Northern Health

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	**Term duration:**	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	**Clinical experience - Primary**:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	**Clinical experience - Secondary**:	B: Chronic illness patient care
Speciality/Dept.:	General Medicine Acute Medicine	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)*
Term Descriptor:	This role rotates through shifts attached to the Acute Medical Team (AMT) who are responsible for admitting general medical patients from ED and the Emergency Observation Unit 2 team (EOU2) which is a unit managing short stay medical patients who are expected to stay less than 48 hours. This includes day and night shifts with these units on a rotating roster. Both units give the JMO experience in assessment and early management of acute medical patients as well as short stay medicine. Both units are well supported with support from the AMT and EOU registrars and consultants.		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Develop skills in early assessment and management of general medical patients presenting with a range of conditions. Be able to take an appropriate history and examination in order to formulate an admission assessment and initial management plan. Learn management principles for simple short stay general medical patients in the EOU from admission to discharge for common conditions such as mild CCF and COPD back pain and simple falls.
	Domain 2	Build confidence in independent patient assessment skills but understand when to escalate to others in the team
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	Makes use of local service protocols and guidelines to inform clinical decision-making.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures.
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Acknowledges and respects patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches.

	Domain 4	Applies the principles of safe prescribing, particularly for drugs with a risk of significant adverse effects, using evidence-based prescribing resources, as appropriate.
EPA4: Team communication – documentation, handover and referrals	Domain 1	Displays understanding of the details of the patient's condition, illness severity, comorbidities and potential emerging issues, summarising planned management including indications for follow-up.
	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.
	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Practices presenting patients on ward rounds and at internal team handovers to develop skills in safe and effective handover.

3. Outcome statements:

Domain 1: *The prevocational doctor as practitioner*

☒ 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.

☒ 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.

☐ 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care

☒ 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues

☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness

☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.

☐ 1.7 Make evidence-informed management decisions and referrals using

Domain 2: *The prevocational doctor as professional and leader*

☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.

☒ 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.

☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.

☒ 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.

☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.

☒ 2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.

☐ 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal

Domain 3: *The prevocational doctor as a health advocate*

☐ 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients

☒ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.

☒ 3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.

☐ 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.

Domain 4: *The prevocational doctor as a scientist and scholar*

☒ 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.

☐ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.

☒ 4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.

☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.

principles of shared decision-making with patients, carers and health care team

☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically

☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.

☐ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making

and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.

☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

☐ 3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).

4. Supervision details:			
Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Dr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Yana Sunderland***	Director of Medicine and Head of Unit	Yana.sunderland@nh.org.au
Clinical Supervisor (primary)	***Rotating roster***	AMT / EOU consultant	Via Switchboard
Cinical Supervisor (day to day)	***Rotating Roster***	AMT / EOU consultant	Via Switchboard
EPA Assessors *Health Professional that may assess EPAs*	• AMT /EOU consultant • AMT / EOU registrar • Click or tap here to enter name and role		

Team Structure **- Key Staff**		
Name	**Role**	**Contact**
Dr Yana Sunderland	Director of Medicine	Yana.sunderland@nh.org.au
Joseph David	NUM for EOU ward 6	8405 8263
Rotating roster	EOU consultant	Via switchboard
Rotating roster	AMT consultant	Via switchboard

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Rotating roster	AMT or EOU registrar	Via Medtasker AMT phone: 0460 647 873

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details *(PMCV use only)*		
Accreditation body:	Click or tap here to enter text.	
Accreditation status:	Click or tap here to enter text.	
Accreditation ID:	Click or tap here to enter text.	
Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval		
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.

Appendix

Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time 08:00 Handover	Enter Time 08:00 Handover	Enter Time 08:00 Handover	Enter Time 08:00 Handover 08:00 – 09:00 Grand Round	Enter Time 08:00 Handover	Enter Time 08:00 Handover	Enter Time 08:00 Handover
Afternoon	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time 12:30 – 13:30 HMO Education	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Evening	Enter Time 20:00 Handover	Enter Time 20:00 Handover	Enter Time 20:00 Handover	Enter Time 20:00 Handover	Enter Time 20:00 Handover	Enter Time 20:00 Handover	Enter Time 20:00 Handover
Hours	Total	Total	Total	Total	Total	Total	Total

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AMT = Acute admitting team HMO. AMT2 = second HMO working with AMT team
EOU = Emergency Observation unit HMO
ND denoting a night shift in the either of the units

