

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 Nights	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	<i>Admission of new patients to the hospital, including completion of admission review and documentation. Provide care to all inpatients overnight. Includes follow up, assessment and management of acute issues and investigations. Communication with medical, rehabilitation, surgical and geriatrics teams. Participate in handover at the beginning and end of the shift. Communicate with consultants on call, ICU, emergency department and specialist unit to manage deteriorating and critical patients overnight, and arrange transfer of acutely unwell patients to Northern Hospital Epping if required.</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Filters, prioritises, and synthesises relevant information for clinical problem-solving.
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Recognises and takes precautions where the patient may be vulnerable.
	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	Demonstrates professional conduct.
	Domain 3	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	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	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately
<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	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 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 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 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 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 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 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 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 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 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>

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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	TBC	Click or tap here to enter text.	Click or tap here to enter text.
Clinical Supervisor (primary)	TBC	Click or tap here to enter text.	Click or tap here to enter text.
Cinical Supervisor (day to day)	TBC	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 Michael Farber	Head of Unit	Michael.Farber@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
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)

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.

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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	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Handover	Handover	Handover	Handover	Handover	Handover	Handover
Afternoon	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.	12:30 – 13:30 HMO Education	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Handover	Handover	Handover	Handover	Handover	Handover	Handover
Hours	Total	Total	Total	Total	Total	Total	Total

BHS Critical Care Nights	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO 1	2100-0800	2100-0800	2100-0800								2100-0800	2100-0800	2100-0800	2100-0800
HMO 2				2100-0800	2100-0800	2100-0800	2100-0800	2100-0800	2100-0800	2100-0800				

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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	Broadmeadows Hospital – Meeting room ½ and online via teams
Facilitator	Dr Michael Farber Email: Michael.Farber@nh.org.au
Date	First day of each term
Start	14:00

11. Unit Overview

Department	Covering Unit 1, 2 and 3 as well as emergencies in Psychiatry
Location	Broadmeadows Hospital
Inpatient Beds	90 beds
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Unit Specific Safety & Risks

Patients present with wide variety of presentations and conditions in different contexts such as Rehabilitation, GEM, general medicine and surgery.

2 doctors on overnight

Support each other

ALS accreditation is required

13. Communication

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

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14. Handover Process	
Morning	0700-0730 Surgical handover, 0800-0845 Medical Handover, Doctor's office
Afternoon	N/A
Night	2000-2030 medical handover handover and 2100-2130 surgical handover, Doctor's office

15. Shift Structure	
	HMO
Day	N/A
Afternoon	N/A
Night	21:00 – 08:00
Weekend	21:00 – 08:00

16. Shift Roles & Responsibilities	
	HMO
Day	N/A
Afternoon	N/A
Night	<p>Log into med tasker, carry the pager for met calls, code blues and code greys.</p> <p>Receive handover from ward staff.</p> <p>Receive handover from AMT for patients accepted overnight by AMT and approved for BHS.</p> <p>It is not your role to accept the patients, but it is your role to admit patients overnight who arrived at BHS. Need to review the patient and do the admission notes and medication chart.</p> <p>Please handover to the ANUM any admissions AND referrals from TNH. This is an important step which allows the ANUM to review the portal and admit patients who were referred to BHS overnight but had not arrived.</p> <p>Respond to medtasker requests and attend urgent reviews and codes. Including in psychiatry.</p> <p>Inform consultant on call if any deteriorating patients, transfers or unexpected complications or deaths.</p> <p>For medical rehabilitation and GEM patients please escalate to the consultant on call. There is 24 on call cover for medical rehabilitation and gem wards. Usually one consultant but occasionally two consultants (one for medical and one for rehab and gem patients). Call via switch</p> <p>If need to transfer a patient please inform the consultant, ED AO, bed coordinator and relevant medical or surgical unit. Hospital coordinator will support you.</p>

