

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druitt Hospital	
Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Blacktown Mt. Druitt Hospitals
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: PAEDIATRICS & NEONATOLOGY – Blacktown and Mt Druitt	
Overview of Unit or Service	<p>Mount Druitt Hospital has a paediatric inpatient ward with around 2500 admissions per year, and an emergency department with around 11,000 paediatric presentations each year.</p> <p>Blacktown Hospital has the birth unit and a Level 4 Special Care Nursery (SCN). There are 3500 births a year. We admitted approximately 900 babies a year to SCN.</p> <p>The JMO will help with the management of the inpatients, the majority who will have common paediatric problems including bronchiolitis, asthma, pneumonia, gastroenteritis etc. Please see the attached Learning Outcomes. There are increasing numbers of children with chronic and complex conditions, such as neonatal intensive care graduates, being admitted to the ward. We also see a significant number of refugee children with conditions such as malaria, tuberculosis and sickle cell anaemia. There is an ambulatory care clinic that runs seven days a week and which the resident will also be expected to do.</p> <p>The staff specialists attend community clinics including a multidisciplinary developmental clinic, Aboriginal Medical Service, general paediatrics and development/behavioural clinics in the Mt Druitt area, and Infants of Substance Abuse Mothers. The JMO will where possible, be able to attend some of these clinics.</p> <p>The JMO is encouraged to attend the lunchtime teaching in general medicine and general surgery on Tuesday and Thursday at Mt Druitt Hospital, and Grand Rounds in Blacktown Hospital on Fridays. Formal teaching in paediatrics takes place on Monday and Tuesday from 3-4pm at Mount Druitt Hospital, and Tuesday 3-4 pm at Blacktown Hospital. In addition staff specialists supervise morning and afternoon handovers Monday to Friday and provide additional opportunistic teaching at the same. Residents are expected to participate in the formal teaching roster.</p> <p>The JMO will also help with the assessment and management of children in the Emergency Department at their site. There are over 10,000 paediatric attendance to the Blacktown/Mt Druitt Health ED per year.</p> <p>Trainees undertaking this term will rotate between both Mount Druitt and Blacktown Hospitals, allowing broad exposure to Emergency presentations, general paediatrics, neonatology and afterhours cover. On average trainees will spend 6 weeks of their term based at Mount Druitt Hospital, and 4 weeks based at Blacktown Hospital.</p> <p>In addition to inpatient exposure, trainees will also have the opportunity to attend outpatient clinics including the multidisciplinary developmental clinic, Aboriginal Medical Service clinic, and general paediatric clinics in Mt Druitt area, and Infants</p>

	of Substance Abuse Mothers and Allergy clinics in Blacktown area. The JMO will alternate with the registrars to attend these clinics.
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 12 weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	009026
Date of Accreditation by HETI	October 2012

C: TERM CATEGORY	Medicine	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	Specialty _____	
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	<input type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>						
	PGY1	0	PGY2	2	TOTAL NUMBER OF TRAINEES IN TERM	2				

E: TERM SUPERVISION									
Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Stephen Teo Paediatrician								
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.</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>								

	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.
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+)	Paediatricians will provide daily supervision either on-site or via the telephone. Additional on-site daily supervision will be provided by the Career Medical Officers in Paediatrics / Paediatric Trainees / Senior Resident Medical Officer assigned to this team for the duration of the term. Contact details of 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 Stephen Teo (Term Supervisor) Dr Patrick Patradoon-Ho (Head of Department) Dr Diana Steinberg (Staff Specialist) Dr Anjali Dhawan (Staff Specialist Neonatologist) Dr Neha Sethi (Postgraduate Fellow) The following are VMOs: Dr Daniel Lin Dr Gilda Bonacruz-Kazzi Dr Kerry Brown Dr Peter Hong Dr Grace Vizcarra Dr David Hartshorn Dr Juned Shaikh (All contactable through the switchboard at their rooms, home or on their mobile phones)