Med HMO														
HMO 1		EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900				Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-	Tower 2 ND 2000-0830	Registrar Training Time		
HMO 2	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030									Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	
HMO 3	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100	AMT HMO 0800-2100				AMT HMO 0800-2030	AMT HMO 0800-2030					
HMO 4				Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830				
HMO 5			EOU HMO 0800-2030	EOU HMO 0800-2030	EOU HMO 0800-2030		Downstairs ND 2000-0830 (A)		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0830		
HMO 6	AMT Admitting Reg 1330-2030	AMT Admitting 0730-1400			AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900	AMT ND HMO 2000-0900					AMT HMO 0800-2030	AMT HMO 0800-2030
HMO 7					AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900	AMT ND HMO 2000-0900					AMT/Spec Med 0800-2030	AMT/Spec Med 0800-2030
HMO 8		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900								EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900
HMO 9					EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900	EOU HMO ND 2000-0900					EOU HMO 0800-2030	EOU HMO 0800-2030
HMO 10				Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)					Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)
HMO 11						AMT/Spec Med 0800-2030	AMT/Spec Med 0800-2030	EOU HMO 0800-2030	EOU HMO 0800-2030		AMT HMO 0800-2100			
HMO 12	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)								Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)
HMO 13		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900								AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900
HMO 14	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)						AMT HMO 0800-2100	AMT HMO 0800-2100	AMT HMO 0800-2100			
HMO 15	EOU HMO 0800-2030	EOU HMO 0800-2030		AMT HMO 0800-2100						EOU HMO 0800-2100	EOU HMO 0800-2030	EOU HMO 0800-2030		
HMO 16	EMR Training					AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100				
HMO 17	AMT HMO 0800-1700			AMT HMO 0800-1700	AMT HMO 0800-2030				AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900			
HMO 18				Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)				
HMO 19			AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100				EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900			

9. Hospital Orientation		
Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors		
Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation	
Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal	
Location	AMT in the Main Lecture Theatre EOU2 in ward 6
Facilitator	Divisional Director, AMT / EOU2 consultants, Senior Medical Registrar, AMT/EOU2 registrars, Ward 6 NUM
Date	1st or 2nd day of rotation Given high turnover in HMOs, the consultants will enquire if the resident is new to the role and provide a brief orientation
Start	07:30 of first Tuesday of Term

11. Unit Overview	
Department	Medicine
Location	Ward 6 and Emergency Department
Inpatient Beds	AMT: Variable based on the number of referrals from ED, generally 10-15 EOU2: 10-15
Outpatients Clinics	Nil
Day Procedures	Nil
Virtual Unit	Nil

12. Safety

Unit Specific Safety & Risks

Safe Prescribing

- Ensure all new patients' usual medications are charted and refer to 'Pharmacy Admission Note' to check all medications are correctly charted
- seek help from registrar or pharmacist if uncertain.
- Look up all medications you are not familiar with
- Special consideration for the APINCH Medications; Antimicrobials, Potassium, Insulin, Narcotics (opioids) and sedative medications, heparin and other anticoagulants (chemotherapy *not routinely prescribed in medicine)*
- Ensure you use antibiotic guidance system for all restricted antibiotics

Falls – Identify patient with high falls risk, identify risk factor and implement high falls risk precautions Delirium – Identify patients with delirium or at high risk of delirium, address the risk factors and ensure patients/staff safety Pressure injuries – Identify the patient with high risk of pressure injuries Infection prevention – ensure you follow all guidelines regarding isolation and wear appropriate PPE

13. Communication	
Medtasker	HMO role, Registrar role Med tasks will come up through the day, please acknowledge the task as soon as you can and send message back to nurses with ETA's if you are busy and can't get the task done quickly
WhatsApp	AMT registrars may create a temporary group during day and night shift
Pager	Carried by Medical Registrar – for MET call alerts this must be carried at all times
MS Teams	AMT: NH General Medicine Team – daily handover, daily list, weekend roster etc on this Teams Channel

14. Handover Process	
Morning	TNH – General Medicine Handover – via MS TEAMS and in lecture theatre 8:00 all days except 7:30 Thursdays (Ward Medical Teams can tune in from their office) EOU – ward 6 doctors office 800- 830 – EOU 1 and EOU2
Afternoon	AMT: To the co reg or resident in AMT office
Night	EOU2: Ward 6 meeting room 20:00 AMT: In AMT office in the corridor to Ward 3-4

15. Shift Structure		
	HMO	Registrar
Day	08:00 (Thu 07:30)	08:00 (Thu 07:30)
Afternoon	No PM shift	AMT: 13:00 EOU: no PM shift
Night	20:00	AMT: 20:00 EOU: No registrar shift
Weekend	08:00	08:00

