

1. Term details:			
<b>Health Service:</b>	Northern Health	<b>Term duration:</b>	Maximum: 13 weeks
<b>Location/Site:</b>	Northern Health Kilmore and District Hospital	<b>Clinical experience - Primary:</b>	B: Chronic illness patient care
<b>Parent Health Service:</b>	Northern Health	<b>Clinical experience - Secondary:</b>	Choose an item.
<b>Speciality/Dept.:</b>	Geriatric/Aged Care Medicine	<b>Non-clinical experience:</b>	(PGY2 only)
<b>PGY Level:</b>	Choose a level.	<b>Prerequisite learning:</b>	(if relevant)
<b>Term Descriptor:</b>	<i>PGY3+ term for management of slow-stream rehabilitation of geriatric patients</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	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	Demonstrates the ability to manage uncertainty in clinical decision-making.
<i>EPA2: Recognition and care of the acutely unwell patient</i>	Domain 1	Identifies, where possible, patients' wishes and preferences about care, including CPR and other life-sustaining treatments (such as intubation and ventilation).
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	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	Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.
<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	Demonstrates professional conduct, honesty and integrity.
	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	Safely uses electronic prescribing systems as appropriate.
<i>EPA4: Team communication – documentation, handover and referrals</i>	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Informs patients that handover of care will take place and to which team, service, or clinician as appropriate.
	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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p><input checked="" 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 checked="" type="checkbox"/> 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p><input checked="" type="checkbox"/> 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.</p> <p><input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 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 checked="" 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 (including Aboriginal Health Workers, practitioners and Liaison Officers).</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 checked="" 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 checked="" 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>

4. Supervision details:			
Supervision Role	Name	Position	Contact
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	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>Click or tap here to enter name and role</li> <li>Click or tap here to enter name and role</li> <li>Click or tap here to enter name and role</li> </ul>		
Team Structure - Key Staff			
Name	Role	Contact	
Dr Sandra Brown	Divisional Director	Sandra.Brown3@nh.org.au	
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	
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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.	
<b>Number of accredited posts:</b>	PGY1: number	PGY2: number
<b>Accredited dates:</b>	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
<b>Morning</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>Afternoon</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>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

### 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	Kilmore hospital
Facilitator	Unit Consultant, GEM Allied Health staff and nurse in-charge
Date	First day of rotation
Start	08:30

### 11. Unit Overview

Department	Continuing Care
Location	Northern Health Kilmore District Hospital
Inpatient Beds	10 GEM, 2 Bed Based Transitional Care Program
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

### 12. Safety

#### Unit Specific Safety & Risks

#### Unit Specific Risks

- Safe medication prescribing (high opioid dose medications)  
Use of opioid medication is common in our patients, great care should be taken in their prescribing, and you are encouraged to seek advice from the consultant.  
When a syringe driver is commenced, in most cases long-acting oral opiates will be ceased. Refer to Palliative Care service for advice.  
All opioid rotations should be discussed with and confirmed by consultant. Please ensure that you check to confirm all medications are correctly prescribed.
- Falls  
Ensure appropriate screening and prevention strategies in place for falls, and ensure timely review, documentation and communication with Medical Treatment Decision Maker post falls.
- Pressure injuries
- Delirium
- BPSD
- Deteriorating patients  
Given the absence of after hours on site medical cover, and limited access to pathology and radiology, please ensure adequate handover of plan to nurse in charge and on call consultant, clear discussion and documentation for goal of patient care, and if patient is for transfer to acute hospital, ensure this occurs in a timely manner.  
Please email updated ward-list to on-call consultant every Friday.

### 13. Communication

Medtasker	N/A, but can be used to contact specialty registrars for advice at TNH
WhatsApp	N/A
Pager	N/A
MS Teams	Used for scheduling of unit meetings

### 14. Handover Process

Morning	Nurse station at 9am - multidisciplinary
Afternoon	~1600 – update NIC re: clinical concerns
Night	N/A

15. Shift Structure			
	Intern	HMO	Registrar
Day	N/A	08:30 – 17:00	N/A
Afternoon	N/A	Half day 08:30-12:00 (ideally Wednesday)	N/A
Night	N/A	N/A	N/A
Weekend	N/A	N/A	N/A

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	N/A	HMO WR or CWR	N/A
Afternoon	N/A	Ward jobs and follow-up	N/A
Night	N/A	N/A	N/A
Weekend	N/A	N/A	N/A

17. Common Conditions	
<p>Falls and balance            Fracture and osteoporosis            Delirium            Dementia with BPSD            Frailty            Wound care            Pain management            Rehabilitation post-acute medical conditions or post op            Assessment of cognition            Common medical condition of elderly e.g. heart failure, COPD, pneumoniae, UTI, diabetes, pressure injury            Legal aspects of aging e.g. capacity assessments, VCAT and surrogate decision maker process, elder abuse issues            End of life care            D/C planning and use of services</p>	

18. Common Procedures	
<p>NGT insertion            IDC insertion            IVC insertion +/- venesection            Venepuncture            Wound care</p>	

19. Clinical Guidelines	
<p>The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines  <a href="https://intranet.nh.org.au/applications/">https://intranet.nh.org.au/applications/</a>            ETG - Electronic Therapeutic Guidelines            AMH - Australian Medicines Handbook            Up to Date</p> <p>PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet -</p>	

