

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:	WESTMEAD HOSPITAL
Training Term Based at:	<i>If not at above location, please give off site facility name and location:</i>
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	NEUROLOGY
Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided:</p> <p>OVERVIEW</p> <p>Welcome to the Neurology department. We hope you enjoy your time with us. We welcome your contribution to patient care and other activities of the Department of Neurology during this term. Please let us know if you encounter any difficulties or problems by contacting your Team Supervisor. The staff neurologists have their offices on Level 1, AB block, near the lifts. The Neurology Ward is D5c.</p> <p>Neurology is a specialty which relies even more heavily than many other Specialties on a careful, detailed history and examination; sophisticated Investigations are important but have limited value unless used in a proper Clinical context. Take pride in the assessment which you make. Try to put all The pieces of information you have gathered from the patient together and Formulate your own diagnosis and management plan. Then discuss these with Your registrar and neurologists on the rounds. Only by committing yourself will You learn the skills of clinical practice. Often patients are elderly with multiple medical and social problems. You need to take a broad view of their problems. No matter how good your assessment, it will be lost if you do not record it in the notes.</p> <p>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</p> <p>Firm A consists of consultants Bleasel, Duggins, Mahant, Wong and Kim. These consultants usually do a 2 week block of on-call (starting at 9:00am on a Monday) then a 1 or 2 week block of 'cover', and then hand over all patients to the next Firm A consultant. There is a combined Firm A ward round at 11:30am on a Monday. There are now 4 epilepsy patients admitted for telemetry monitoring, who remain under the care of either Dr Bleasel or Wong.</p> <p>One Junior medical officer covers all of Firm B. Firm B consultants will do one week On call (while Firm A is on 'cover'). After their week on call, all the Firm B Consultants continue to look after their own patients without handing over Care, so the Firm B JMO can expect to do ward rounds with 5 different Consultants in a week, if all have current inpatients, but overall there will be about the same number of inpatients as Firm A. One of the Basic trainees looks after Firm A, the other looks after Firm B. A ward AT "floats" across both teams, reviewing as many of the new admissions and consults as possible. The second AT is dedicated to clinics, stroke thrombolysis reviews and a morning stroke unit ward round.</p>
Term Duration (Weeks)	10 – 11 Weeks
HETI Term Identifier Number	050019

HETI Assigned after accreditation decision	
Date of Accreditation by HETI	19/11/2008

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) For information on 'core' terms please see the last page of this document.</i>	Medicine	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="1"/>	PGY2 <input type="text" value="1"/>	MAXIMUM NUMBER OF TRAINEES IN TERM <input type="text" value="2"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity			

E: TERM SUPERVISION	
Name, Position and Contact Details of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Sam Kim & Chong Wong Called via Switch Dept. 8890 5555
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>	General Contact: Orientation: A formal orientation session for JMOs is conducted at the beginning of the term. Mid Term: Formal meeting with JMO for the mid term assessment on week 5 or 6 of the term. End of Term: Formal meeting with JMO for end of term assessment on the last week of term.
Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i>	Name, Position and Contact details As above
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	Position and Contact details Please refer to details below.

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 and describe how PGY1 & 2s will be distributed amongst the teams</i>	Dr. Victor Fung Acting Department Head via Westmead Switchboard Dept 8890 5555 (Secretary Lynn ext 56793).
	Firm A Dr Andrew Bleasel ph 56753 Dr Andrew Duggins ph 56793 or contact through switchboard 8890 5555 Dr Neil Mahant ph 56793 or contact through switchboard 8890 5555 Dr Chong Wong ph 56793 or contact through switchboard 8890 5555 Dr Samuel Kim ph 56793 or contact through switchboard 8890 5555 Firm B Dr Victor Fung ph 56793 or 96334999 Dr Grant Walker ph 9633 4577 or contact through switchboard 8890 5555 Dr Steve Vucic ph 56793 or contact through switchboard 8890 5555 Dr Andrew Henderson ph 56793 or contact through switchboard 8890 5555 Dr Clement Loy ph 56793 or contact through switchboard 8890 5555 Dr Ainhi Ha ph 56793 or contact through switchboard 8890 5555 Advanced Trainees Neurology x 2 1 does ward work, the other 1 does clinics Basic Physician Trainee x 2 JMO (intern or RMO1) x2

