

# NSW Prevocational Training Term Description

<b>A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druiitt Hospital</b>	
<b>Training Term Based at</b>	<i>If not at above location, please give off site facility name and location:</i> <b>Blacktown Hospital</b>
<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: MEDICINE 2 – GERIATRICS &amp; ENDOCRINOLOGY</b>	
<b>Overview of Unit or Service</b>	<p>Medical services at Blacktown Hospital include Geriatric Medicine, Neurology, Respiratory, Gastroenterology, Cardiology, Endocrinology, Nephrology, Infectious Diseases and Medical Oncology Services. Other clinical services include Paediatrics, Obstetrics &amp; Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>The Geriatric Medicine service is involved in the management of a wide range of Geriatric conditions and patients who required rehabilitation. Patients admitted under Geriatric Medicine are generally &gt; 70 years of age (&gt;55 years of age in the case of indigenous Australians) with multiple co-morbidities.</p> <p>Conditions commonly encountered during this term include delirium, dementia, Parkinson's disease and other neurodegenerative disorders, stroke, epilepsy, CNS infections, neuro-oncological disorders, multiple sclerosis, migraine, vertigo, neuromuscular disorders, neurological complications of medical disorders or substance abuse, as well as all of the common general medical conditions encountered in aged persons.</p> <p>The Department of Endocrinology provides care to patients with acute and chronic conditions including diabetes mellitus, thyroid disorders and osteoporosis.</p>
<b>Term Duration (Weeks)</b> <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 Weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	<b>009005</b>
<b>Date of Accreditation by HETI</b>	18 August 2016

<b>C: TERM CATEGORY</b>	Medicine <input checked="" type="checkbox"/>	Surgery <input type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input type="checkbox"/>	_____
	PGY1 <input checked="" type="checkbox"/>	PGY2 <input checked="" type="checkbox"/>			
<b>Is the term a PGY1 or a PGY2 term?</b>	<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>				

<b>D: TERM CAPACITY</b>						
<b>Please indicate the term capacity – total number of PGY1s and PGY2 trainees</b>	PGY1	1	PGY2	1	<b>TOTAL NUMBER OF TRAINEES IN TERM</b>	2

## E: TERM SUPERVISION

<p><b>Name and Position of Term Supervisor</b></p> <p><i>Responsible for trainee term orientation and assessment</i></p>	<p><b>Dr Lina Lee, Geriatrician</b></p>														
<p><b>Contact Plan with Trainee</b></p> <p><i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term.</i></p>	<p><b>General Contact:</b> 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 including weekends 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.</p> <p><b>Orientation:</b> Departmental orientation will occur in week 1 of each new term.</p> <p><b>Mid Term:</b> 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><b>End of Term:</b> 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>														
<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>N/A</p>														
<p><b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b></p>	<p>Attending Medical Officers will provide daily supervision either on-site or via the telephone. Weekend Geriatric PGY1 and PGY2 shifts will be directly supervised by one of the Consultant Geriatricians, including a face to face ward round and ongoing telephone contact throughout the remainder of the shift. On site medical registrar cover is also available throughout any weekend shifts.</p> <p>Additional on-site daily supervision on weekdays will be provided by the Advanced Trainee and Basic Physician Trainee or SRMO 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>														
<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 prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 &amp; 2s will be distributed amongst the team/s.</i></p>	<table border="0"> <tr> <td><b>Dr Lina Lee</b></td> <td><b>Geriatrician (Term Supervisor)</b></td> </tr> <tr> <td>Dr Stephanie Polley</td> <td>Geriatrician</td> </tr> <tr> <td>Dr Michael Datyner</td> <td>General Physician</td> </tr> <tr> <td>Prof Mark McLean</td> <td>Endocrinologist</td> </tr> <tr> <td>Dr Tien-Ming Hng</td> <td>Endocrinologist</td> </tr> <tr> <td>Dr Anna Duke</td> <td>Endocrinologist</td> </tr> <tr> <td>Prof Glen Maberly</td> <td>Endocrinologist</td> </tr> </table> <p>Basic Physician Trainee / Advanced Trainee / Senior Resident Medical Officer</p>	<b>Dr Lina Lee</b>	<b>Geriatrician (Term Supervisor)</b>	Dr Stephanie Polley	Geriatrician	Dr Michael Datyner	General Physician	Prof Mark McLean	Endocrinologist	Dr Tien-Ming Hng	Endocrinologist	Dr Anna Duke	Endocrinologist	Prof Glen Maberly	Endocrinologist
<b>Dr Lina Lee</b>	<b>Geriatrician (Term Supervisor)</b>														
Dr Stephanie Polley	Geriatrician														
Dr Michael Datyner	General Physician														
Prof Mark McLean	Endocrinologist														
Dr Tien-Ming Hng	Endocrinologist														
Dr Anna Duke	Endocrinologist														
Prof Glen Maberly	Endocrinologist														