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<p>This section may include:</p> <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 perform a "well baby check" examination.
	2	To manage common neonatal conditions such as jaundice, hypoglycaemia, feeding issues and respiratory distress.
	3	To describe the symptoms and signs indicating when a child is sick and obtain appropriate assistance.
	4	Develop proficiency in the calculation of drug doses and intravenous fluid in children.
	5	To develop and apply detailed knowledge of the assessment (history taking and physical examination) investigation and management of common paediatric conditions: bronchiolitis, asthma, pneumonia, croup, fever, meningitis, otitis media, pharyngitis, febrile convulsion, epilepsy, urinary tract infection, gastroenteritis, abdominal pain, growth and development problems, failure to thrive, child abuse, and family and social problems.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p>Please list expectations</p>	<p>Throughout the course of this term it is expected that trainees will develop the following skills:</p> <ul style="list-style-type: none"> To perform a "well baby check" examination To manage common neonatal conditions such as jaundice, hypoglycaemia, feeding issue and respiratory distress. To have the basic skills in neonatal resuscitation such as bag valve mask ventilation and venous sampling/intravenous cannulation. To develop and apply detailed knowledge of the assessment (history taking and physical examination) investigation and management of common paediatric conditions: bronchiolitis, asthma, pneumonia, croup, fever, meningitis, otitis media, pharyngitis, febrile convulsion, epilepsy, urinary tract infection, gastroenteritis, abdominal pain, growth and development problems, failure to thrive, child abuse, and family and social problems. The list should also include common paediatric surgical conditions but only at the level of stabilisation including management of potential complications before definitive surgical therapy, e.g. hernia, appendicitis, developmental dysplasia of the hips, pyloric stenosis and testicular torsion. Develop proficiency in the calculation of drug doses and intravenous fluid in children. To recognise when a child is sick and call for help appropriately To become proficient at handling the above conditions within a family based comprehensive health care model with an emphasis on preventative care. To describe knowledge of paediatric issues specific to our location, including hospital and community based resources available for children and caregivers. To describe the impact of illness on a child's life, the parents and the community. To communicate clearly, considerately and sensitively with children and caregivers using language appropriate to the children's development. To develop communication and teamwork skills with other health professionals, including general practitioners, consultants, nursing staff, and allied health. <p>Other clinical expectations of the trainee include:</p> <ul style="list-style-type: none"> 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.
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	<ul style="list-style-type: none"> • Organisation of investigations according to protocol and direction. • Follow-up, review and documentation of all investigations. The Consultant/Registrar should be promptly notified of 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 in paediatrics including venepuncture, arterial puncture, bladder catheterisation and lumbar puncture. • 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. • 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 to the GP on discharge • To undertake any other duties as requested by the Medical Workforce Unit. 				
Patient Load (average per shift)	<table border="1"> <tr> <td>Patient Load per trainee</td> <td>5 – 9</td> <td>Patient load total for team</td> <td>15 – 25</td> </tr> </table>	Patient Load per trainee	5 – 9	Patient load total for team	15 – 25
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After hours Roster <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>After-hours Cover is shared amongst all RMOs. The RMOs work in general: 2/3 day shifts on weekdays and 1/3 evening shifts on weekdays. These are shared as follows: Blacktown – 1/3 day shifts on weekdays; Mt. Druitt – 1/3 day shifts on weekdays and 1/3 evening shifts on weekdays. The RMOs work 1 x 8 hour day shift every other weekend.</p> <p>There will be onsite supervision during all after hours shifts from a paediatric Registrar/CMO. There will also be a Paediatrician on-call who is contactable at all times. During weekdays, there is a staff specialist on site to provide support during day shifts.</p> <p>There is a regular evening handover in the Paediatric Ward Ambulatory Clinic at Mt. Druitt which the RMO is expected to attend and contribute to.</p>				

I: SIGN OFF

Terms will not be considered unless this section is completed.

Revision date and by who (Name and Position)	13/07/2016 Dineshwar Narayan Medical Education Support Officer - Blacktown Mount Druitt Hospital
Endorsement by Term Supervisor (Name, Date and Signature)	Dr Stephen Teo
Endorsement by GCTC Chair (or representative) (Name, Date and Signature)	Prof Mark McLean