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

This section may include: <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>RMOs and Registrars should revise their basic neuroanatomy. This is basic knowledge that is essential before a basic neurological clinical assessment can be made. Recommended reading is "Neuro-anatomy Made Ridiculously Simple" by Stephen Goldberg. The clinical application of this knowledge is best approached via "The Neurology Short Case" by John Morris, both books available through Westmead Library or from the Medsoc bookshop.</p> <p>Assessment of knowledge will be through discussion with consultants on ward rounds. PGY2 JMOs registered as Basic Physician Trainees with the RACP should arrange a time for a mini-CEx assessment through their Network Director Physician training early in the term.</p> <p>Unit Protocols Westmead JMO Handbook CIAP Intranet site Internet</p>
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G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	To become familiar with the diagnosis and management of common neurological diseases such as stroke, neuropathy, Parkinson's disease and epilepsy
	2	To understand the implications of these diseases for the patient in terms of mental, physical and social functioning
	3	To understand the role of other key health professionals such as nurses, physiotherapists, occupational therapists and speech therapists
	4	To understand the ethical implications of some of the decisions that have to be made particularly with respect to providing care at the end of life.
	5	All consultants will provide bedside teaching during routine ward rounds. JMOs and registrars are encouraged to ask questions. The philosophy of the unit is that learning is an active process and JMOs and registrars will be encouraged to increase their knowledge through reading as well as discussion with the consultant. A minimum knowledge base of basic neuroanatomy (see Section C) is assumed, and usually a good indication of the JMO or registrar's commitment to the learning process. Dr Bleasel can show you examples of typical epileptic seizures on his rounds. The technician Julie Birkett can show you the seizures recorded on the patients in for VEEG.

EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations

The junior medical officer (JMO) is responsible for day to day patient care under the supervision and review of the registrar and CMO. With increasing experience, the level of responsibility given will increase.

Specific duties will include:

- Daily clinical review of the patient
- Maintenance of the medical record
- Communication of any significant change in the patient's condition to the registrar
- Liaising with the patient, relatives and relevant hospital staff
- Attending daily registrar review rounds
- Attending CMO rounds
- Attending weekly ward inter-disciplinary patient care meetings
- Preparing patient discharge summaries (see below) and organising discharge care plans
- Completing the medical record front sheet accurately
- Attending Medical Grand Rounds as well as three weekly Neurology meetings: the neurology clinical meeting, stroke meeting and neuroradiology meeting. For the latter, the JMO should lodge a list of suitable patients with radiology clerical staff by midday Tuesday. Two further meetings, epilepsy and movement disorders, are not compulsory, but would be of teaching value to the JMO.

LIAISON WITH THE CONSULTANT

Consultants wish to be notified of any significant change in their patient's condition. Usually this is done by the registrar. If you are in any doubt, contact the consultant directly. Sometimes you will be asked to admit an elective patient on the wards. It is then your responsibility to ensure that the relevant consultant is informed.

A patient who is already known to one of the Firm B consultants is admitted under that consultant unless he/she is away, in which case the consultant on-call should be notified. A patient already known to a Firm A consultant will come in under whichever Firm A consultant is on call or on 'cover'.

WEEK BY WEEK DUTIES

At the start of your term, ask your registrar or Dr Duggins for a spreadsheet indicating the week-by-week duties of the three registrars including on-call, consultations and admissions. JMOs are encouraged to get involved in ward consultations and outpatient clinics if other ward work has been completed.

PRESENTATION AT CLINICAL MEETINGS

JMOs are encouraged to present at least one case at the neurology clinical meeting during the course of their term. The emphasis should be on concise history and demonstration of interesting signs rather than literature review.

NEUROPHYSIOLOGY

A neurology term is a good opportunity to familiarise yourself with neurophysiologic testing. Ring 56097 or speak to Dr Vucic to arrange a time during the term when you might be able to observe nerve conduction studies, EMG or EEG being performed.

Firm A: 3 rounds

Firm B: 8 rounds

Additional limited rounds can be expected for very ill patients.

Patient Load
(average per shift)

Patient Load per trainee

10-15

Patient load total for team

25-30

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 participates in the Westmead Hospital evening and weekend ward overtime.

Supervision is provided by the following on site staff:

- § Medical Registrar
- § Surgical Registrar
- § Anaesthetic Registrar
- § ICU Registrar

JMOs should read "A Guide to Medical Ward After-Hours Shifts at Westmead

I: SIGN OFF

Terms will not be considered unless this section is completed.

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

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
Routine 08:30-17:00 All Day Huntington's Clinic (G)	Routine 08:30-17:00 9:00 – 4:00 Cognition Clinic in the Aged Care Specialty Clinics	Routine 08:30-17:00 9:00 Parkinson's Clinic (G)	Routine 08:30-17:00	Routine 08:30-17:00 9:00 -12:00 Neurovascular clinic in the Aged Care Specialty Clinics		
9:00 Movement Disorder meeting, neurology dept	1:00 – 3:00 Rapid Access Neurology Clinic (G)	12:00 Neuroradiology (Sem Rm 1, Radiology Dept)	10:30 Multi-disciplinary Clinical Meeting	12:00 Stroke Meeting D4b		
9:00 – 12:00 Neuroimmunology Clinic (G)	14:00 Firm A Ward Round	14:00 Neurology Meeting (Th4)	13:00-14:00 JMO protected Education Session	1:00 – 3:00 Rapid Access Neurology Clinic(G)		
11:30 Firm A Team Ward Round	3:00 – 5:00 General Clinics(G)					
	17:00 Epilepsy Meeting	15:00 Ward Round Dr Fung		15:00 – 17:00 General Clinics (G) 15:00 Ward Round Dr Vucic		

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)