

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Drutt Hospital

Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Blacktown Hospital
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: INTENSIVE CARE – Blacktown

Overview of Unit or Service	<p>Please outline the role of the unit and range of clinical services provided:</p> <p>Welcome to the Intensive Care Unit. We are a busy unit with approximately 16 beds. We have a rapid turnover of patients and treat approximately 1500 patients per year, with an average length of stay of 3-4 days.</p> <p>Our work involves management of acute reversible life threatening illnesses but during your term you will see a wide spectrum of complex disorders.</p> <p>Please outline the patient case mix, acuity and turnover:</p> <p>We manage patients with Multiple Organ Failure and provide multiple organ support, involving respiratory, cardiovascular and renal disorders which include ventilation IABP, Dialysis and more. A major part of our workload involves critical illness associated with surgical disease or major medical problems.</p>
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	009002
Date of Accreditation by HETI	15 April 2013

C: TERM CATEGORY	Medicine <input type="checkbox"/>	Surgery <input type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input checked="" type="checkbox"/>	ICU _____
Is the term a PGY1 or a PGY2 term?	PGY1 <input type="checkbox"/>	PGY2 <input checked="" type="checkbox"/>			
	<i>Please note that a PGY2 ONLY accredited term may 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	0	PGY2	2	TOTAL NUMBER OF TRAINEES IN TERM	2
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E: TERM SUPERVISION				
Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Latesh Poojara, Intensivist			
Contact Plan with Trainee <i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i>	<p>General Contact: Term Supervisor/Consultant and Trainee contact will be at least 3 times a week during Ward Rounds, Multidisciplinary meetings, Unit Education meetings, and bedside teaching sessions. Additionally, contact is during Post-take rounds on days following On-take and also over the phone as required.</p> <p>Formal mid-term and end of term meetings between the trainee and term supervisor will be scheduled. The trainee is encouraged to meet with the term supervisor at any stage throughout the term to discuss issues as they arise or anything in particular they want to get out of the term in terms of their professional development.</p> <p>Orientation: Departmental orientation will occur in week 1 of each new term.</p> <p>Mid Term: Formal mid-term assessment meeting will occur between trainee and term supervisor in week 5 of the Term. At the meeting trainee progress will be discussed, opportunities for learning and professional development for the remainder of the term will be identified, and the trainee will have the opportunity to raise any areas of concern with the term supervisor.</p> <p>End of Term: Formal end of term assessment meeting will occur between trainee and term supervisor in week 10 of the Term. At this meeting the trainee's performance throughout the term will be evaluated, and the trainee will be given the opportunity to give feedback of their experience throughout the term.</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>	Name, Position and Contact details N/A			
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	<p>Attending Medical Officers will provide daily supervision either on-site or via the telephone.</p> <p>Additional on-site daily supervision will be provided by the SET Trainee assigned to this team for the duration of the term.</p> <p>Contact details of clinical supervisors are displayed on the wards / available to the trainee via the hospital switch board.</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 and describe how PGY1 & 2s will be distributed amongst the team/s.</i>	Dr Latesh Poojara	Intensivist	9881 7133	page 7719
	A/Prof Graham Reece	Director	9881 8444	page 7520
	Dr Dhaval Ghelani	Intensivist	9881 7495	page 7573
	Dr Kalpesh Gandhi	Intensivist	9881 8523	page 7601
	Dr Charudatt Shirwadkar	Intensivist	9881 8273	page 7809
	Dr Asif Raza	Intensivist	9881 7052	page 7683
	Dr Kiran Deol	Intensivist		
	Mr Paul Goudie	Nurse Unit Manager	9881 8341	page 7657
	Ms Kaye Williams	Nurse Educator	9881 8153	page 3785
	Mrs Donna Muscat	Secretary	9881 8059	page 3817

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.

- Accredited in Basic and Advanced Life Support ;
- Knowledge of ICU Policies and Procedures Manual (copy available from the Secretary);
- Knowledge of ICU Medical Protocol Manual (copy available from the Secretary);
- JMO will be encouraged to book into the next available session if Accreditation in ACLS is deficient.
- Evidence of completion of the Hand Hygiene online module and Clinical Excellence Commission (CEC) website based Central Line module, is to be submitted to the Director's Secretary before commencement of term.
- Knowledge of the Code of Conduct.
- Registration with the Medical Board of Australia (for PGY2s only).
- Attendance at general hospital orientation and term specific orientation.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill.
- Ability to record in the clinical notes: relevant history of illness, physical examination, a provisional diagnosis and issues list, investigations required and a management plan.
- Ability to communicate clearly with other staff, patients and relatives.
- Able to independently perform: venepuncture, arterial blood gas analysis, blood cultures, intravenous cannulation, basic electrocardiogram interpretation.
- Ability to call a Medical Emergency Team based on criteria
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.

