

<b>A: ACCREDITED PREVOCAATIONAL TRAINING PROVIDER NAME:</b>	WESTMEAD HOSPITAL
<b>Training Term Based at:</b>	Westmead Hospital
<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>Radiation Oncology and Palliative Care Team C</b>
<b>Overview of Unit or Service</b>	<p>RADIATION ONCOLOGY</p> <p><b>Please outline the role of the unit and range of clinical services provided:</b> The Westmead unit is the largest Radiation Oncology network in NSW out of a total of 9 centres. We provide service for a large geographic area with a population of 1.5 million.</p> <p>Apart from Westmead, we have a satellite centre at Nepean Hospital and an outreach clinic at Blue Mountains hospital. We also provide state-wide service to Westmead children's Hospital for children under 16 years. There are provisions for Total Body Irradiation (TBI) at Westmead for the NSW state Bone Marrow Transplant Program for both children and adults.</p> <p>We have an outstanding registrar training/education program. Resident medical officers are encouraged to attend some sessions. Our department is also actively involved in research and accrue to trials where possible.</p> <p>Apart from the medical team our staff comprise of dedicated nurses, radiation therapists, physicists, allied health and clerical staff. We manage patients with all types of benign and malignant tumours. We aim not only to treat with radiotherapy but to also provide a holistic care-plan for the individual patient.</p> <p><b>Please outline the patient case mix, turnover and how acutely ill the patients generally are:</b></p> <p>We see approximately 2000 new patients per annum. Majority of our work is done on an outpatient basis. There are several outpatient clinics everyday (schedule attached). Residents are required to attend at least one of these clinics during the term. Our inpatient service includes 5 beds at Westmead and 2-3 beds at Nepean Hospital. Patient turnover is generally quite rapid.</p> <p>As we provide service for a large geographical area, we have facilities for country patients and their families to stay at Casuarina Lodge (Westmead) and Hope Cottage (Nepean) at minimal cost. Community transport services are also available at minor expense to the patient.</p> <p>PALLIATIVE CARE</p> <p><b>Please outline the role of the unit and range of clinical services provided:</b> Palliative Care is concept of care that aims to improve quality of life by relieving suffering in all its bio-psycho-social forms. Suffering may be physical such as pain or nausea, psychological such as depression or anxiety, social such as family or money concerns, or spiritual such as "why me?"</p> <p>It would be a rare person who could fulfil all these roles. Accordingly</p>

	<p>Specialist palliative care is provided by a multi-disciplinary team of practitioners, each practitioner contributing their skills to enhance the service provided. These practitioners include doctors, nurses, and allied health practitioners such as physiotherapists, occupational therapists, psychologists, social workers, bereavement counsellors, pharmacists and chaplains.</p> <p><b>Please outline the patient case mix, turnover and how acutely ill the patients generally are:</b></p> <p>The clinical workload of this term encompasses the inpatient management of patients receiving palliative care. These patients usually are suffering from advanced and progressive life threatening illness. Patients admitted under the palliative care consultants are mostly located in Ward C5c.</p> <p>You will be required to liaise with other areas such as medical imaging, pathology, pharmacy, community palliative care services, and general practitioners to coordinate the on-going care of patients admitted under the palliative care team.</p>
<b>Term Duration (Weeks)</b>	10-12 Weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050025
<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>	<b>Core Medicine</b>	<b>If other please specify:</b>
<b>Is the term a PGY1 or a PGY2 term?</b>	<b>PGY1</b> <input 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>		

<b>D: TERM CAPACITY</b>			
<b>Please indicate the term capacity – maximum number of PGY1s and PGY2 trainees</b>	<b>PGY1</b> <input type="text" value="0"/>	<b>PGY2</b> <input type="text" value="1"/>	<b>MAXIMUM NUMBER OF TRAINEES IN TERM</b> <input type="text" value="1"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity			

<b>E: TERM SUPERVISION</b>	
<b>Name, Position and Contact Details of Term Supervisor</b>	Dr Najmun Nahar Dr Katherine Allsopp

