive experience in general medicine with multisystem problems e.g. DVT, pulmonary embolism, obstructive uropathy, cardiac tamponade, neurological sequelae, complications of immunosuppression etc.</p> <p>Opportunities to perform procedures including</p> <ul style="list-style-type: none"> <li>§ Pleural aspiration</li> <li>§ Ascitic tap</li> <li>§ Lumbar puncture</li> <li>§ Insertion of central line</li> </ul> <p>Educational activities during the medical oncology term</p> <p>RMO and Intern</p> <ul style="list-style-type: none"> <li>§ Case presentation on all inpatients in the weekly Professorial Ward Round</li> <li>§ Attendance at weekly oncology radiology meeting</li> <li>§ Attendance at weekly unit meeting when the unit key performance indicators will be presented and the diagnosis / management of all new patients will be discussed.</li> <li>§ Attendance at weekly journal club</li> <li>§ Attendance at fortnightly oncology tutorial, topics include: <ul style="list-style-type: none"> <li>§ Symptom control</li> <li>§ Breaking bad news</li> <li>§ Oncological emergencies</li> <li>§ Cancer treatment, including the management of treatment toxicity</li> <li>§ Common cancers including breast, lung, prostate and colorectal cancers</li> </ul> </li> <li>§ Attendance at JMO Thursday lunchtime lectures (1300 – 1400)</li> </ul>

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p><b>Please list expectations</b></p>	<ul style="list-style-type: none"> <li>§ Clerk all new admissions so as to arrive at an anatomical/pathological, and a functional diagnosis, or for those that are not possible, a differential diagnosis with an evaluation of the clinical situation. Documentation of all admissions (history, physical examination, provisional and differential diagnosis, and management plan) must be thorough and clear.</li> <li>§ Plan a course of investigation and of treatment for discussions with the registrar/SRMO immediately and with the consultant subsequently.</li> <li>§ Implement urgent treatment immediately, and remainder of management plan with as little delay as practicable.</li> <li>§ Review all patients daily, documenting the review in the progress notes, and bring clinical problems to the attention of the registrar promptly.</li> <li>§ Chase results of all outstanding investigations promptly.</li> <li>§ Implement management decisions made on ward rounds or authorised by registrar or consultants.</li> <li>§ Ensure adequate symptom control, e.g. pain, constipation, antiemetics.</li> <li>§ Recognise major chemotherapy toxicity and oncological emergencies, i.e. febrile neutropaenia, spinal cord compression, etc.</li> <li>§ Ensure that the psychological needs of the patients and family are met.</li> <li>§ Effective case presentations in Professorial Ward Rounds.</li> <li>§ Liaise with oncology nurses, medical and allied health staff, community nurses and family doctors for optimum care of patient.</li> <li>§ Prepare lists for the weekly oncology radiology meeting.</li> <li>§ Complete the electronic discharge referral summary (eDRS)</li> <li>§ Notify the patient's GP by fax, email or phone as soon as their patient is admitted.</li> </ul> <p>Informing your Consultant</p> <p>Consultants wish to be notified regarding changes in their patient's condition. In particular please contact at any time of day regarding the following:</p> <ul style="list-style-type: none"> <li>§ Any deterioration, especially unexpected</li> </ul>
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	<p>§ Any major complication of chemotherapy, febrile neutropaenia, prolonged emesis, rising creatinine</p> <p>§ Oncological emergencies</p> <p>Autopsies As a policy, this Department would like autopsies to be performed on patients where the exact cause of death is unclear. If the relatives are approached in a caring and positive way, most will agree to an autopsy. An enormous amount can be learnt from an autopsy and it always benefits our clinical practice. Relatives often feel more settled if a definite diagnosis is known.</p>
<b>Patient Load</b> <i>(average per shift)</i>	<p><b>Patient Load per trainee</b> <input type="text" value="12"/></p> <p><b>Patient load total for team</b> <input type="text" value="24"/></p>
<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>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"> <li>- Medical Registrar</li> <li>- Surgical Registrar</li> <li>- Anaesthetic Registrar</li> <li>- ICU Registrar</li> </ul> <p>JMOs should read and be familiar with the document A Guide to Medical Ward After Hours Shifts at Westmead Hospital available from Clinical Training Support Office.</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>	Prof. Paul Harnett Term Supervisor
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	Prof. Paul Harnett 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

<b>Date</b>	
<b>Signature/TRIM DOC number of PAC minutes</b>	

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:30-17:00 1000-1100 Unit Meeting	08:30-17:00 1000-1100 Ward Round with Prof Gurney, Dr Wong	08:30-17:00 0830-1100 Ward Round with Dr Gao, Dinh, Nagrial, Carlino	08:30-17:00	08:30-17:00 AM Ward Round with Dr Wong, Gao, Prof Wilcken		
1100-1200 Ward Round with A/Prof Hui, Wilcken, Dr Gao, Nagrial, Carlino			1200-1300 Round with Prof Gurney	Ward Prof		
	1330 Ward Round with Prof Harnett	1300-1400 Grand Rounds, John Loewenthal Auditorium	1300-14:00 JMO Lunchtime Lecture, WECC 1400-1500 Ward Round with Prof Hui, Harnett	1300-1400 Journal Club (Consultants & Advanced Trainees present)		
			1500-1600 Xray Meeting			

**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)