

## Term Description – Handbook – ROVER

1. Term details:			
<b>Health Service:</b>	Northern Health	<b>Term duration:</b>	Maximum: 13 weeks
<b>Location/Site:</b>	Northern Hospital Epping	<b>Clinical experience - Primary:</b>	A: Undifferentiated 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>	Emergency Department- Adult	<b>Non-clinical experience:</b>	(PGY2 only)
<b>PGY Level:</b>	PGY2	<b>Prerequisite learning:</b>	(if relevant)
<b>Term Descriptor:</b>	The Emergency Department rotation is a critical care rotation where doctors in training will have an opportunity to assess and manage acutely undifferentiated and potentially unwell patients within the Emergency Department. This will include history taking, a focussed clinical examination and targeted investigations in attempting to reach a diagnosis and disposition for patients coming through the Emergency Department, which will include concise documentation and referrals to various specialities.		

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	Recognises their own limitations and seeks help when required in an appropriate way.
	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	Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures.
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
<i>EPA3: Prescribing</i>	Domain 1	Initiates, modifies or ceases therapies (drugs, fluids, blood products, oxygen) safely, adheres to all relevant protocols and monitors patient reactions, reporting when relevant.
	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	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</i>	Domain 1	Displays understanding of the details of the patient's condition, illness severity, comorbidities and potential emerging issues, summarising planned management including indications for follow-up.

## Term Description – Handbook – ROVER

– documentation, handover and referrals	Domain 2	Maintains respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality.
	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	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: <i>The prevocational doctor as practitioner</i>	Domain 2: <i>The prevocational doctor as professional and leader</i>	Domain 3: <i>The prevocational doctor as a health advocate</i>	Domain 4: <i>The prevocational doctor as a scientist and scholar</i>
<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</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 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 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 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</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 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

facilitate practice, including for documentation, communication, information management and supporting decision-making		extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).	
--	--	---	--

### 4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	<i>Dr Chiu Kang</i>	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	<i>Dr. Jenny Huang</i>	ED Physician and Supervisor of ED HMOs	Jenny.Huang@nh.org.au
Clinical Supervisor (primary)	<i>Allocated by email at beginning of term – individualised for each HMO</i>	Click or tap here to enter text.	Click or tap here to enter text.
Cinical Supervisor (day to day)	<i>Allocated on daily roster- see daily huddle</i>	Click or tap here to enter text.	Click or tap here to enter text.
<b>EPA Assessors</b> Health Professional that may assess EPAs	<ul style="list-style-type: none"> <li>All consultants</li> <li>All registrars</li> <li>Click or tap here to enter name and role</li> </ul>		

### Team Structure - Key Staff

Name	Role	Contact
Daniel Crompton	Director of ED	Daniel.Crompton@nh.org.au
Katie Smith	Deputy Director of Operations	Katie.Smith3@nh.org.au
Matthew Wilde	Deputy Director of Quality	Matthew.Wilde@nh.org.au
Heng Cheok	Deputy Director of Workforce/Education	Heng.Cheok@nh.org.au
Jenny Huang	ED Physician & Supervisor of ED HMOs	Jenny.Huang@nh.org.au
Julia Beckman	Nurse Unit Manager	Julia.Beckman@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)

## Term Description – Handbook – ROVER

<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

<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
	08:00 AM Huddle	08:00 AM Huddle	08:00 AM Huddle	08:00 AM Huddle	08:00 AM Huddle 08:00 – 09:00 ED HMO Education	08:00 AM Huddle	08:00 AM Huddle
<b>Afternoon</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	14:00 PM Huddle	14:00 PM Huddle	14:00 PM Huddle	12:30 – 13:30 HMO Education 14:00 PM Huddle	14:00 PM Huddle	14:00 PM Huddle	14:00 PM Huddle
<b>Evening</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	23:00 Night Huddle	23:00 Night Huddle	23:00 Night Huddle	23:00 Night Huddle	23:00 Night Huddle	23:00 Night Huddle	23:00 Night Huddle
<b>Hours</b>	Total	Total	Total	Total	Total	Total	Total

