

## Term Description – Handbook – ROVER

1. Term details:			
<b>Health Service:</b>	Northern Health	<b>Term duration:</b>	Maximum: 13 weeks
<b>Location/Site:</b>	Broadmeadows Hospital	<b>Clinical experience - Primary:</b>	B: Chronic illness patient care
<b>Parent Health Service:</b>	Northern Health	<b>Clinical experience - Secondary:</b>	C: Acute and critical illness patient care
<b>Speciality/Dept.:</b>	Aged Care GEM	<b>Non-clinical experience:</b>	Click or tap here to enter text.
<b>PGY Level:</b>	PGY2	<b>Prerequisite learning:</b>	<i>(if relevant)</i>
<b>Term Descriptor:</b>	<i>Assessment and management of patients admitted under the Geriatric Evaluation and Management unit. Work as a part of multidisciplinary team providing care to complex patients with medical, functional and social issues. Providing medical support, cognitive assessment and participation in case conference and family meetings.</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Performs an accurate, appropriate and person centred physical and/or mental state examination.
	Domain 2	Works effectively as a member or leader of the interprofessional team and positively influences team dynamics.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Makes use of local service protocols and guidelines to inform clinical decision-making.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	Identifies deteriorating or acutely unwell patients
	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
<i>EPA3: Prescribing</i>	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.
<i>EPA4: Team communication – documentation,</i>	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.

## Term Description – Handbook – ROVER

handover and referrals	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

### 3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> 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</p> <p><input type="checkbox"/> 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p><input type="checkbox"/> 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p><input type="checkbox"/> 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p><input type="checkbox"/> 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p><input type="checkbox"/> 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.</p> <p><input type="checkbox"/> 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making</p>	<p><input checked="" type="checkbox"/> 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal 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.</p> <p><input checked="" type="checkbox"/> 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.</p>	<p><input type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's 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.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.</p>

## Term Description – Handbook – ROVER

		(including Aboriginal Health Workers, practitioners and Liaison Officers).	
--	--	--	--

### 4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	<i>Dr Chiu Kang</i>	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	<i>TBC- Dr Michael Farber</i>	Consultant Physician	Michael.Farber@nh.org.au
Clinical Supervisor (primary)	<i>Appointed as per roster</i>	Consultant physician	Click or tap here to enter text.
Cinical Supervisor (day to day)	<i>Consultant on ward service</i>	Consultant physician	Click or tap here to enter text.
<b>EPA Assessors</b> <i>Health Professional that may assess EPAs</i>	<ul style="list-style-type: none"> <li>• Consultant Physician</li> <li>• Registrars</li> <li>• Click or tap here to enter name and role</li> </ul>		

### Team Structure - Key Staff

Name	Role	Contact
Dr Sandra Brown	Director of Continuing Care	<a href="mailto:Sandra.Brown3@nh.org.au">Sandra.Brown3@nh.org.au</a>
Dr Michael Farber	Head of Unit	<a href="mailto:Michael.Farber@nh.org.au">Michael.Farber@nh.org.au</a>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text

### 5. Attachments:

R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

### 6. Accreditation details (PMCV use only)

<b>Accreditation body:</b>	Click or tap here to enter text.
<b>Accreditation status:</b>	Click or tap here to enter text.
<b>Accreditation ID:</b>	Click or tap here to enter text.

## Term Description – Handbook – ROVER

<b>Number of accredited posts:</b>	PGY1: number	PGY2: number
<b>Accredited dates:</b>	Approved date: date.	Review date: date.

### 7. Approval

<b>Reviewed by:</b>	Click or tap here to enter text.	<b>Date:</b> Click or tap to enter a date.
<b>Delegated authority:</b>	Click or tap here to enter text.	<b>Date:</b> Click or tap to enter a date.
<b>Approved by:</b>	Click or tap here to enter text.	<b>Date:</b> Click or tap to enter a date.