16. Shift Roles & Responsibilities		
	HMO	Registrar
Day	See Rover section and roster for further details EOU 2: - **8:00 Login to Medtasker** - 8:00 Handover in ward 6 office from night cover if any issues	EOU2 - **08:00 Login to Medtasker** - 08:00 Handover from night cover in ward 6 office if any issues overnight - Check in with ANUM to see which patients to see early in the round (those likely ready for

	overnight - Check in with ANUM to see which patients to see early in the round (those likely ready for discharge seen first) - Round with registrar and consultant every morning - After the ward round - Paper round with reg to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients AMT - **8:00 Login to Medtasker** - Hand over in the main lecture theatre at 08:00 (07:30 on Thursdays) - Round with registrar and consultant every morning - After the ward round - Paper round with reg to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Change bed cards when the patients are allocated to other teams - Admit new patients - Update the AMT list on Teams	discharge seen first) - Round with consultant/resident every morning - After the ward round - Paper round with resident to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients (accepted by EOU1 consultant) AMT: - **08:00 Login to Medtasker** - 08:00 Handover in the main lecture theatre (Thursdays at 07:30) - Round with your consultant/resident after handover - After the ward round - Paper round with resident to prioritise and split jobs and assist your resident with tasks - ***Attend ED/AMT Huddle at 11:00 weekdays in ED meeting room*** - Receive referral from Emergency department (including SSU and EOU1) and accept the patients under AMT if appropriate - Admit new patients or allocate to your co-reg/resident to admit - Update AMT list on Teams - Allocate patients to inpatient teams and handover to their registrars when patients leave ED (Check AMT list on EMR/CPF) - Afternoon consultant round May-Oct - Attend AMT patients MET calls in ED - Check Bed Portal at list once at the end of your shift to ensure all the patient under AMT bed card have been referred to AMT team - Handover to the afternoon or night team at in AMT office (refer to roster)
Afternoon	EOU 2 - Paper round/handover from registrar at the end of their shift - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients	EOU 2 - Paper round with resident at the end of your shift - Handover sick patients to periop if necessary - On Wednesdays: covers Med 3B and Med 4B training time: receive handover from Med3B/4B registrars and provide handover to night covers accordingly

	- Attend ward 6 huddle at 14:15 - If any concern about the patients, contact periop registrar - Handover to the night cover at the end of the shift at 20:00 AMT: - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Change bed cards when patients are allocated to other teams - Admit new patients - Update the AMT list on Teams - Handover to night HMOs based on the patients locations	- Check your roster to see if you are rostered to for AMT afternoon cover AMT: - Receive handover from morning AMT team if starting in the afternoon - Receive referral from Emergency department (including SSU and EOU1) and accept the patients under AMT if appropriate - Admit new patients or allocate to your co-reg/resident to admit - Update AMT list on Teams - Allocate patients to inpatient teams and handover to their registrars when patients leave ED (Check AMT list on EMR/CPF) - Afternoon consultant round May-Oct - Attend AMT patients MET calls in ED - Check Bed Portal at list once at the end of your shift to ensure all the patient under AMT bed card have been referred to AMT team - Handover to the night team at 20:00 in AMT office (refer to roster)
Night	EOU2 - **20:00 Login to Medtasker** - Cover **ALL** patients in ward 6 - Handover from morning EOU2 resident at 20:00 in ward 6 office. Other units with patients in ward 6 will handover either via Medtasker or in ward 6 office - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients, both EOU2 and EOU 1 (after EOU 1 resident shift finishes) - If any concern about the patients, contact periop registrar - Should assist with AMT if AMT team is busy	EOU2: - N/A AMT - **20:00 Login to Medtasker** - Receive handover from morning/afternoon team at 20:00 in AMT office - Receive referral from Emergency department (including SSU and EOU1) and accept the patients under AMT if appropriate - Admit new patients or allocate to your co-reg/resident to admit - Accept BHS referrals from ED - Update AMT list on Teams - Allocate patients to inpatient teams when patients leave ED (Check AMT list on EMR/CPF) - Assist your resident with tasks - Attend AMT patients MET call in ED - Check Bed Portal at list once at the end of your shift to ensure all the patient under AMT bed card have been referred to AMT team - Attend morning handover in the main lecture

