

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Broadmeadows Hospital	Clinical experience - Primary:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	Clinical experience - Secondary:	A: Undifferentiated illness patient care
Speciality/Dept.:	Critical Care Days	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	<i>Anaesthetics rotation as a supernumerary role in a supported environment with the opportunity to participate in pre-anaesthetics assessments as required and anaesthetic care under guidance of consultants. Complete documentation of anaesthetics. Complete procedures such as IVC and basic airway management. Manage acute and complex pain as part of the Acute pain service team.</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	Recognises and takes precautions where the patient may be vulnerable.
	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 deteriorating or acutely unwell patients
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	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	Reports adverse events related to medications.
	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	Appropriately prioritises the creation of medical record entries.

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handover and referrals	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	Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings.

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 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 checked="" 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 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 checked="" 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 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 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>

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		(including Aboriginal Health Workers, practitioners and Liaison Officers).	
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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 Amar Nanuan, Dr Asavari Bhagwat	Supervisors of Critical Care Resident Training (Anaesthesia)	anaesthesia@nh.org.au
Clinical Supervisor (primary)	Dr Amar Nanuan, Dr Asavari Bhagwat	Supervisors of Critical Care Resident Training (Anaesthesia)	anaesthesia@nh.org.au
Cinical Supervisor (day to day)	Allocated Consultant on day	Click or tap here to enter text.	Click or tap here to enter text.
EPA Assessors Health Professional that may assess EPAs	<ul style="list-style-type: none"> All Consultants Click or tap here to enter name and role Click or tap here to enter name and role 		

Team Structure - Key Staff

Name	Role	Contact
Dr Jason Ma	Deputy Director, Anaesthesia and Perioperative Medicine with responsibility for Broadmeadows	anaesthesia@nh.org.au
Dr Amar Nanuan	Anaesthetic consultant, Supervisor of Critical Care Resident Training (Anaesthesia)	anaesthesia@nh.org.au
Dr Asavari Bhagwat	Anaesthetic consultant, Supervisor of Critical Care Resident Training (Anaesthesia)	anaesthesia@nh.org.au
Ms Holly Wospil	Administrative Coordinator, Department of Anaesthesia and Perioperative Medicine	anaesthesia@nh.org.au
Ms Nicole Gauthier	Nurse Practitioner, Acute Pain Service	nicole.gauthier@nh.org.au

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.
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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	08:30 to 13:00	Enter Time	Enter Time	Enter Time	Enter Time	08:30 to 13:00	Enter Time
	Operating Theatre (or Preadmission Clinic)	Operating Theatre (or Preadmission Clinic)	Operating Theatre (or Preadmission Clinic)	Operating Theatre (or Preadmission Clinic)	Operating Theatre (or Preadmission Clinic)	Operating Theatre (or Preadmission Clinic)	Click or tap here to enter text.
Afternoon	13:30 to 17:00	13:30 to 17:00	13:30 to 17:00	13:30 to 17:00	Enter Time	13:30 to 17:00	Enter Time
	Operating Theatre	Operating Theatre	13:00 – 17:00 Basic Critical Care teaching	Operating Theatre	12:30 – 13:30 HMO Education	Operating Theatre	Click or tap here to enter text.
Evening	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.
Hours	Total	Total	Total	Total	Total	Total	Total

BHS Critical Care Days	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO 1	0730-1700	0730-1700	0730-1700								0730-1700	0730-1730	0730-2130	0730-2130
HMO 2				0730-1700	0730-2130	0730-2130	0730-2130	0730-1700	0730-1700	0730-1700				

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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	Department of Anaesthesia and Perioperative Medicine, Northern Hospital
Facilitator	As allocated
Date	First day of each term
Start	13:30 (unless otherwise communicated)

11. Unit Overview

Department	Department of Anaesthesia and Perioperative Medicine
Location	Activity across Northern Hospital and Broadmeadows Hospital
Inpatient Beds	No direct unit admissions. Support to surgical, medical, ED and ICU teams
Outpatients Clinics	Daily consultant-led pre-anaesthetic clinics
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Unit Specific Safety & Risks

- Patient safety
 - Basic and advanced life support provided as required
 - Maintenance of homeostasis and stable physiology
- Medication safety
 - Intraoperative
 - Preparation and administration
 - Direct consultant supervision
 - Postoperative medication prescription
 - Pain Service Ward Rounds
 - Supported by Pain Nursing staff and allocated anaesthetic staff
- Equipment safety
 - Perioperative equipment preparation and checking
 - Intraoperative use
- Infection control

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13. Communication	
Medtasker	N/A for anaesthesia and perioperative medicine. Acute Pain Service does utilise Medtasker.
WhatsApp	N/A.
Pager	Carried by allocated registrars.
MS Teams	Unit meetings – Rotating through (weekly) Tuesday to Thursday 17:00

14. Handover Process	
Morning	Broadmeadows Hospital: Handover from resident providing night cover.
Afternoon	N/A
Night	Broadmeadows Hospital: Handover to resident providing night cover.