### Appendix

#### Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Morning</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Consultant ward round	Case Conference With consultant	HMO WR	Consultant WR	HMO WR	Click or tap here to enter text.	Click or tap here to enter text.
<b>Afternoon</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Every fourth Monday of the month MMAE 12:15-13:15	BHS Education 12:30-13:30	Click or tap here to enter text.	HMO Education 12:30 – 13:30	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Evening</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Hours</b>	Total	Total	Total	Total	Total	Total	Total

## Term Description – Handbook – ROVER

### 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: <a href="mailto:MedicalEducationUnit@nh.org.au">MedicalEducationUnit@nh.org.au</a>
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	Broadmeadows Hospital – Meeting room ½ and online via teams	
Facilitator	Dr Michael Farber	Email: <a href="mailto:Michael.Farber@nh.org.au">Michael.Farber@nh.org.au</a>
Date	First day of each term	
Start	14:00	

### 11. Unit Overview

Department	Continuing Care
Location	Unit 3 Broadmeadows Hospital
Inpatient Beds	30
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

### 12. Safety

#### Unit Specific Safety & Risks

#### Falls

Our patients are at high risk of falls. Please ensure you are familiar with falls prevention policy and strategies

#### Delirium

Our patients are at risk of developing delirium and often admitted with delirium. Be aware of screening tools for delirium 4AT and treatment strategies

#### Dementia and BPSD

Our patients are at risk of complications from use of antipsychotics and benzodiazepines in the setting of dementia. Please discuss with consultant if wanting to commence either medication and obtain consent from person responsible if patient not able to give consent.

### 13. Communication

Medtasker	Inpatient roles including pre-mets
WhatsApp	NA
Pager	For met calls and code blues
MS Teams	NA

## Term Description – Handbook – ROVER

14. Handover Process	
Morning	0800-0830 in Doctors' room near unit 1
Afternoon	Handover to the covering HMO on the ward
Night	2000-2030 in Doctors' room near unit 1

15. Shift Structure			
	Intern	HMO	Registrar
Day	8-17	8-17 Mon-Fri AND 8-2030 7 ON/7OFF	
Afternoon	Tuesday late shift 17-2030		
Night	NA		
Weekend	NA		

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	Log in to MedTasker Receive handover Team Huddle on Unit Review patients with urgent issues/medical instability RWR or CWR Case conference once a week	Log in to MedTasker Receive Handover Team Huddle on Unit Review patients with urgent issues/medical instability RWR or CWR Case conference once a week	
Afternoon	Check pathology and Radiology results. Prepare discharge documents for the next day Update NOK Handover	Check pathology and Radiology results. Prepare discharge documents for the next day Update NOK Handover	
Night			
Weekend		Log in to MedTasker Receive Handover Team Huddle on Unit Review patients with urgent issues/medical instability Review patients handed over by weekday team. Respond to emergencies	

17. Common Conditions	
-	Understanding how to assess common geriatric syndromes: <ul style="list-style-type: none"> <li>▪ Falls</li> <li>▪ dementia, delirium, mild cognitive impairment: how to differentiate.</li> <li>▪ frailty, including tools used to assess</li> </ul>

## Term Description – Handbook – ROVER

- multimorbidity
- polypharmacy
- Understanding of role of OT, PT, Speech and SW
- Understanding how disease affects function
- Capacity assessments (always with consultant), Cognitive assessments -Including use of different cognitive testing tools.
- Legal issues in ageing: VCAT/ POA/ discharge at risk etc.
- Communication skills- especially around complex medical conditions, how to run family meetings, advanced care planning- including discussions regarding limitation of medical treatments orders.
- Understanding of community services available: TCP/ HARP/ CTS/ PAC/ ACAS etc.
- Discharge Planning for patients with complex care needs.

### 18. Common Procedures

IVC  
IDC

### 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

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	Common Delirium screen fbe uec cmp lft tft b12 folate MSU
Radiology	Cognitive decline – CTB or MRIB
Pharmacology	Patients present with wide variety of morbidity.

### 21. IT Programs

EMR	<p>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.</p> <p>Located in the intranet &gt; My Favourite Links &gt; EMR Live Environment</p> <p>EMR Training courses are located on the LMS- <a href="https://mylearning.nh.org.au/login/start.php">https://mylearning.nh.org.au/login/start.php</a></p> <p>Training is compulsory; you will need to complete the elearning within the first week of commencing.</p>
-----	---