<p><i>Responsible for trainee term orientation and assessment</i></p>																									
<p><b>Term Supervisor Contact with Trainee</b></p> <p><i>Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term</i></p>	<p><b>General Contact:</b> Westmead Switchboard Dept. 8890 5555 By phone prior to term and at any time during term</p> <p><b>Orientation:</b> Face to face in first week</p> <p><b>Mid Term:</b> Face to face meeting in the middle of the term.</p> <p><b>End of Term:</b> Face to face meeting towards the end of the term.</p>																								
<p><b>Primary Clinical Supervisor (if not Term Supervisor)</b></p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p><b>Name, Position and Contact details</b></p> <p>As above.</p>																								
<p><b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b></p>	<p><b>Name, Position and Contact details</b></p> <p>RADIATION ONCOLOGY</p> <p>Dr Najmun Nahar is responsible for supervision of residents with respect to Radiation Oncology. Contact via Westmead Switchboard Dept. 8890 5555.</p> <p>PALLIATIVE CARE</p> <p>Dr Sally Greenaway Dr Katherine Allsopp Dr Clare Zachulski Dr Wendy Read</p> <p>There are no routine after-hours responsibilities apart from the general hospital after-hours roster. All palliative care consultants can be accessed via their mobile phones both in hours and after hours and via Westmead Switch Board Dept. 8890 5555</p>																								
<p><b>Clinical Team Structure</b></p> <p><i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to pre-vocational trainees including AMO's and Registrars. Please also identify how PGY1 &amp; 2s will be distributed amongst the teams</i></p>	<p><b>Name, Position and Contact details</b></p> <p>RADIATION ONCOLOGY</p> <p>There are 15 Radiation Oncologists and 8 accredited trainees. All our medical staff can be contacted via the cancer centre main reception on 8890 5200 or through the hospital switchboard by dialling "9" (internal) or calling 8890 5555.</p> <table border="0"> <tr> <td>Dr Verity Ahern (Clinical Director)</td> <td>Breast, Paediatrics</td> </tr> <tr> <td>Dr Ken Tiver (Deputy Director)</td> <td>Breast, Head &amp; Neck, Skin</td> </tr> <tr> <td>Dr Roland Alvandi (Director of training)</td> <td>Lung, Palliative</td> </tr> <tr> <td>Dr Viet Do</td> <td>Urology, Gynae-oncology</td> </tr> <tr> <td>Dr Amy Hayden</td> <td>Urology (locum)</td> </tr> <tr> <td>Dr J Jayamohan</td> <td>Lymphoma, GIT</td> </tr> <tr> <td>Dr Najmun Nahar (Supervisor RMO)</td> <td>General (locum), CNS</td> </tr> <tr> <td>Dr Lakmalie Perera (Director of training)</td> <td>Head&amp; Neck and Skin</td> </tr> <tr> <td>Dr Kirsty Stuart</td> <td>Breast</td> </tr> <tr> <td>Dr Sandra Turner</td> <td>Breast, Urology, Sarcoma</td> </tr> <tr> <td>Dr Michael Veness</td> <td>Head &amp; Neck, skin</td> </tr> <tr> <td>Dr Wei (Tim) Wang</td> <td>Breast (Locum)</td> </tr> </table>	Dr Verity Ahern (Clinical Director)	Breast, Paediatrics	Dr Ken Tiver (Deputy Director)	Breast, Head & Neck, Skin	Dr Roland Alvandi (Director of training)	Lung, Palliative	Dr Viet Do	Urology, Gynae-oncology	Dr Amy Hayden	Urology (locum)	Dr J Jayamohan	Lymphoma, GIT	Dr Najmun Nahar (Supervisor RMO)	General (locum), CNS	Dr Lakmalie Perera (Director of training)	Head& Neck and Skin	Dr Kirsty Stuart	Breast	Dr Sandra Turner	Breast, Urology, Sarcoma	Dr Michael Veness	Head & Neck, skin	Dr Wei (Tim) Wang	Breast (Locum)
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	<p>PALLIATIVE CARE  Dr Sally Greenaway FRACP FChPM  Dr Katherine Allsopp FRACP FChPM  Dr Clare Zachulski FRACP FChPM  Dr Wendy Read FRACP FChPM</p> <p>Advanced Trainee  Basic Physician Trainee</p>
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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>There is no requirement for prior knowledge specific to palliative care before commencing this rotation.</p> <p><b>RADIATION ONCOLOGY</b>  There is a library with latest journals and textbooks on cancer diagnosis and management (Langland's library) within the department and residents are able to access this via their registrars.</p> <p><b>PALLIATIVE CARE</b></p> <ul style="list-style-type: none"> <li>• Palliative care resource manual prepared for JMOs</li> <li>• Journal articles for the weekly journal club</li> <li>• Library in the Westmead Cancer Care Centre</li> </ul>
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**G: TERM LEARNING OPPORTUNITIES**

