

NSW Prevocational Training Term Description

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>	No

TERM NAME	Nephrology and Dialysis
Term Duration (Weeks)	10 - 12 Weeks
Term Number	050018
Accreditation Status	Provisional
Date of Accreditation	19 Nov 2008
Last Approved by PAC	21 Nov 2019

TERM CATEGORY	Core Medicine
Is the term a PGY1 or a PGY2 term?	PGY1 and PGY2 <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>

TERM CAPACITY	
Maximum number of PGY1s and PGY2 trainees	PGY1 - 1, PGY2 - 1, Total Capacity - 2 <i>Note: Number of PGY1s + Number of PGY2s = Total Capacity</i>



HEALTH
EDUCATION
& TRAINING

WHERE INNOVATION DRIVES
EXCELLENCE IN EDUCATION AND TRAINING
FOR IMPROVED HEALTH OUTCOMES

SIGN OFF	
Revision date and by who	; Ms Stacey Kennaugh
Reviewed by	Disclaimer: <i>I acknowledge that the term has been reviewed by</i>
Endorsed by	

OVERVIEW

Overview of Unit or Service

Please outline the role of the unit and range of clinical services provided

The Department of Renal Medicine at Westmead Hospital provides multidisciplinary inpatient, outpatient and consultative services for patients with a wide range of renal problems within the Western Sydney and Nepean LHD's.

Clinical terms are available for junior medical officers (both PGY1 and PGY2), Basic Physician Trainees and Advanced Trainees in Nephrology, Dialysis and Transplantation.

Junior Medical Officers in this term are principally responsible for the management of renal inpatients at Westmead and expected to coordinate the care of these patients by appropriate communication with other team members.

As the name suggests, the term has two components, Nephrology and Dialysis. Each of the two JMOs is allocated to one of these two components for half of the term, after which they swap over. Usually the intern will start the term in Nephrology and the RMO will start the term in Dialysis

Please outline the patient case mix, turnover and how acutely ill the patients generally are

Patients admitted under renal at Westmead Hospital include acute kidney injury, chronic kidney disease, pyelonephritis, dialysis and related complications, glomerulonephritis, electrolyte abnormalities, renal transplantation and their complications.

The majority of patients are high acuity.

Turnover of patients, measured in average bed stay, is generally 2-3 days, however because of the complexity of these patients their length of stay can often extend to several weeks.

TERM SUPERVISION	
<p>Name, Position and Contact Details of Term Supervisor <i>Responsible for trainee term orientation and assessment</i></p>	Dr Vincent Lee Staff Specialist
<p>Term Supervisor Contact with Trainee <i>Term Supervisor to provide a plan for contact with the prevocational trainee/s during the training term</i></p>	<p>General Contact</p> <p>Dr Vincent Lee, email vincent.lee@sydney.edu.au</p> <p>Dr Lee will advise who the term supervisor is (which change from time to time) with the JMO's.</p> <p>Orientation</p> <p>Term supervisor, department secretary for orientation documents/access to Cerner PowerChart patient lists.</p> <p>Mid Term</p> <p>Term Supervisor</p> <p>End of Term</p> <p>Term Supervisor</p>
<p>Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	As above
<p>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</p>	<p>Registrars for nephrology, dialysis and transplant teams respectively.</p> <p>Called via Switchboard Dept.</p>
<p>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</i></p>	<p>There is a separate junior medical officer assigned to cover both the dialysis and PD/nephrology teams. At any one time there is one consultant/supervisor covering both teams. JMO's spend half of their attachment with each team</p>

<p><i>identify and describe how PGY1 &2s will be distributed amongst the team/s</i></p>	<ol style="list-style-type: none"> 1. PD/ Nephrology Team <ul style="list-style-type: none"> • Supervisors <ul style="list-style-type: none"> • Prof David Harris ext 58938 • A/Prof Grahame Elder ext 56962 • A/Prof Gopala Rangan ext 56962 • Dr Richard Phoon ext 56962 • A/Prof Vincent Lee ext 56962 • Dr Mirna Vucak-Dzumhur ext 56962 • Basic Physician Trainee • c. Junior Medical Officer 2. Dialysis Team <ul style="list-style-type: none"> • Supervisors <ul style="list-style-type: none"> • Prof David Harris ext 57388 • A/Prof Grahame Elder ext 56962 • A/Prof Gopala Rangan ext 56962 p 27099 • Dr Richard Phoon ext 56962 • A/Prof Vincent Lee ext 56962 • Dr Mirna Vucak-Dzumhur ext 56962 • Advanced Nephrology Trainee • Junior Medical Officer <p>All term supervisors can be contacted after hours through the hospital switchboard</p>
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SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM	
<p>This section may include</p> <ul style="list-style-type: none"> • <i>Courses (e.g. life support, resuscitation)</i> • <i>Procedural skills</i> • <i>e-Learning requirements</i> <p><i>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.</i></p>	<p>Prior to commencement of the term the JMO should have experience in the following skills as assessed by the basic skills workshop (during JMO orientation)</p> <ul style="list-style-type: none"> • Cardiopulmonary resuscitation. • Intravenous cannulation • Prescription writing. <p>In addition understanding of the principles of vein preservation for future arterio-venous fistula formation will be assessed prior to commencement of the rotation</p>