	- Handover to the morning EOU1 resident/consultant and EOU2 resident/registrar at 08:00 in ward 6 office. Hanover patients under other units either via Medtasker or phone AMT: - **20:00 Login to Medtasker** - Handover from morning team in AMT office at 20:00 - Admit new patients - Update the AMT list on Teams - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Change bed cards when patients are allocated to other teams - Attend Gen Med morning handover in the main lecture theatre for handover - Present patients during handover	theatre at 08:00 (07:30 on Thursdays)
Weekend	EOU 2: - **8:00 Login to Medtasker** - 8:00 Handover from night cover if any issues overnight - Round with registrar and consultant - After the ward round - Paper round with reg to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Paper round/handover from registrar at the end of their shift - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients - If any concern about the	EOU 2: - **Login to Medtasker** - 08:00 Handover from night cover in ward 6 office if any issues overnight - Round with consultant/resident every morning - After the ward round - Paper round with resident to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Admit new patients (accepted by EOU1 consultant) - Paper round w - Join AMT team at 14:30 and assist with admissions and pending tasks AMT: - **08:00 Login to Medtasker** - 08:00 Hanover in the main lecture theatre - Round with your consultant/resident after handover

	patients, contact periop registrar - Handover to the night cover at the end of the shift at 20:00 AMT: - **8:00 Login to Medtasker** - 08:00 Hand over in the main lecture theatre - Round with registrar and consultant - After the ward round - Paper round with reg to prioritise and split jobs - Ward works, referrals, radiology requests, chasing the results, prepare discharge summary and scripts - Change bed cards when the patients is allocated to other teams - Admit new patients - Update the AMT list on Teams	- After the ward round - Paper round with resident to prioritise and split jobs and assist your resident with tasks - Receive referral from Emergency department (including SSU and EOU1) and accept the patients under AMT if appropriate - Admit new patients or allocate to your co-reg/resident to admit - Update AMT list on Teams - Allocate patients to inpatient teams and handover to their registrars when patients leave ED (Check AMT list on EMR/CPF) - Attend AMT patients MET calls in ED - Handover to the afternoon or night team at 20:00 in AMT office

17. Common Conditions

You will see a great range of medical conditions in the general medical patients. Many patients have multiple medical conditions. You will see lots of common conditions as well as some rarer ones in your term. Some common conditions you might see are:

● Exacerbation of CCF & its causes ● Exacerbation of COPD ● Other cardiac conditions AF NSTEMI

● Diabetes and its complications ● Acute and chronic renal impairment ● Delirium

● Respiratory infections including influenza and COVID 19 ● Fever in returned traveller

● Sepsis – Urinary, Cellulitis, Pneumonia, Prostatitis, Endocarditis, Epidural abscess, other

● Falls and functional decline

● Altered conscious state: Neurological: infection, stroke, post-ictal , Drugs, Metabolic, Accident/injury, Psychiatric, delirium

● Acute gout and other rheumatological conditions

In General Medicine you will also see patients who have complex social and family situations, mental health or substance abuse issues as well as patients who are frail and have functional decline. Identifying understanding and considering these

things when planning medical care in the short and long term is essential and is as important as learning about common medical conditions.
General medicine is a specialty that embraces complexity

18. Common Procedures

● Venepuncture/ IVC ● IDC ● ABG ● Lumbar puncture - done by Regs but HMOs can assist or perform if confident

● PICC lines - done by Radiology (always dual lumen!) ● Ascitic tap – done by registrar but can assist

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date
"For Clinicians" Header on the intranet Home page – has a range of commonly used resources used by doctors
PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

20. Routine Orders

Pathology	There are no routine order sets in general medicine. Order sets will depend on the condition and the current patient assessment. Check that bloods like TSH iron HBA1c has not been ordered recently prior to ordering them again
Radiology	CT should be discussed with registrar / consultant MRI should all be discussed and approved by your consultant Once you have submitted a CT/ US or MRI request please check the EMR Radiology Order Management System to check that the scan has been approved. If it states 'for discussion' then radiology needs more information and you will need to go down and discuss that test with the radiographer/ radiologist For any Interventional Radiology process – you need a recent coags, consent form as well as radiology request, speak with Radiologist on duty to approve - THEN go to procedural booking nurses to book time in
Pharmacology	See - Safe prescribing section in Safety section of this handbook The ward pharmacist is there to help you please check with them if you are uncertain

	Look up all drugs that you are not familiar with and check doses if uncertain Ask you registrar or consultant if not sure if you should continue or withhold medications Warfarin dosing should be done in consultation with your registrar Please refer to the anticoagulation stewardship pharmacist or haematology team for patients with complex anticoagulant regimens

21. IT Programs	
EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/
Antibiotic Guidance	iGuidance in My Favourite links (Pharmacy will only supply one day unless this is done) Some antibiotics you can get guidance by selecting the condition. Otherwise you will have to refer to ID, explain rationale behind ABx choice/ ask for their opinion and they do the guidance.
Other	Interpreter via phone: 84058188 Endoscopy results: on the CPF patient screen – endobase. Username: endobhs. Password: endobhs Echo and angio results: Phillips Xcelera. Username and login same as CPF