<p><b>Please list top 5 learning opportunities/objectives</b></p>	1	<p><b>RADIATION ONCOLOGY</b></p> <p>Residents are expected to gain an understanding of the principles of Radiation Oncology in the management of cancer patients. They should be able to arrive at a provisional diagnosis and formulate a management plan based on the available information.</p> <p>Residents are expected to attend:</p> <ul style="list-style-type: none"> <li>• At least one-two outpatient clinics</li> <li>• Simulation and planning (preferably for one patient and follow through all the steps to treatment)</li> <li>• Observe a patient having external beam radiotherapy</li> </ul>
	2	<p><b>PALLIATIVE CARE</b></p> <ul style="list-style-type: none"> <li>• The principles and role of palliative care</li> <li>• Bio-psycho-social construct of pain and suffering</li> <li>• Rationale for determining goals of care and their impact on treatment decisions</li> <li>• The principles and methodology of breaking bad news</li> <li>• How to conduct a family conference</li> <li>• Use of health care interpreters</li> <li>• Assessment and management of pain and other symptoms</li> <li>• Assessment and management of palliative care emergencies</li> <li>• Medications used in palliative care</li> </ul>

	3	<p><b>RADIATION ONCOLOGY</b></p> <p>Confidently manage:</p> <ul style="list-style-type: none"> <li>• Acute side effects of radiotherapy eg moist desquamation of skin, mucositis, oesophagitis etc</li> <li>• Oncological emergencies e.g.: Malignant spinal cord compression, superior vena cava syndrome, visceral bleeding/ Sepsis, malignant Hypercalcaemia</li> <li>• Cancer related pain (medical management)</li> </ul> <p>Procedural skills:</p> <ul style="list-style-type: none"> <li>• Pleurocentesis</li> <li>• Paracentesis</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>
	4	<p><b>PALLIATIVE CARE</b></p> <ul style="list-style-type: none"> <li>• Take and record an excellent bio-psycho-social history</li> <li>• Communicate difficult issues such as diagnosis and prognosis with patients, family, and other multidisciplinary team members</li> <li>• Manage conflict</li> <li>• Assess and manage pain and other symptoms</li> <li>• Assess and manage palliative care emergencies</li> <li>• Discharge planning</li> <li>• Write a meaningful discharge summary reflecting the chronic and complex nature of palliative care patients</li> </ul>
	5	<p><b>REGISTRAR TEACHING:</b></p> <p><b>RADIATION ONCOLOGY</b></p> <p>Week 1 Introduction to radiation oncology  Week 3 Management of spinal cord compression and bone metastases  Week 5 Management of brain metastases  Week 7 Management of early/late side-effects of radiotherapy  Week 9 Interesting cases</p> <p>Timing for these sessions can be arranged by contacting the Senior Registrar in Radiation Oncology</p> <p><b>PALLIATIVE CARE</b></p> <p>1 FTE Advanced Trainee Physician Registrar  1 FTE Basic Trainee Physician Registrar</p> <p>Bedside teaching during rounds when consultants have inpatients  JMOs are also encouraged to attend sessions provided for the registrars which are held weekly.</p>

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations

### RADIATION ONCOLOGY

- 1) Review inpatients daily
  - Alert registrar to any symptoms/signs of concern and document accordingly
  - Check results and notify registrar promptly
  - Formulate/Modify/implement management plan as appropriate under supervision and authorization of registrar or consultant
- 2) Clerk new admissions to ward (history, physical examination, provisional and differential diagnosis, and management plan) must be thorough and clear
- 3) Write discharge summaries with appropriate correspondence (eg: Phone) to LMO/ Other specialists
  - Ensure follow up with relevant specialists
- 4) Notify consultant of any sudden changes in status of a patient or in the event of death
- 5) Recognise common radiotherapy toxicity and oncological emergencies, i.e. febrile neutropaenia( in patients having concurrent chemotherapy), symptoms of oesophagitis, skin reactions, spinal cord compression, etc.
- 6) Ensure that the psychological needs of the patients and family are met.
- 7) Liaise with oncology nurses, medical and allied health staff, community nurses and family doctors for optimum care of patient