<https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/>

### 20. Routine Orders

Pathology	<p>KDH is serviced by Austin pathology, most patients don't require routine pathology. Results usually available by 3pm.</p> <p>Requires organisation of Austin Auscare portal access prior to commencing rotation -&gt; can be organised via Austin laboratory website (ideally register for Auscare at least a week prior to commencing).</p> <p>Pathology order forms are behind the nurse station.</p> <p>iStat for urgent troponin / INR / VBG (ask nursing staff for help organising iStat).</p>
Radiology	<p>Capital radiology – limited access to USS and CT, consider transferring to TNH if urgent radiology indicated. XR can usually be booked on the same day.</p> <p>Requires organisation of capital radiology portal access prior to commencing rotation -&gt; can be organised via Capital radiology website</p>
Pharmacology	

### 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. 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> <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>Most GEM admissions are from other Northern Health campuses. Some GEM admissions are direct from community or transfer from Kilmore Acute Medical team. Some GEM admissions are from GEM@Resi or BBTCP if they now have GEM goals.</p>
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	All BBTCP admissions are from Kilmore GEM or other Northern Health campuses. They are predominantly for patients awaiting permanent residential care placement Document admission note on CPF, print off hard copy and include in folder.
Ward Rounds	Currently paper based documentation
Discharge Summary	Use CPF template
Outpatient Clinics	N/A
CDI Queries	N/A
Death Certificates	Print 2 copies, sign them and put them in the file The discharge summary should still be completed in a timely fashion, as should any communication required with outside providers. Death certificates are completed online. <a href="https://www.bdm.vic.gov.au/medical-practitioners">https://www.bdm.vic.gov.au/medical-practitioners</a> Hard copies are to be printed out for the patient file/funeral director, in addition to the electronic submission. Funeral directors may contact HMO for copies of death certificates to be emailed.
Coroners	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. 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 a death is reportable should be escalated to the consultant, and advice can be sought from Coroner's office.  <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>

### 23. Referrals

Internal	All GEM referrals for admission go through the ARC process. These referrals will have been triaged and approved by a Geriatrician. The ARC nurse coordinator Andrew Lang 0409716315 ( <a href="mailto:Andrew.Lang@nh.org.au">Andrew.Lang@nh.org.au</a> ) emails the referrals to NUM, GEM Consultant and GEM team. All BBTCP referrals will have been approved by ACAS and TCP team. These referrals will be emailed to GEM Consultant and GEM team to ensure suitability for Kilmore BBTCP. Kilmore acute medical patients who may be suitable for GEM may be referred by ward staff to GEM medical team. Suitability is to be assessed by GEM consultant.
External	As above

### 24. Clinical Deterioration

Escalation Process	Check GOPC, and discuss with Unit Consultant or Consultant on Call
PreMet	
Code	

### 25. Night Shift Support

Unit	On Call Geriatrician
Periop	N/A
Take 2 @ 2	N/A



### 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
End of Term	To be completed at the end of term meetings with GEM consultant.
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

Ground Round - Thursday 8am via TEAMS  
 HMO Education - Thursday 12.30-1.30 via TEAMS  
 Medical Education - Friday 1-2 via TEAMS  
 Ward based education throughout the week.

### 29. Unit Meetings

Weekly MDT – date and time to be determined by AH staff and GEM consultant.

### 30. Research and Quality Improvement

Discuss with Ward Consultant.

### 31. Career Support

Discuss with Ward Consultant or HMO Supervisor.

### 32. Medical Students on the Unit

N/A

33. Rostering				
Shift Swap	<p>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.</p> <p>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.</p> <p>Proposed shift swaps must be emailed to your MWU coordinator for approval.</p>			
Unplanned Leave-Notification and documentation process	<p><b>Personal Leave documentation required:</b></p> <p>For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.</p> <p>For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.</p> <p>To be eligible for payment, the doctor is required to notify the Health Service <b>two hours</b> before the start of their shift, or as soon as practicable.</p>			
	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</a> Medical Workforce On-call Phone <a href="tel:0438201362">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: Hospital / After Hours Coordinator ( <a href="tel:84058110">8405 8110</a> or via switch)		
	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</a> or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit	
Overtime	<p>All overtime should be submitted into the Overtime Reporting 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.</p>			

34. JMO Rover
<p>Please speak with your supervising consultant at the commencement of your rotation for an orientation to some of the specific challenges you may encounter during this rotation, as well as for support during your term. Northern Health has a support pathway available for junior doctors experiencing difficulties (for details, please see the <a href="#">Junior Doctor Handbook</a> (password: NorthernDoctors), as well as <a href="#">wellbeing services</a> available to all staff including the <a href="#">Employee Assistance Program</a></p> <p>Discuss delirium and BPSD management with consultant. Non-pharmacological strategies are the mainstay of treatment, but sometimes some psychotropics medications are required. This will need to be discussed with MTDM.</p> <p>Consider seeking advice from palliative care team for challenging symptoms management and end of life care especially if they require syringe driver. Please flag requirements of palliative care medications with pharmacy ahead of time,</p>

especially prior to weekends.

Currently pharmacy is available x2 days per week (Wednesdays and Thursdays – aim to have discharge scripts prepared and filed into purple pharmacy folder at least 24h prior to planned discharge.

### 35. Document Status

Updated by	Dr Yohanes Ariathianto (Geriatrician) and Dr Vaishali Bhat (HMO)	14/12/2024
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024