22. Documentation	
Admission	Use EMR admission form
Ward Rounds	EMR ward round note or progress note. Can use ward round template with progress note to save time – can be saved as Auto text

Discharge Summary	EMR discharge summary workflow – please use this format as this will generate upload to Myhealth record and fax to GP when completed
Outpatient Clinics	General Medical Outpatients referrals ***via referral on CPF*** (no EMR option for referrals) Outpatient notes are all documented on CPF under the outpatient tabs
CDI Queries	Will be sent via Medtasker
Death Certificates	Discus with your registrar / consultant re if coroners' case and if not then cause of death before completing, Link is direct via Births Deaths and Marriages. Link – Death Certificates on the Favourite links page https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Discuss every death with your reg/ consultant to check if it should be coroners. If uncertain then call to speak to a delegate from the coroner's office and document your conversation in EMR notes. Coroner deposition is done via - E Medical Deposition Form https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals	
Internal	Inpatient consults Via Medtasker, some teams will use phone – AGSU some surgical specialties. Please make referrals as early as possible in the day and know what question your unit is asking of them (if uncertain speak to your unit registrar) Outpatient referrals – CPF – Summary tab – bottom right of the page is 'Submit internal referral' link
External	Ad hoc no frequently used pathways

24. Clinical Deterioration	
Escalation Process	HMOs can escalate tasks to registrars. Registrars should contact their consultant if further escalation is required. AMT consultant will take calls in hours and after hours (daily roster and number via switch board) EOU2 patients can be discussed with the on call AMT consultant out of hours Call MET call or code if patient meets these criteria and needs urgent review
PreMet	HMOs will answer these but seek advice from unit registrar if necessary
Code	Attended by AMT/EOU2/Periop registrars and wider hospital code teams

25. Night Shift Support	
Unit	For EOU HMO: Periop registrar assists with complex patients For AMT HMO: Generally AMT registrar admits complex patients, and assist with complex scenarios For AMT registrar: Can contact AMT consultant on call
Periop	Contact 0418 428 781 or via Medtasker Attends MET calls and codes. AMT registrar attends MET Calls and codes for the patients under AMT bed card in ED Periop registrar can call AMT consultant of the day for assistance in hours and after hours

Take 2 @ 2	Nigh HMOs and registrars attend this meeting

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
- Hand Hygiene needs to be completed by the end of your first week.
- If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education

General Medicine Journal Club Tuesdays 07:30 to 08:30
Medical Grand Rounds Thursdays 08:00- 09:00 – lecture theatre or Teams
Protected HMO teaching Thursdays 12:30-1:30 Lecture theatre or Teams
BPT registrar Education – 1300- 1400 Friday Conf room 4 and Teams
BPT consortium clinical/ written exam education lecture series – 1600- 1700 Wed
BPT clinical exam prep programme – see consortium website for more details
General Med AT education / Victorian Internal Medicine Group (VIGM) Education (rotated fortnightly) 1300- 1400 Tuesdays TEAMS

29. Unit Meetings

Nil

30. Research and Quality Improvement

If you are interested in research please speak to your unit head to see how you can get involved.

31. Career Support

Divisional Director Medicine Dr Yana Sunderland or AMT/EOU2 consultant
Basic Physician training - Directors of Physician Training – Edwina Holbeach, Yana Sunderland, Mueed Main, Vinita Rane
Basic Physician training - Consortium Manager – Laura Ivins

32. Medical Students on the Unit

Usually medical student do not have AMT/EOU2 rotation

33. Rostering

Shift Swap

The doctor initiating the roster swap is responsible for arranging with an appropriate colleague.
Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague.
All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior.
All shift swaps should be like hours for like hours.
Proposed shift swaps must be emailed to your MWU coordinator for approval.

Unplanned Leave- Notification and documentation process

Personal Leave documentation required:
For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.
For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.
To be eligible for payment, the doctor is required to notify the Health Service **<u>two hours</u>** before the start of their shift, or as soon as practicable.

In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
After hours Monday to Friday Between 1630 – 2200 After hours Monday to Friday Between 2200-0730	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362 Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit

Overtime

All overtime should be submitted into the Overtime Portal
This can be accessed via the intranet whilst onsite at Northern Health
Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR

	where relevant.

34. JMO Rover

35. Document Status		
Updated by	Dr Yana Sunderland	December 2023
Reviewed by	Dr Natina Monteleone	18/01/2024
Next review date		April 2024