ED HMO	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO	2300-0830	2300-0830	2300-0830	2300-0830							1400-2330	2300-0830	2300-0830	2300-0830
HMO				1400-2330	2300-0830	2300-0830	2300-0830			0800-1730		1400-2330	1400-2330	1400-2330
HMO						0800-1730	0800-1730			1400-2330	1400-2330			

## Term Description – Handbook – ROVER

HMO		1400-2330	1400-2330	1400-2330			0800-1730	1400-2330	1400-2330		0800-1730	0800-1730		
HMO			0800-1730		1400-2330	1400-2330	1400-2330	1400-2330		0800-1730	0800-1730	0800-1730		
HMO	0800-1730	0800-1730		0800-1730	0800-1730			2300-0830	2300-0830	2300-0830	2300-0830			
HMO	1400-2330	1400-2330		0800-1730	0800-1730			2300-0830	2300-0830	2300-0830	2300-0830			

### 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	The Northern Hospital Emergency Department	
Facilitator	Stefan Herodotou	
Date	First day of each term	
Start	10:00	

### 11. Unit Overview

Department	Northern Hospital Emergency Department
Location	Northern Hospital Main Campus
Inpatient Beds	5 Resuscitation beds, 48 assessment beds/chairs, 25 bed SSU, 15 bed EOU
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

### 12. Safety

#### Unit Specific Safety & Risks

- **Undifferentiated patient, potential for critical illness/diagnoses** – ensure that you keep an eye on the trend of patient’s vital signs and report any deterioration in their clinical condition. Perform repeated investigations (ie

## Term Description – Handbook – ROVER

ECG, VBG) in response as required. There is always a senior medical practitioner around on the ED floor, including Emergency Physician cover from 0800 – 2330, it is expected that you will run every case by them, and you can also approach them if you are unsure or concerned.

- **Behaviourally disturbed patients or agitated family/carers** – there will be a range of patients with acute behavioural disturbance due to their underlying psychiatric illness or delirious state, or agitated family members/friends or carers that you may encounter. Please ensure that you are safe when assessing and treating a patient. There is 24-hour security in the ED that you can call on, and also senior medical and nursing staff that you can reach out to in difficult situations.
- **Acute medication prescribing** – ensure usual diligence around allergies when prescribing and ensure correct dosing of medications and fluids including blood products. You can always look on the eTG (electronic Therapeutic Guidelines) or reach out to a senior medical staff for advice.
- **Infection prevention** – all ED staff are required to wear surgical masks while on the floor. In addition, PPE may be required when seeing high risk infective patients (COVID, infective gastroenteritis, CPE/MRSA etc.) Always ensure you check the signs located above the patient beds or you can enquire with the nursing staff if the patient is under precautions.

### 13. Communication

Medtasker	N/A
WhatsApp	ED Intern group / ED HMO group / ED Registrar group
Pager	N/A
MS Teams	N/A

### 14. Handover Process

Morning	Morning huddle, ED Meeting Room 1, 08:00 every morning
Afternoon	Afternoon huddle, ED Consultant's Area, 14:00 every afternoon
Night	Night huddle/ EPIC computer, 23:00 every night

### 15. Shift Structure

	Intern	HMO	Registrar
Day	0800 - 1730	0800 - 1730	0800 - 1730
Afternoon	1400 - 2330	1400 - 2330	1400 - 2330
Night	N/A	2300 - 0830	2300 - 0830
Weekend	0800 – 1730/1400 - 2330	All shifts above	All shifts above

### 16. Shift Roles & Responsibilities

	Intern	HMO	Registrar
		<ul style="list-style-type: none"> <li>• Assess and examine</li> </ul>	