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## 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.

- 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

<b>Please list top 5 learning opportunities/objectives</b>	1	To become familiar with the principles of diagnosis, investigation and basic management of common geriatric syndromes including delirium, falls, acute functional decline and stroke.
	2	Develop an understanding of how to initiate a comprehensive geriatric assessment.
	3	To become familiar with the principles and management of common endocrine conditions including diabetes mellitus, thyroid disorders and osteoporosis.
	4	Obtain a broadened understanding of stroke medicine, particularly in terms of identifying affected areas of the brain, the vascular anatomy responsible for strokes, and principles of acute management, rehabilitation and secondary prevention of stroke.
	5	Develop skills in ordering appropriate investigation and in the accurate interpretation of common investigations/procedures including: <ul style="list-style-type: none"> <li>a. Electrocardiograms;</li> <li>b. Chest X-rays, CT scans and MRI scans;</li> <li>c. Arterial blood gas sampling;</li> <li>d. Common haematological, biochemical and microbiological tests;</li> <li>e. CSF examination, EEG and other common neurological tests; and</li> <li>f. Drug levels.</li> </ul>

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

**Please list expectations**

Expectations of the trainee throughout this term include:

- To become familiar with the concept of geriatric syndromes and how the model of a geriatric syndrome is useful in understanding wider chronic diseases.
- Develop an understanding of how to initiate a comprehensive geriatric assessment.
- To become familiar with the principles of diagnosis, investigation and basic management of common geriatric syndromes including delirium, falls, acute functional decline and stroke.
- To become familiar with the principles and management of common endocrine conditions including diabetes mellitus, thyroid disorders and osteoporosis.

- Obtain a broadened understanding of stroke medicine, particularly in terms of identifying affected areas of the brain, the vascular anatomy responsible for strokes, and principles of acute management, rehabilitation and secondary prevention of stroke.
- To develop an understanding of the roles of different staff members in a multi-disciplinary team.
- To develop an understanding of the role of the ACAT and services available for older people in the community.
- Develop a respect for the dignity of older people.
- Increased awareness of the management of poisoning and drug overdose.

In addition, the trainee is expected to familiarise themselves with the indications for and interpretation of common investigations/procedures including:

- Electrocardiograms
- Chest X-rays, CT scans and MRI scans
- Arterial blood gas sampling
- Common haematological, biochemical and microbiological tests
- CSF examination, EEG and other common neurological tests
- Drug levels

Other clinical expectations of the trainee include:

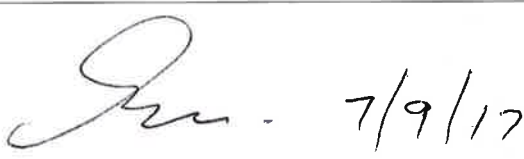
- Daily assessment of all inpatients on the Consultant/Registrar led ward round in order to review patient condition and progress. Subsequent implementation of management plans as instructed by the Consultant / Registrar.
- Organisation of investigations according to protocol and direction.
- Follow-up, review and documentation of all investigations. The Consultant/ Registrar should be promptly notified of abnormal investigation results.
- Completion of daily progress notes (including documentation of decisions / treatment plans made on the daily ward round).
- Liaise with Registrar / Consultant about all new admissions, any significant change in a patient's condition, and any patient potentially requiring transfer to another unit.
- Develop proficiency in the performance of routine procedures such as venepuncture, arterial puncture, IV line insertion, bladder catheterisation.
- Develop proficiency in assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill. This includes activation of Medical Emergency Team calls under appropriate circumstances.
- Attend to calls by nursing staff to review patients as required.
- Develop skills in dealing with patients and relatives in a professional and compassionate manner.
- Demonstrate proficiency in the assessment of patients so as to be able to determine their suitability for discharge, with consideration of the multidisciplinary issues associated with readiness for discharge.
- Attend handover meetings to ensure continuity of care of patients following the change of shift.
- Completion of discharge summaries in a timely fashion
- Aware of proper requirements for completion of Death Certificates and Cremation Certificates. (Refer to the Death Certificate folder, available in every ward and in the RMO's Common Room)
- To undertake any other duties as requested by the Medical Workforce Unit.