	<p>Please read WmRenal_OrlInfo_part3of3 - Supplemental orientation information for medical staff of the Westmead Renal medicine team.</p> <p>It would also be an advantage to peruse the textbook "Pocket Guide to Clinical Dialysis" by David Harris and colleagues (available in registrars room in A6a and Westmead library) as many of the unit protocols are contained in this textbook. This document is Part 1 of 3 documents. JMOs should also read:</p> <p>Part 2 of 3 Unit Timetable</p> <p>Part 3 of 3 Supplemental orientation information for medical staff of the Westmead Renal medicine team.</p> <ul style="list-style-type: none"> • Renal Unit Protocols (available in ward areas and as part of orientation package). • Renal Unit Library. • Access to Clinical Information Access Programme (CIAP) in ward areas • RMO handbook (renal failure, electrolyte and fluid management chapters)-available through CIAP • Handbook of Dialysis (copy in registrars room) • Oxford textbook of Renal Medicine (CD-rom in registrars room) • Textbook of renal transplantation (copy in ward). • UptoDate on DVD - copy in registrars room
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TERM LEARNING OPPORTUNITIES	
<p>Please list top 5 learning opportunities/objectives</p>	<p>1</p> <p>By the completion of this term the JMO may expect to have gained knowledge and experience in the following areas:</p> <ul style="list-style-type: none"> • Diagnosis and management of acute kidney injury and chronic kidney disease. • • Diagnosis and management of urinary tract infection.

	<ul style="list-style-type: none"> • Diagnosis and management of glomerular diseases. <p>2</p> <ul style="list-style-type: none"> • Assessment and management of fluid, electrolyte and acid-base derangements. • Assessment of the dialysis patient including access patency and the principles of access preservation. <p>3</p> <ul style="list-style-type: none"> • Inpatient management of hypertension. <p>4</p> <ul style="list-style-type: none"> • Pharmacokinetics and the principles of nephrotoxicity <p>5</p> <ul style="list-style-type: none"> • Intravenous catheter placement including an introduction to central venous catheter placement • Urinary catheterisation • Other procedural skills relevant to the areas listed above.
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EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<ul style="list-style-type: none"> • Daily ward round with registrar • Comprehensive clerking of all new admissions in order to formulate a provisional diagnosis and management plan. 'Problem oriented' medical record keeping is encouraged. • Maintenance of up to date progress notes • Electronic record keeping using Cerner Millennium, including electronic discharge letters where appropriate • Maintenance of appropriate communication with medical, nursing and allied health staff. • Upon discharge, comprehensive and timely documentation of all diagnosis-related groups (DRG's) on the front admission sheet in consultation with the renal registrar/consultant. • Preparation of a detailed and appropriate summary on patient discharge. • Attendance at multidisciplinary Unit, radiology and histopathology meetings, and timely submission of a
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	<p>complete list of patient names whose radiology or pathology needs to be reviewed at the relevant meeting.</p> <ul style="list-style-type: none"> • Timely documentation of any ANZDATA-reportable event (e. g. death, PD peritonitis) using the report form in consultation with the ANZDATA data manager and renal registrar/consultant. • Assistance in the supervision of medical students during their integrated clinical attachment. • All senior medical staff are responsible for JMO supervision within the term structure detailed above • Renal JMO teaching session (Renal advanced trainee or physician, time to be arranged in each term by JMOs and registrar) • Informal JMO teaching is performed during:- • Daily ward rounds • Unit ward rounds (informal patient discussion). • Unit clinical meetings (radiology and histopathology) <p>Case presentation by JMO's during these sessions is encouraged. This forms an important component of the assessment of critical appraisal and organizational skills.</p> <p>Where feasible, cover is provided for attendance at formal JMO education sessions:</p> <ul style="list-style-type: none"> • Hospital wide education sessions • Medical grand rounds • JMO Friday lunchtime lecture • All senior medical staff are responsible for JMO supervision within the term structure detailed above • Informal JMO teaching is performed during:- • Daily ward rounds • Unit ward rounds (informal patient discussion). • Unit clinical meetings (radiology and histopathology) <p>Case presentation by JMO's during these sessions is encouraged. This forms an important component of the assessment of critical appraisal and organizational skills.</p>
Patient Load	Patient Load per trainee 20

<i>(average per shift)</i>	Patient load for team 20
<p>After hours Roster <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>

TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER						POSITION TYPE: Default
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
: 8.30 Ward Round : 1500 JMO/medical student teaching (A6c clinic room) : 1700 Dept of Surgery Meeting /M&M / Surgical Grand Rounds	: 0800 Xray Meeting : 0900 Ward round : 1200 Transplant Unit Meeting : 1400 Unit Meeting : 1500 Consultant Ward Round : 1700 Sydney Tx and Nx course (optional, A6 seminar room)	: 0830 Ward Round : 1300 Medical Grand Round	: 0830 Ward Round : 1300 Westmead JMO Teaching : 1600 Histopathology Meeting, Anatomical Pathology Library, level 3 ICPMR	: 830 Ward Round		