

A: ACCREDITED PREVOCAATIONAL 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	RESPIRATORY MEDICINE
Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided: Westmead Hospital specialist respiratory and sleep medicine services encompass treatment of adult patients (16 years and over) with illness that affects their respiratory or sleep function and secondary prevention once a patient has been diagnosed with respiratory or sleep disease including:</p> <ul style="list-style-type: none"> • chronic obstructive pulmonary disease • acute and chronic respiratory failure • pneumonia • asthma • obstructive sleep apnoea • lung cancer • interventional pulmonology • cystic fibrosis (CF) & bronchiectasis • transition of patients with chronic respiratory diseases of childhood • pulmonary arterial hypertension • tuberculosis (TB) • Interstitial lung diseases • other less common respiratory and sleep disorders. <p>Please outline the patient case mix, acuity and turnover:</p> <p>Respiratory and Sleep Medicine activity is a main component of the inpatient casemix within Westmead Hospital and is driven by emergency presentations.</p> <p>The Respiratory and Sleep Medicine Service offers a range of inpatient and outpatient services to the residents of Western Sydney and beyond. In 2011/12, Westmead Hospital provided 5,019 inpatient treatments for patients aged 16 years and over with acute and chronic respiratory conditions. There is on average approximately 4-5 new admissions per day, with an average length of stay of 6 days.</p>
Term Duration (Weeks)	10 – 11 Weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	050031
Date of Accreditation by HETI	10/11/2015

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)</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="5"/>	PGY2 <input type="text" value="1"/>	MAXIMUM NUMBER OF TRAINEES IN TERM <input type="text" value="6"/>
NOTE: number of PGY1s + number of PGYs=maximum Capacity			

E: TERM SUPERVISION	
Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	<p>Dr Odette Erskine - Respiratory I Staff Specialist</p> <p>Dr Tracy Smith- Respiratory II Staff Specialist</p> <p>Dr David Michail- Respiratory III Staff Specialist</p> <p>Dr Joe Janjis – Respiratory IV Staff Specialist</p> <p>Called via Switchboard Dept. 8890 5555</p>
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>	<p>General Contact:</p> <p>Orientation: An orientation is conducted by the inpatient advanced trainee at the commencement of each term on B5a. Orientation will involved identification and introduction to key team members & relevant staff including the NUM</p> <p>Mid Term: Contact individual team supervisor, in week 5</p> <p>End of Term: Contact individual team supervisor in week 10</p>
Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline</i>	Name, Position and Contact details Term supervisors for the individual teams are identified above

<p>Immediate Supervisor with direct responsibility for day to day supervision</p>	<p>Position and Contact details See below section on clinical team structure</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 identify how PGY1 & 2s will be distributed amongst the teams</i></p>	<p>Name, Position and Contact details</p> <p>Respiratory I (CF Team) Dr Odette Erskine–Term Supervisor Team I-Staff Specialist-Ext 56863 Dr Jimmy Chien – Staff Specialist - Ext 56797 A/Prof Peter Middleton–Staff Specialist-Ext 56863</p> <p>Respiratory II Dr Tracy Smith - Term Supervisor Team II - Staff Specialist - Ext 56797 Dr Jin-Gun Cho - Staff Specialist – Ext 56797 Dr Samantha Herath – Staff Specialist – Ext 56797 or 57214</p> <p>Respiratory III Dr David Michail - Term Supervisor Team III - VMO-96712770 Dr Kristina Kairaitis- Staff Specialist - Ext 56797</p> <p>Respiratory IV Professor John Wheatley-Staff Specialist-Ext 56797 Dr Peter Wu, Staff Specialist - Ext 56797, 96332337 Dr Joe Janjics – Term Supervisor Team IV Staff Specialist – 9832 0800 Clinical fellow – Ext 56797</p> <p>Dr Bridget Elbourne – Advanced trainee Dr Bristi Roy – Advanced trainee Dr Xiao Hu – Advanced trainee Dr Archit Chawla – Advanced trainee Dr Alan Teoh – Advanced trainee</p> <p>Ms Marina Paolini - Dept Secretary -Ext 56797 Mr Stephen Lambert - Manager Sleep Lab -Ext 56118 Mr Clare Perry-Senior Scientist, Respiratory Function Lab -Ext 56043 Ms Mary Roberts -Clinical Co-ordinator, Resp Ambulatory Care Program pg08957 Ms Katica Siric -NUM - B5a- Ext 56107, page 27558 Ms Courtney Macdonald -NUM - B5b-Ext 56112 page 27502 Ms Grace Trapolini -CNC Respiratory-Page 27550 Ms Deborah Baverstock-NUM Chest Clinic (TB)-Ext 3110</p> <p>Or call Westmead switchboard Dept. 8890 5555 for any of the above.</p> <p>The prevocational staffing consists of 5 JMOs – typically 3 PGY1s and 2 PGY2s. From time to time the mix of PGY1 to PGY2 may vary, but there will be no less than 1 PGY 2. The capacity to increase by one JMO (from 5 to 6) in response to patient demand over winter exists, but this will depend on the total number of JMOs available.</p> <p>The standard staffing arrangement is for each team to be allocated 1 JMO, with the 5th JMO working and extended weekend roster (Fri-Mon). The weekend roster will run for 2 week at a time and be shared by all 5 JMOs in turn. Each JMO will commence the term in one team and swap to a different team after their run of nights. No JMO will work for more than two teams during the term.</p> <p>A template roster for a standard 10 week term has been attached.</p>