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	<p>For surgical patients escalate to the surgeon who operated. If unable to contact please call the surgical Registrar at TNH.</p> <p>There are 2 HMOs on overnight. CCHMO covers surgical and Rehab and GEM wards. And the Medical HMO covers Medical unit BUT as workloads fluctuate please work together and help with admissions and reviews.</p> <p>Please note the night cover is not an ON CALL role but a stand up role. You need to be available to see patients and answer medtsaker requests. If there are no jobs to complete you can have a break and a rest on the recliner sofa.</p> <p>You may be asked to help with surgical patient discharge summaries and medication charts for next day.</p>
Weekend	As above

17. Common Conditions

This is a night cover role and you will be asked to see patients with new or unexpected issues such as fevers, blood pressure fluctuations, heart rate issues, and change in symptoms such as breathlessness or chest pain. You may be asked to re view a patient with pain post op or back pain. Falls and delirium are also frequent reasons for review. There are met calls and occasional code blues that you will have to respond to. You may be asked to rechart medications and admit patients who arrived overnight or very late in the afternoon. Please physically review patients that you are admitting.

18. Common Procedures

IVC

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	N/A – VBG machine on unit 1
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Radiology	N/A if need radiology such as CT or Xray you will have to call in the radiographer, please discuss with consultant on call first
Pharmacology	N/A

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.</p> <p>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> <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 > My Favourite Links > CPF https://cpf.nh.org.au/udr/</p>
PACS	<p>XERO Viewer Pacs- https://nivimages.ssg.org.au/ 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	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	Admissions are done on EMR. Please use the admissions format. Most admissions are from TNH ED or EOU and occasionally from TNH wards i.e. admitted patients. If a patient has come from a ward they need to have a completed discharge summary from that ward prior to transfer.
Ward Rounds	N/A
Discharge Summary	Use the discharge workflow on EMR Signing and submitting will send an electronic copy to the GP and upload to My health record
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 have required with outside providers. 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>https://www.bdm.vic.gov.au/medical-practitioners</p>
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

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	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 https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death
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23. Referrals	
Internal	Via cpf or medtasker
External	N/A

24. Clinical Deterioration	
Escalation Process	Medical, Rehabilitation, GEM call consultant on call. Surgical- call the surgeon who operated. If unable to reach the surgeon call the surgical registrar at TNH
PreMet	Attend all pre-mets
Code	Attend Codes. If need to transfer patient call MICA.

25. Night Shift Support	
Unit	Consultant on call
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
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	
<ul style="list-style-type: none"> 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 	

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28. Unit Education

Tuesday 1230-1330 bedside teaching

29. Unit Meetings

NA

30. Research and Quality Improvement

Contact head of unit

31. Career Support

Contact Head of unit

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.</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.</p> <p>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>

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	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 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

CHECKLIST FOR NEW STARTERS

- ⊕ Read through this ROVER
- ⊕ Read Orientation manual
- ⊕ Complete mandatory ALS training: online module and practical session
- ⊕ Ensure working swipe card access at site prior to shift (important for access to unit 3 and BIPU (psych))
- ⊕ Sign up to BHS email list (email to receive access Grainne.ioannides@nh.org.au)

WEEKLY TIMETABLE

Roster follows a week on week off schedule with changeover on Thursdays:

BHS nights Med HMO 20:00-08:45

BHS nights Crit Care HMO 21:00-08:00

INSIDER INFORMATION & MISCELLANEOUS TIPS

- *It is helpful to swing by the wards at the start of the shift to see if there are any issues or concerns the nursing staff have noted throughout the day*
- *Patients can have end of life care in BHS*
- *It can get cold overnight so consider layers, there are also blankets in each unit*
- **At the end of your shift put any blankets used in the skip bins and tidy the doctor's office**
- *Bathrooms are located between Unit 1 and Unit 2*
- *Café is closed overnight so remember to bring food/snacks*

35. Document Status		
Updated by	Dr Michael Farber	December 2023
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024