### PALLIATIVE CARE

- Clerk all new admissions thoroughly
- Attend registrar ward round daily at 0830
- Attend all consultant ward rounds
- Attend weekly multi-disciplinary meeting Tuesdays 1300 - 1430
- Present patients effectively at the weekly multi-disciplinary meeting and consultant ward rounds
- Review all patients daily and bring clinical problems to the attention of the registrar promptly
- Ensure all medication charts are updated when required
- Review and action results of all outstanding investigations promptly
- Implement management decisions made on ward rounds or authorised by registrar or consultant
- Monitor symptoms and act if persistent
- Recognise palliative care emergencies i.e. spinal cord compression and report urgently to registrar or consultant
- Monitor and report on the psychological needs of patients and their families
- Liaise with other members of the multi-disciplinary team including nurses, allied health staff, community nurses and general practitioners

### ADDITIONAL INFORMATION

#### Cancer Services Teams for RMOs

#### Team A

Medical Oncology	Harnett, Shannon, Carlino, Gurney
Radiation Oncology	Boyages/Wang, Turner, Jayamohan, Tiver

#### Team B

Medical Oncology	Wong, Hui, Wilcken, Nagria
Radiation Oncology	Bull, Do, Perera, Turner/Hayden, Nahar

#### Team C

Palliative Care	Greenaway, Allsopp, Zachulski, Read
Radiation Oncology	Alvandi, Ahern, Veness

	<p>Palliative Care to take over management of palliative patients on C5c and outlying wards when appropriate after discussion with treating team, patient and family</p> <p>RMOs to keep log of patient numbers admitted under each team</p> <ul style="list-style-type: none"> <li>• Team workload to be regularly reviewed and makeup of teams altered to ensure even workload across the teams.</li> </ul> <p>Radiation Oncology Registrar Timetable - see Dr Nahar</p> <p><b>PALLIATIVE CARE</b> Because you are also responsible for patients admitted under radiation oncology, it is acknowledged that there may be times when consultant ward rounds for the two teams may clash. Negotiation will be required regarding your availability for any such consultant ward rounds. If the workload of the palliative care and radiation oncology patients is overly onerous, then Dr Sally Greenaway, Director Supportive &amp; Palliative Medicine Westmead Hospital should be contacted.</p>				
<p><b>Patient Load</b> (average per shift)</p>	<table border="1"> <tr> <td><b>Patient Load per trainee</b></td> <td style="text-align: center;">12</td> <td><b>Patient load total for team</b></td> <td style="text-align: center;">12</td> </tr> </table>	<b>Patient Load per trainee</b>	12	<b>Patient load total for team</b>	12
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<p><b>After hours Roster</b></p> <p><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>No specific after hours roster in palliative care or radiation oncology. Supervision after hours is by the registrars also on call at the time and consultants via their mobile phones.</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"> <li>- Medical Registrar</li> <li>- Surgical Registrar</li> <li>- Anaesthetic Registrar</li> <li>- ICU Registrar</li> </ul> <p>JMOs should read "A Guide to Medical Ward After-Hours Shifts at Westmead Hospital" as edited by the Medical Clinical Superintendent.</p>				

## I: SIGN OFF

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

<p><b>Revision date and by who</b> (Name and Position)</p>	<p>Dr Katherine Allsopp Senior Staff Specialist Supportive &amp; Palliative Medicine WSLHD</p>
<p><b>Endorsement by Term Supervisor</b> (Name, Date and Signature)</p>	<p>Dr Katherine Allsopp</p>
<p><b>Endorsement by GCTC Chair (or representative)</b> (Name, Date and Signature)</p>	<p>Dr Vana Tam, Staff Specialist Geriatrician and Co-Chair PCTC</p>

## HETI OFFICE USE ONLY – Approved by PAC or PAC Member

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

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00	08:30-17:00 0730 – 0830 Palliative Care Journal Club		
0830 – 1000 Registrar Ward Rounds	0830 – 1000 Registrar Ward Rounds	0830 – 1000 Registrar Ward Rounds	0830 – 1000 Registrar Ward Rounds	0830 – 1000 Registrar Ward Rounds		
1000-1100 Oncology Dept Meeting	1000 – 1200 Dr Read Rounds	1000 – 1300 Clinic	1000 – 1300 Clinic	1000-1200 Dr Allsopp Rounds		
1100-1300 Dr Zachulski Rounds	1200 -1400 Team Meeting C5p	1200 -1400 Grand Rounds	1300 -1400 JMO Education Session			
1400 - 1700 Dr Allsopp Rounds				1400-1600 Dr Read Rounds		

**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)