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

Prior to the commencement of the Term the JMO should be proficient in:

- . Generic history taking and physical examination
- . Generic approach to formulation and documentation of Management Plans and Discharge Summaries

The JMO should also be proficient in the following skills (as assessed in the Basic Skills Workshop)

- . Cardiopulmonary resuscitation
- . Intravenous cannulation
- . Performing arterial blood gas sampling
- . Performing bedside spirometry
- . Safe prescribing

Term Orientation Protocols

On the first day of term, junior medical officers should meet the senior respiratory registrar, the junior respiratory registrar and the NUM on Ward B5A at 08:00 for orientation to the unit and the ward.

The senior respiratory registrar and the NUM of the respiratory ward formally explain the following:

- . Unit and ward structure
- . timetable for the week
- . role and responsibilities of junior medical officers in respiratory medicine
- . appropriate processes for communicating with nursing staff and senior medical staff
- . necessary documentation
- . attendance at compulsory training sessions.

Each junior medical officer is given a copy of the "RMOs Manual" for the Department of Respiratory Medicine, which details all of the above and provides an outline for the medical management of various respiratory diseases and for the performance of procedures in respiratory medicine. The JMOs are expected to familiarise themselves with the RMOs Manual, which contains the main departmental protocols.

Each junior medical officer is also given written version of their roles and responsibilities within the department, with an emphasis on communication.

In addition, each junior medical officer is provided with a copy of the Registrar Timetable, including weekend registrar rostering. This allows the junior medical officers to readily contact their registrar at any time of the day.

- . Respiratory Unit Protocols – RMOs Manual for Dept Respiratory Medicine
- . RMO Handbook
- . CIAP site via Intranet
- . Internet
- . Collection of various Respiratory Books and Journals in the Department of Respiratory Medicine

G: TERM LEARNING OPPORTUNITIES

<p>Please list top 5 learning opportunities/objectives</p>	1	Thorough understanding of Respiratory Physiology and Pathophysiology.
	2	Confident logical approach to the assessment, investigation and initial management of patients presenting with respiratory symptoms and signs.
	3	Confidence in appropriate assessment and emergency management of common acute and chronic respiratory and sleep disorders.
	4	<p>At the end of a term with respiratory medicine, we would hope that junior medical officers would have developed skills in the following areas:</p> <p>Specific Disease Management</p> <ul style="list-style-type: none"> . A confident approach to the diagnosis and in-hospital management of the following disorders: <ul style="list-style-type: none"> . asthma . chronic obstructive pulmonary disease (COPD) . pneumonia (community and hospital acquired) . pulmonary thrombo-embolic disease . pleural effusion and pneumothorax . respiratory failure . post-operative patient with respiratory distress . An approach to the initial assessment and an understanding of investigation and management issues for the following diseases: <ul style="list-style-type: none"> . thoracic malignancies . sleep disorders . interstitial lung disease . occupational lung disease . cystic fibrosis . An understanding of the outpatient investigation and management of the following diseases: <ul style="list-style-type: none"> . asthma . COPD . chronic cough . respiratory tract infections . tuberculosis . lung cancer <p>Procedures / Investigations:</p> <ul style="list-style-type: none"> . Procedural competence in <ul style="list-style-type: none"> . ward spirometry . arterial blood gas sampling . peak flow testing . thoracocentesis . Understanding of following procedures (including indications, limitations and complications) <ul style="list-style-type: none"> . chest tube insertion . pleural biopsy . bronchoscopy and transbronchial biopsy . transthoracic needle aspiration & EBUS-TBNA