## Term Description – Handbook – ROVER

	<p>Please contact medical workforce, or check the EMR website for more information on how to complete EMR training <a href="https://emr.nh.org.au/">https://emr.nh.org.au/</a></p> <p>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.</p> <p>EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.</p>
CPF	<p>The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023.</p> <p>Located in the intranet &gt; My Favourite Links &gt; CPF <a href="https://cpf.nh.org.au/udr/">https://cpf.nh.org.au/udr/</a></p>
PACS	<p>XERO Viewer Pacs- <a href="https://nivimages.ssg.org.au/">https://nivimages.ssg.org.au/</a> or located in My Favourite Links, look for the CXR icon</p> <p>This is where you can find radiology images</p>
My Health Record	<p>Centralised health record <a href="https://shrdhipsviewer.prod.services/nhcn">https://shrdhipsviewer.prod.services/nhcn</a></p>
Safe Script	<p>Monitoring system for restricted prescription medications <a href="https://www.safescript.vic.gov.au/">https://www.safescript.vic.gov.au/</a></p>

### 22. Documentation

Admission	<p>Admissions are done on EMR. Please use the admissions format. Most admissions are from TNH and occasionally from unit 1 at BHS or external. Patients are seen by the ARC team to be approved and waitlisted for GEM.</p>
Ward Rounds	<p>Registrar ward rounds daily and consultant ward rounds twice per week. Document using ward round format</p>
Discharge Summary	<p>Use the discharge workflow on EMR</p> <p>Signing and submitting will send an electronic copy to the GP and upload to My health record</p>
Outpatient Clinics	N/A
CDI Queries	MedTasker
Death Certificates	<p>Print 2 copies, sign them and give them to ward clerk. The discharge summary should still be completed in a timely fashion, as should any communication required with outside providers.</p> <p>Death certificates are completed online. Hard copies are to be printed out for the patient file/funeral director, in addition to the electronic submission.</p> <p>- <a href="https://www.bdm.vic.gov.au/medical-practitioners">https://www.bdm.vic.gov.au/medical-practitioners</a></p>
Coroners	<p>Reportable deaths: Death certificates should not be completed if it is a Coroner's case. This will require a phone call to the Coroner's office followed by an e-medical deposition. It is important that the medical team identifies patients who will be reported to the Coroner ahead of time.</p> <p>Patients' whose death is reportable will need to have a statement of identification completed by the next of kin, and attachments such as butterfly cannulas etc are left in situ. Any uncertainty about whether death is reportable should be escalated to the consultant</p> <p><a href="https://www.coronerscourt.vic.gov.au/report-death-or-fire/reportable-deaths">https://www.coronerscourt.vic.gov.au/report-death-or-fire/reportable-deaths</a></p>

### 23. Referrals

Internal	MedTasker
External	Call the appropriate medical team

### 24. Clinical Deterioration

Escalation Process	Check GOPC. If unsure can still call a MET call. There is 24 hour consultant cover.
--------------------	---



## Term Description – Handbook – ROVER

PreMet	Resident and registrar review
Code	Resident and registrar to follow standard procedures and discuss with consultant.

### 25. Night Shift Support

Unit	2 HMOs cover the hospital. There is 24 hour medical and surgical consultants on call
Periop	NA
Take 2 @ 2	

### 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 off 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

Clinical bedside tutorials weekly on Tuesdays 1230-1330. In unit 1, 2 and 3. Weekly updates will be emailed. Teaching ward rounds.

### 29. Unit Meetings

Case conference weekly, day may change.  
Monthly MMAE, 4<sup>th</sup> Monday of every month

### 30. Research and Quality Improvement

Discuss with unit head

## Term Description – Handbook – ROVER

### 31. Career Support

Discuss with unit head

### 32. Medical Students on the Unit

MD3 students attend ward rounds and Case Conference during the rotations.

### 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 **two hours** before the start of their shift, or as soon as practicable.

In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception <a href="tel:84058276">8405 8276</a>	Step 2: Notify unit	Please ensure you notify both MWU & your unit
After hours Monday to Friday Between 1630 – 2200	Step 1: <a href="tel:0438201362">Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362</a>	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.
After hours Monday to Friday Between 2200-0730	Step 1: <a href="tel:84058110">Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)</a>		
In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone <a href="tel:0438201362">0438 201 362</a>	Step 2: Notify	Please ensure you notify both MWU & your unit
After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator <a href="tel:84058110">(8405 8110 or via switch)</a>	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

## Term Description – Handbook – ROVER

	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 Michael Farber	Dec 2023
Reviewed by	Dr Natina Monteleone	18/01/2024
Next review date		April 2024