15. Shift Structure			
	Intern	HMO	Registrar
Day	N/A	Day shift 08:00 start. Finish times variable as per roster.	Day shift 08:00 start. Finish times variable as per roster.
Afternoon	N/A	As above.	
Night	N/A	Broadmeadows Hospital night cover as per roster.	As per roster. Night shift 22:30 to 08:00.
Weekend	N/A	Broadmeadows Hospital cover as per roster.	As per roster.

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	N/A	Broadmeadows Hospital: Resident to carry Pain Pager and liaise with Anaesthetic In Charge at Broadmeadows (Extension 55 899) as required. Support MET calls and Code Blues at Broadmeadows.	If allocated to anaesthesia, liaise with allocated anaesthetic consultant as to preoperative review and perioperative involvement in care. Preadmission clinic (PAC): responsible (supported by nursing staff and anaesthetic staff in PAC for preoperative review of allocated patients.
Afternoon	N/A	As above.	As above.
Night	N/A	Ward cover at Broadmeadows Hospital as rostered.	Liaise with the Anaesthetist In Charge on Extension 88 555 as to required duties every shift.
Weekend	N/A	Ward cover at Broadmeadows Hospital as rostered.	Liaise with the Anaesthetist In Charge on Extension 88 555 as to required duties every shift.

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17. Common Conditions

Full spectrum of patients requiring anaesthetic care and support.

18. Common Procedures

Intravenous cannulation
 Bag-valve-mask ventilation
 Laryngeal mask insertion
 Orotracheal intubation

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	As per PAC guidelines and outlined by senior anaesthetic staff.
Radiology	As per PAC guidelines and outlined by senior anaesthetic staff.
Pharmacology	As per PAC guidelines and outlined by senior anaesthetic staff.

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 > My Favourite Links > EMR Live Environment</p> <p>EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php</p> <p>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/</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>
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	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/

22. Documentation

Admission	N/A
Ward Rounds	Acute Pain Rounds under the direct guidance of Pain Nurse and allocated anaesthetic consultant +/- registrar - Document on EMR
Discharge Summary	N/A
Outpatient Clinics	Supported by allocated anaesthetic consultant +/- registrar
CDI Queries	N/A
Death Certificates	Rare, seek direct input from allocated anaesthetic consultant +/- registrar https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Rare, seek direct input from allocated anaesthetic consultant +/- registrar https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals

Internal	As guided by nursing staff and senior anaesthetic staff.
External	As guided by nursing staff and senior anaesthetic staff.

24. Clinical Deterioration

Escalation Process	Perioperative – utilise local emergency buzzer, escalation to Anaesthetist In Charge (extension 88 555).
PreMet	N/A for anaesthesia. Ward patients - follow standard procedures.
Code	Follow standard procedures.

25. Night Shift Support

Unit	N/A
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

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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

HMO (PGY2+) education Wednesday afternoons 14:00 – 17:00 or as communicated.

29. Unit Meetings

Unit meetings – Rotating through (weekly) Tuesday to Thursday 17:00

30. Research and Quality Improvement

As communicated – takes the place of the above unit meeting.

31. Career Support

Liaise with either Intern or HMO supervisor as first point of contact.

32. Medical Students on the Unit

As allocated.

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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.</p> <p>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>Personal Leave documentation required:</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. 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.</p>			
	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	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362	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	Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)		
	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	<p>All overtime should be submitted into the Overtime Portal</p> <p>This can be accessed via the intranet whilst onsite at Northern Health</p> <p>Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.</p>			

34. JMO Rover	
JMO Tips & Tricks	

35. Document Status		
Updated by	Dr Jake Geertsema	14/12/2023
Reviewed by	Dr Natina Montleone	01/02/2024
Next review date		April 2024