

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druiit Hospital	
Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Mount Druiit 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: SUPPORTIVE & PALLIATIVE CARE – Mt. Druiit	
Overview of Unit or Service	<p>Services at Mt Druiit Hospital include Orthopaedics, Rehabilitation, Palliative Care, Paediatrics and an Emergency Department and Medical Assessment Unit. All other inpatient services are provided at Blacktown Hospital, and telephone advice is available from there. The Mount Druiit Palliative Care Unit is a modern 16 bed unit set in pleasant surrounds.</p> <p>Palliative Care is the care of people with an active, progressive, far advanced disease for which there is little or no prospect of cure and where the goal of care is quality of life. Most of these people are dying although an increasing proportion are involved with Palliative Care earlier in their disease process.</p> <p>The majority of patients admitted to a palliative care unit are discharged home or to alternative accommodation. Some are admitted for end of life care.</p> <p>The trainee will be part of a multi-disciplinary team that provides physical, psychological, spiritual and social care of patients and their families. Hospital and community based Palliative Care services are integrated to provide assistance wherever the patient and family wish it.</p> <p>In recognition of the potentially difficult nature of the term the palliative care JMO's at Mt Druiit Hospital receive support from senior medical staff for debriefing and discussions of concerns raised during the term. The term is supported by 2 staff specialists and a VMO, an advanced trainee, a CNC and a CNE. Formal multidisciplinary debriefing activities occur as required for particularly difficult patient situations, identified at weekly team meetings. Informal debriefing occurs at weekly team meetings and during the morbidity and mortality meetings which are held monthly. JMO's are regularly encouraged to discuss any concerns with senior staff on an as needed basis. JMOs are encouraged to have their own GP and to take their allocated leave and ADOs to prevent burnout. The palliative medicine social worker is available to support the JMO, as is the EAP (Employee Assistance Program).</p> <p>Training is available for JMO's covering topics such as "Breaking Bad News", "Difficult Conversations" and "Burnout". A session on "Doctor's Health" during intern orientation discusses mental health, counselling, assistance programs, Beyond Blue etc. Additionally, concerns are ascertained/discussed during term assessment and also catch-up sessions with the DPETs.</p> <p>The term supervisor and Consultants/Registrars maintain close contact with the JMOs and there is ongoing supervision, mentoring and coaching.</p>
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 12 weeks
HETI Term Identifier Number	009021

<i>HETI Assigned after accreditation decision</i>	
Date of Accreditation by HETI	2 May 2013

C: TERM CATEGORY	Medicine	<input checked="" type="checkbox"/>	Surgery	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____
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 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	<input type="text" value="1"/>	PGY2	<input type="text" value="1"/>	TOTAL NUMBER OF TRAINEES IN TERM	<input type="text" value="2"/>

E: TERM SUPERVISION	
Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Melinda van Leeuwen, Palliative Medicine
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.</p> <p>Orientation: Departmental orientation will occur in the 1st week of each new term. This occurs from the staff specialists, term supervisor and CNC or ward NUM.</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>	N/A
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	Attending Medical Officers will provide daily supervision either on-site or via the telephone. Additional on-site daily supervision will be provided by the Advanced Physician Trainee assigned to the team for the duration of the term. Contact details of these clinical supervisors are displayed on the wards / available to the trainee via the hospital switch board.
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 Melinda van Leeuwen Palliative Medicine 9881-8421 Dr Cathy Crombie Palliative Medicine 4734-2189 Dr Sally Greenaway Palliative Medicine 9845-5200 Advanced Physician Trainee Single team with consultants, advanced physician trainee and PGY1/PGY2

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>	<ul style="list-style-type: none"> • 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.
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G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	To become familiar with the principles of symptom management in palliative patients, including the management of pain, nausea, constipation, shortness of breath and anxiety.
	2	To be able to recognise and initiate management of potentially reversible causes of distress in palliative patients, including urinary retention, malignant pleural effusion and ascites.
	3	Recognise and initiate appropriate management of palliative care emergencies, including hypercalcaemia, unrelieved pain and spinal cord compression.
	4	Develop some familiarity with common Palliative Care drugs, and become familiar with common procedures in palliative care, including pleural aspiration and ascites drainage.
	5	Be competent and gain experience in breaking bad news, discussing prognosis, death and dying with patients and families.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<p>Other clinical expectations of the trainee include:</p> <ul style="list-style-type: none"> Daily assessment of all inpatients on the Consultant/CMO 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 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 assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary. 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. Complete discharge summaries in a timely fashion and ensure adequate handover of patient information to the GP and community teams. Aware of proper requirements for completion of Death Certificates and Cremation Certificates. Undertake any other duties as requested by the Medical Workforce Unit. <p>Organisational expectations of the trainee include:</p> <ul style="list-style-type: none"> 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 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. 				
<p>Patient Load <i>(average per shift)</i></p>	<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Patient Load per trainee</td> <td style="border: 1px solid black; width: 40px; text-align: center; padding: 5px;">8</td> <td style="padding: 5px;">Patient load total for team</td> <td style="border: 1px solid black; width: 40px; text-align: center; padding: 5px;">16</td> </tr> </table>	Patient Load per trainee	8	Patient load total for team	16
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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>After-hours Cover is shared amongst all Interns and RMOs, providing 1 week-day shift per fortnight, and 1 weekend shift in every 6 weeks.</p> <p>After-hours supervision is via the on-site Medical Officer In-Charge – ED and also by On-call Consultants. There is a Medical Handover that occurs nightly at 2130 in the RMO Common Room, to handover patients from the evening to night shift staff. Attendance at this handover is compulsory.</p>				

I: SIGN OFF

Terms will not be considered unless this section is completed.

Revision date and by who <i>(Name and Position)</i>	15/07/16 Dineshwar Narayan Medical Education Support Officer – Blacktown Mt. Druitt Hospital
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	Dr Melinda van Leeuwen
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	Prof Mark McLean