Organisational expectations of the trainee include:

- 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.
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.
- To participate in Workplace Health and Safety and Risk education and training.



	<ul style="list-style-type: none"> <li>To report any workplace hazards.</li> <li>Assist in the Workplace Health and Safety and Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace.</li> <li>To observe the Western Sydney Local Health District Code of Conduct.</li> <li>To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure.</li> </ul> <p>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.</p>				
<b>Patient Load</b> (average per shift)	<table border="1"> <tr> <td><b>Patient Load per trainee</b></td> <td style="text-align: center;">10</td> <td><b>Patient load total for team</b></td> <td style="text-align: center;">20</td> </tr> </table>	<b>Patient Load per trainee</b>	10	<b>Patient load total for team</b>	20
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<b>After hours Roster</b> <i>Does this term include participation in a hospital-wide after-hours roster and if so please advise frequency and the onsite supervision available after hours.</i>	<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. Trainees will have their afterhours overtime rosters adjusted to ensure reasonable overtime distribution. After hours cover is rostered by the Medical Workforce Unit for all Interns and RMOs as part of the Overtime and Relief roster.</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 &amp; Gynaecology after hours.</p>				
<b>Shift times</b>	<p>Trainees will be rostered to work an 8 hour weekend shift approximately once per 3-4 weeks throughout the term when their consultant is post-take. Trainees will be rostered for a midweek RDO (rostered day off) to compensate for weekend rostering. The weekend shift will include a consultant led teaching ward round with the trainee. All geriatric weekend shifts will fall within the usual 40 hour working week. General after hours overtime will be evenly distributed by MWU amongst all trainees.</p>				

<b>I: SIGN OFF</b>	
<i>Terms will not be considered unless this section is completed.</i>	
<b>Revision date and by who</b> (Name and Position)	06/09/2017 Dineshwar Narayan Medical Education Support Officer - Blacktown Mount Druitt Hospital
<b>Endorsement by Term Supervisor</b> (Name, Date and Signature)	Dr Lina Lee
<b>Endorsement by GCTC Chair (or representative)</b> (Name, Date and Signature)	Prof Mark McLean  7/9/17

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

Please show the activities that the trainee are expected/rostered to attend – these include all education opportunities (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team.

If there are extended or overlapping shifts for the trainees in the term, please provide a four week duty roster indicating change-overs between morning and evening shifts at roster change.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0800 – 0830 Medical Handover	0800 – 0830 Medical Handover	0800 – 0830 Medical Handover	0800 – 0830 Medical Handover	0800 – 0830 Medical Handover		
0830 – 0910 Multidisciplinary Meeting/ Case conference	0830 – 0910 Multidisciplinary Meeting/ Case conference	0830 – 0910 Multidisciplinary Meeting/ Case conference	0830 – 0930 Multidisciplinary Meeting/ Case conference	0830 – 0910 Multidisciplinary Meeting/ Case conference		
Ward Round Dr Lina Lee	Team Ward Round	Post-take Ward Round Dr Lina Lee	Team Ward Round	Ward Round Dr Lina Lee		
Ward Round Dr Stephanie Polley	1230 – 1330 Geriatric Medicine Departmental Meeting	Post-take Ward Round Dr Michael Datyner		Ward Round Dr Michael Datyner		
Ward Round Dr Michael Datyner		1300 – 1400 JMO Protected Teaching	1300 – 1400 JMO Protected Teaching	1300 – 1400 Medical Grand Rounds		
1600 – 1630 eHandover	1600 – 1630 eHandover	1600 – 1630 eHandover	1600 – 1630 eHandover	1600 – 1630 eHandover		
		Post-take Ward Round Dr Stephanie Polley		Ward Round Dr Stephanie Polley		