	<ul style="list-style-type: none"> . Interpretation of the following tests <ul style="list-style-type: none"> . spirometry . detailed lung function tests (lung volumes, DLCO and challenge tests) . arterial blood gas tensions . sputum culture results . pleural fluid analysis . chest radiology including CT (with basic understanding of HRCT) . overnight oximetry and sleep studies
5	<p>There are a number of regularly scheduled department meetings where teaching at all levels is provided (see time-table at the end of this document) and junior medical officers are encouraged to attend as many of these sessions as possible. In addition, a member of staff (either advanced trainee or CNC) will give a one hour education session each week on a respiratory topic.</p> <p>Attendance at JMO Friday lunchtime lectures (1300 – 1400) is encouraged.</p> <p>Registrar teaching</p> <p>There are two RMO-specific teaching sessions provided within the department:</p> <ul style="list-style-type: none"> . The senior scientific officer in the Respiratory Laboratory (Clare Perry) gives at least three sessions on lung function testing early in each resident rotation. These sessions are held weekly on Friday morning for the first three weeks of each term. . The senior respiratory registrar holds weekly teaching sessions, usually held on Friday morning, throughout each term rotation. These sessions are focussed at junior medical officer level and involve interactive, case-based teaching on common respiratory conditions.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<ol style="list-style-type: none"> 1. Responsible to registrar for all inpatients admitted under the Department of Respiratory Medicine. 2. A full history (including a full documentation of the present illness and past history) should be taken by the RMO in each case of admission to the Unit (including those admitted over the weekend or night by another RMO). 3. All admission histories should contain previous best lung function and blood gas measurements (including predicted values), as well as discharge results from previous admissions. 4. The RMO should make daily progress notes on each patient outlining relevant results, diagnoses and management decisions. 5. Discharge summaries should contain admission and discharge values for spirometry and blood gases (where relevant). 6. Prior to discharge, the RMO should discuss with the registrar/CMO the appropriate diagnosis(es) to be listed on the discharge summary. 7. Also prior to discharge, the follow-up treatment plan should be discussed and detailed. In some circumstances, the LMO should be contacted by phone. 8. RMOs may infrequently be required to attend the Respiratory Function or Sleep Laboratories to perform arterial puncture for blood gases.
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	<p>9. The RMO responsible for a patient should attempt to be present when Consultants from other disciplines come to see that patient, in order to improve the flow of communication.</p> <p>10. The RMO should be present at all post-mortems of patients from the Department.</p> <p>11. Attendance during bronchoscopy sessions is regarded as a valuable educational exercise, however, attendance is optional and dependent on work load.</p> <p>12. All RMOs should attempt to visit the library and search out references appropriate for specific patient problems arising in the course of their duties.</p> <p>13. The RMOs should spend time with inpatients (asthma and CAL) educating them about inhaler use, medications, and where appropriate, home peak flow measurements. This should be done at least twice during the hospital stay of any inpatient, in conjunction with the Clinical Nurse Consultant.</p> <p>14. Attendance at all ward rounds and Department meetings should have the highest priority for each RMO. Interns must attend the scheduled RMO training sessions.</p> <p>15. On Weekends, the JMO should round with the rostered AT, take responsibility for all tasks generated from the ward round, undertake clinical reviews for respiratory patients (other than B5b), facilitate weekend discharges and handover respiratory patients to the MBI intern prior to 16:00</p> <p>RMO interactions with the Respiratory Function Laboratory</p> <p>1. Ordering inpatient respiratory function tests</p> <p>Complete a Respiratory Function Request (Form #CR-049). On the request list, as a minimum, the patient's name, patient's ward, the reason for requesting respiratory function testing, the requesting RMO's name and page number. Normally a Screening Test (i.e. pre- and post-bronchodilator spirometry, lung volumes and DLCO) should be the initial investigation requested. HOWEVER, IF YOU ARE UNSURE OF WHICH TEST TO ORDER RING THE LABORATORY (EXTENSION 56043). Take the completed request to the Respiratory Function Lab in the Clinical Measurement Department (located on Level 2 near the AB Wing lifts). One of the lab staff will notify the requesting RMO when the tests have been completed. This routinely occurs within 24 hours of the lab receiving the request. A copy of the test results is placed in the Investigations section of the patient's notes.</p> <p>2. Performing arterial punctures</p> <p>Infrequently RMOs will be responsible for collecting an arterial blood sample in the Respiratory Function Lab. Whenever possible, the lab staff will notify the attending RMO well before the time required.</p> <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> <ol style="list-style-type: none"> 1. Deterioration in arterial blood gases - either increasing hypoxaemia or hypercapnia. 2. Deterioration in chest x-ray appearance. 3. A deterioration of more than 30% in the current peak flow or spirometry measurements. 4. Haemoptysis >50 ml. 5. Cardiac arrhythmias or hypotension. 6. Cardiac or respiratory arrest. 7. Death of a patient. 8. Any new admission, however routine it may seem. 				
<p>Patient Load (average per shift)</p>	<table border="1"> <tr> <td data-bbox="472 1843 794 1986"> <p>Patient Load Per trainee</p> </td> <td data-bbox="794 1843 916 1986" style="text-align: center;"> <p>12</p> </td> <td data-bbox="916 1843 1206 1986"> <p>Patient Load per Team</p> </td> <td data-bbox="1206 1843 1487 1986" style="text-align: center;"> <p>30-40</p> </td> </tr> </table>	<p>Patient Load Per trainee</p>	<p>12</p>	<p>Patient Load per Team</p>	<p>30-40</p>
<p>Patient Load Per trainee</p>	<p>12</p>	<p>Patient Load per Team</p>	<p>30-40</p>		

