

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druiitt 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: MEDICINE 14 – RENAL MEDICINE / IMMUNOLOGY	
Overview of Unit or Service	<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 & Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>The Renal Medicine service operates multidisciplinary inpatient outpatient and consultative services on the Blacktown campus. There are five consultant renal physicians, one of whom is responsible for the management of renal inpatients at any one time. The Blacktown campus is also the location of the Regional Dialysis Centre which in addition to being a facility for community based haemodialysis is the main centre for the coordination, training and support for patients who are undergoing dialysis treatment at home.</p> <p>The Immunology Unit operates 2 weekly clinics (one Allergy and one General Immunology), as well as a consultative service. Currently there is one consultant (Dr Swaminathan) with afterhours support co-ordinated by the Clinical Immunologists working at Westmead Hospital.</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>	009037
Date of Accreditation by HETI	13 October 2014

C: TERM CATEGORY	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"/>			
Is the term a PGY1 or a PGY2 term?	<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

1

PGY2

1

TOTAL NUMBER OF TRAINEES IN TERM

2

E: TERM SUPERVISION

Name and Position of Term Supervisor

Responsible for trainee term orientation and assessment

A/Prof Lukas Kairaitis, Head of Renal Medicine, Blacktown Hospital

Contact Plan with Trainee
Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term

General Contact:

Term Supervisor/Trainee contact will be 3 times a week during Ward Rounds and teaching sessions.

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.

Orientation: Departmental orientation will occur in the 1st week of each new term.

Mid Term: Formal mid-term assessment meeting will occur between trainee and renal consultant 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.

End of Term: Formal end of term assessment meeting will occur between trainee and renal consultant in the last week 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.

For the purpose of the mid-term and end of term assessment the responsibility at each time point will fall to the renal consultant currently on term service who will discuss the assessment with other consultants and junior staff.

Primary Clinical Supervisor (if not Term Supervisor)

Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)

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 Trainee and Basic Physician Trainee or SRMO assigned to this 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

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.

A/Prof Lukas Kairaitis, Head of Renal Medicine, Blacktown Hospital

Dr Moses Wavamunno, Staff Specialist Nephrologist

Dr Mirna Vucak-Dzumhur, Staff Specialist Nephrologist

Dr Surjit Tarafdar, Staff Specialist Nephrologist

Dr Sanjay Swaminathan, Staff Specialist Immunologist

Dr Katrina Chau, Staff Specialist Renal Medicine

Renal Medicine Advanced Trainee

Basic Physician Trainee

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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

Please list top 5 learning opportunities/objectives	1	Principles of diagnosis and management of acute and chronic kidney injury including physical assessment and relevant investigations.
	2	Investigation and management of complicated urinary tract infections, including the diagnosis and management of sepsis.
	3	Assessment and management of fluid, electrolyte and acid base derangements.
	4	Principles of the management of a patient on dialysis, including assessment, investigation of fluid and electrolyte state, and common complications of haemodialysis and peritoneal dialysis.
	5	Principles of the presentation, diagnosis, management and monitoring of common conditions in clinical immunology, including autoimmune conditions, immune deficiency and allergy.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	<p>By the completion of this term it is expected that the trainee will have gained knowledge and experience in the following areas:</p> <ul style="list-style-type: none"> • Principles of diagnosis and management of acute renal failure • The investigation and management of a patient with chronic kidney disease including preparation for renal replacement therapy (i.e. transplantation or dialysis) as appropriate • The management of chronic kidney disease including treatments to prevent renal disease progression, dietary modification and management of anaemia • Inpatient and outpatient management of hypertension. • The management of an inpatient on haemodialysis including monitoring access patency and fluid balance • Methods for the delivery of acute dialysis support for a patient in the intensive care unit • The inpatient management of a patient on peritoneal dialysis including an understanding of common complications (peritonitis, fluid balance disorders) and the principles of peritoneal dialysis prescription • Assessment and management of common fluid, electrolyte and acid-base derangements. • Diagnosis and management of urinary tract infection, especially when complicated by systemic manifestations of sepsis
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- Diagnosis and management of glomerular diseases.
- Pharmacokinetics and the principles of nephrotoxicity

Immunology learning opportunities:

- Identification of symptoms/signs of autoimmunity
- Understand principles of immunosuppressive medications
- Monitor for complications of immunosuppressive medication
- Use of intravenous immunoglobulin as an immune modulator
- Recognition of patients with severe allergy/anaphylaxis
- Management of the patient with anaphylaxis
- Learn how to investigate drug hypersensitivity reactions
- Skin prick testing in the diagnosis of allergic disorders
- Understand common immunological tests used for diagnosis/monitoring
- Management of patients with vasculitis
- Identifying patients with immune deficiency (primary or secondary)

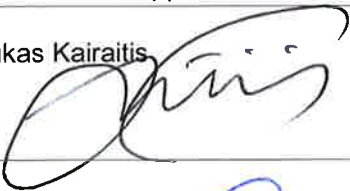

In addition, the trainee is expected to familiarise themselves with the indications for and interpretation of common investigations/procedures including:

- Electrocardiograms
- Chest X-rays, CT scans and MRI scans
- Arterial blood gas sampling
- Common haematological, biochemical and microbiological tests
- 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.

	<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.
Patient Load <i>(average per shift)</i>	Patient Load per trainee 5 – 15 Patient load total for team 5 – 15
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 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 on site Medical and Surgical Registrars and on-call Consultants. There is a medical handover that occurs nightly at 2130 to hand over patients from the evening to night shift staff. 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>

I: SIGN OFF	
<i>Terms will not be considered unless this section is completed.</i>	
Revision date and by who <i>(Name and Position)</i>	02/06/2016 Dineshwar Narayan Medical Education Support Officer – Blacktown Mt. Druiit Hospital
Endorsement by Term Supervisor <i>(Name, Date and Signature)</i>	A/Prof Lukas Kairaitis  2/8/2016.
Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i>	Professor Mark McLean  8/8/16

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		
Inpatient ward round with Registrar & JMO	Renal consultant ward round (Kairaitis/ Wavamunno/ Tarafdar/ Chau)	Ward round (Dr Vucak-Dzumhur)	Inpatient Ward Round with Registrar & JMO	Renal consultant ward round (Kairaitis/ Wavamunno/ Tarafdar/ Chau)		
1100 Immunology Ward Round						
1230 – 1300 Lunch	1230 – 1300 Lunch	1230 – 1300 Lunch	1230 – 1300 Lunch	1230 – 1300 Lunch		
Ward round (Dr Vucak-Dzumhur)						
1500 Renal tutorial with Renal Advanced Trainee, Regional Dialysis Centre		1300 – 1400 JMO Teaching	1300 – 1400 JMO Teaching	1300 – 1400 Medical Grand Rounds		
			1400 Immunology Ward Round			