G: TERM LEARNING OPPORTUNITIES

<p>Please list top 5 learning opportunities/objectives</p>	1	To be confident in resuscitation/management of acute presentations such as trauma and blood loss, septic shock and self-poisoning.
	2	To be able to independently perform procedures such as: Peripheral venous cannulation, Central venous cannulation, Arterial vascular cannulation, Simple Airway Manipulation.
	3	To be confident in Physical examination and history taking on admission, Organisation of investigations on admission according to protocol and direction, and Follow-up, review and recording of all investigations.
	4	To be able to diagnose & manage common disorders such as: Septic shock, antibiotic guidelines and understand de-escalation, Multiple organ system failure, Respiratory failure requiring escalating therapy including oxygen therapy, basics of NIV and basic setting up of the ventilator, Renal failure requiring continuous or intermittent dialysis, understand the basics of management/monitoring and basic physiology in critically ill patients.
	5	To be able to Implement Senior Registrar/Consultant instructions for patient management and present patient history, progress and management plans at handover meetings held at the change of shifts each day.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations

Expectations of the trainee throughout the term include:

To diagnose and manage the following common disorders:

- Septic shock, antibiotic guidelines and understand de-escalation.
- Multiple organ system failure
- Respiratory failure requiring escalating therapy including oxygen therapy, basics of NIV and basic setting up of the ventilator.
- Renal failure requiring continuous or intermittent dialysis, understand the basics of management.
- Understand monitoring and basic physiology in critically ill patients.

The Trainee should feel confident in resuscitation or management of the following acute presentations:

- Trauma and blood loss
- Septic shock
- Self-Poisoning

The Trainee should be able to independently perform the procedures or work towards achieving the following:

- Peripheral venous cannulation
- Central venous cannulation
- Arterial vascular cannulation
- Simple Airway Manipulation
- Physical examination and history taking on admission.
- Organisation of investigations on admission according to protocol and direction.
- Follow-up, review and recording of all investigations.
- Examination and review of patient condition and progress on a follow-up basis.
- Organisation of investigations on a daily basis according to protocol and direction.
- Complete discharge summaries when directed by the Senior Registrar/Consultant on duty.
- Daily progress notes (including documentation of decisions made on the daily consultant round).
- Completion of all ICU data collection sheets.
- Specialised procedures as directed and supervised by the Senior Registrar/Consultant on duty.
- Implementation of Senior Registrar/Consultant instructions for patient management.
- Presentation of patient history, progress and management plans at handover meetings held at the change of shifts each day.
- To be responsible whilst at work to take reasonable care of fellow employees, patients, visitors, clients and volunteers, and to abide with the Western Sydney Local Health District policy and instructions in relation to Occupational Health Safety and Risk through personal involvement.
- To follow the employer's reasonable instructions concerning health and safety in the workplace.
- To participate in Occupational Health Safety and Risk education and training.
- To report any workplace hazards.
- Assist in the OH&S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace.
- To observe the Western Sydney Local Health District Code of Conduct.
- To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure.
- To strictly observe the Western Sydney Local Health District policy of confidentiality of patient information and such other sensitive and confidential information that I may have access to during the course of my employment.
- To undertake any other duties as requested by Medical Workforce Unit from time to time which are of a reasonable nature

Patient Load <i>(average per shift)</i>	Patient Load per trainee	8 – 10	Patient load total for team	15 – 20
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<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>Supervision by Senior Registrars, Registrars and Consultants who are on site.</p> <p>Participation in after-hours general hospital (not ICU) roster is expected.</p> <p>ICU Registrars will provide workplace/bedside teaching to JMOs ICU Senior Registrars (2 per day shift) will provide clinical supervision and teaching (08:00 to 23:00, on site).</p> <p>After-hours Cover is shared amongst all Interns and RMOs, providing 1 weekday shift per fortnight, and 1 weekend shift in every 6 weeks.</p> <p>After-hours supervision is via on site Medical and Surgical Registrars and on-call Consultants. There is a medical handover that occurs at the beginning of afternoon shift and also at the beginning of night shift to hand over patients to staff on the next shift. Attendance at this handover is compulsory.</p> <p>Blacktown Hospital is also staffed by on-site registrars in ICU, Anaesthetics, Emergency Medicine, Orthopaedics, Paediatrics and Obstetrics & Gynaecology after hours.</p>
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I: SIGN OFF

Terms will not be considered unless this section is completed.

Revision date and by who <i>(Name and Position)</i>	27/07/2016 Dineshwar Narayan Medical Education Support Officer - BMDH
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	Dr Latesh Poojara
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	Prof Mark McLean