<p>After hours Roster</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>The Intern/RMO participates in the Westmead Hospital evening and weekend ward overtime, but with a reduced weekend load. Typically this will mean 3-5 Evening shift per term and 1-2 weekend shifts per term. In addition, they will also participate in the Respiratory weekend rostering (8am-4pm) as per the respiratory roster. Supervision is provided by:</p> <ul style="list-style-type: none"> - Medical Registrar - Surgical Registrar - Anaesthetic Registrar - ICU Registrar <p>Respiratory Registrars participate in Saturday and Sunday ward rounds to review all critically ill or complex patients. A roster is drafted with one registrar on call each weekend.</p> <p>A 24 hour a day respiratory failure on-call registrar service is available for advice with regards to non invasive ventilation and respiratory failure.</p> <p>Respiratory Consultants are contactable at all times for supervision.</p>
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I: SIGN OFF	
<i>Terms will not be considered unless this section is completed.</i>	
<p>Revision date and by who <i>(Name and Position)</i></p>	
<p>Endorsement by Term Supervisor <i>(Name, Date and Signature)</i></p>	
<p>Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i></p>	

HETI OFFICE USE ONLY – Approved by PAC or PAC Member	
<p>Date</p> <p>Signature/TRIM DOC number of PAC minutes</p>	

J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0830 Bronchoscopies/EBUS – Dr Wu/Teo, Endoscopy Suite	0800 - 0900 Clinical Meeting*, Education Block	0800 - 0900 Sleep & Physiology Meeting, Education Block	0800 Radiology Meeting*, Seminar 1 Radiology	0830 Bronchoscopies - Drs Janjis, Ha-Minh, BDH CMO Endoscopy Suite	0800-1600 1 Weekend JMO Only	0800-1600 1 Weekend JMO Only
1000 Academic Sleep Clinic - Dr Kairaitis, B5c	0900 Bronchoscopies - Dr Michail/Herath/Chien, Endoscopy Suite	0900 Sleep PCR Clinic, Private Consulting Rooms	0900 - 1000 Pathology Meeting*, (1st Thurs of Month), Level 3, Library, ICPMR TB Meeting (2nd Thurs of Month), Education Block Clinical Journal Club, (3rd Thurs of Month) Education Block Quality Meeting (4th Thurs of Month), Education Block	0900-1200 Severe Asthma Clinic Dr Chien, B5c 1300 - 14:00 JMO Lunchtime Lecture, Education Block		
1000 Sleep Study Review Session – Dr Chien, B5d	0900 Ward Round - Dr Gardiner, B5A	1100 Ward Unit Meeting, B5a	1000 Ward Round - Drs Michail / Janjis, B5a	1300 Pulmonary Arterial Hypertension Clinic (Monthly) – Dr Michail, Clinic B		
1100 CF Meeting – Dr Middleton, B5c	0900 Ward Round - Drs Michail / Janjis, B5a	1300 Medical Grand Rounds*, Education Block	1000 Ward Round - Dr Gardiner, B5a			
1300 Ward Round – Dr Wu, B5a 1330 Respiratory Failure Clinic	1000 BOLD Clinic - Dr Middleton, Clinic G 1000 Sleep Study Review Session – Dr Wu, B5d	1400 Respiratory Clinic – Dr Cho - Clinic D	13:00-14:00 JMO Protected Teaching Time 1300 Ward Round – Dr Wu, B5a			

<p>Dr Wu/Chien B5c</p> <p>1500 Ward Round – Professor Wheatley, B5a</p>	<p>1230 Respiratory Failure Meeting – Dr Wu/Chien B5c</p> <p>1400 Cystic Fibrosis Clinic – Dr Middleton/Chien Clinic D</p> <p>1300-1630 General Respiratory Clinic – Dr Herath, B5c</p> <p>1700 Lung Cancer MDT – Dr Michail, Anatomical Pathology Library</p>		<p>1400 Ward Round - Professor Wheatley, B5a</p> <p>1500 (following Round) Clinical Topics: Seminar *Senior Registrar, B5a</p>			
<p>Start and Finish Time 8:30 – 17:00</p>	<p>Start and Finish Time 8:00 -17:00</p>	<p>Start and Finish Time 8:00 – 17:00</p>		<p>Start and Finish Time 8:30 – 17:00</p>		

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)