## Term Description – Handbook – ROVER

	<ul style="list-style-type: none"> <li>• Assess and examine patients</li> <li>• Discussion with consultant/senior registrar</li> <li>• Ordering of appropriate investigations</li> <li>• Commencement of appropriate acute treatment</li> <li>• Disposition of patient – admission versus discharge versus transfer to other facility</li> <li>• Unit based work – SSU/EOU with focus on patient flow</li> </ul>	<p>patients</p> <ul style="list-style-type: none"> <li>• Discussion with consultant/senior registrar</li> <li>• Ordering of appropriate investigations</li> <li>• Commencement of appropriate acute treatment</li> <li>• Disposition of patient – admission versus discharge versus transfer to other facility</li> <li>• Unit based work – SSU/EOU with focus on patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment and management of higher acuity patients</li> <li>• Discussion with consultant/senior registrar</li> <li>• Management of flow within FT and ASWR areas</li> <li>• Ordering of appropriate investigations</li> <li>• Commencement of appropriate acute treatment</li> <li>• Disposition of patient – admission versus discharge versus transfer to other facility</li> </ul>
--	--	---	---

### 17. Common Conditions

**Chest Pain** – assessment and investigation of one of the most common presentations to the ED. Need to ensure that the 3 main dangerous diagnoses of AMI, PE and aortic dissection has been considered/excluded.

**Shortness of breath** – Hypoxic patients with an oxygen requirement need admission. Differentials are varied and include exacerbation CCF, pneumonia, PE, pneumothorax, pericardial effusion etc.

**Abdominal/Flank Pain** – assessment and investigation of a common presentation to the ED. Need to ensure that dangerous diagnoses including ischaemic colitis and ruptured/leaking aortic aneurysm and ectopic pregnancies (in women of childbearing age) have been considered

**Acute psychiatric illness/behavioural disturbance** – assessment and treatment of behaviourally disturbed patients both of a psychiatric and organic nature. An understanding of the new Mental Health Act and escalation of restrictive interventions, both physical and chemical

**Dizziness/syncope** – consideration of dangerous arrhythmias/heart blocks, valvular disease and pulmonary embolus as potential cause, ensure patients receive telemetry if cardiac cause suspected

**Trauma** – Frequently unwitnessed or fall from standing height in the elderly or motor-vehicle/animal related/sports related injuries. Ensure complete physical assessment to exclude all injuries and careful documentation

**PV bleeding in pregnancy** – consider volume of bleeding (if significant (greater than 1 pad/hour) then for gynae admission, most will go to SSU if otherwise). Ensure blood group collected to check Rhesus status if not known. All 2<sup>nd</sup> trimester and above with PV bleeding must be discussed with O&G

**Vertigo/dizziness** – A posterior circulation stroke is sometimes missed during assessment of these patients, a normal non-contrast CT brain does not exclude this. History taking and performance of a targeted neurological exam including the HINTs exam is important to form your assessment. If in doubt, reach out to your seniors, or keep them in SSU/EOU for a senior assessment.

### 18. Common Procedures

## Term Description – Handbook – ROVER

- IV cannulation
- IDC insertion
- Suturing of simple wounds
- Plastering – partial vs complete POP
- Joint immobilization/reduction
- Management of epistaxis
- Local anaesthetic blocks

### 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

The ED Intranet page – On the main heading in the intranet, there is a tab titled ‘ED’ which contains a phone directory with all important phone numbers important for our work, including radiology and inpatient team numbers. There are also good clinical resources in there you can access.

<https://intranet.nh.org.au/departments-and-services/emergency-department/about-us/>

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 clinical suspicion. Some patients may not require pathology to determine disposition or care.
Radiology	As per clinical indication. CTs and MRIs need consultant approval, X-rays and US can be signed off by the registrars/HMOs/interns themselves. MRIs outside of hours is only indicated for neurosurgical emergencies (cauda equina, epidural haematoma/abscess) and US outside of hours is only if you suspect an ectopic pregnancy or to exclude the torsion of the ovaries/testes. This must be approved by the ED consultant (senior reg overnight).
Pharmacology	If unsure of medications or dosing, please approach a helpful ED senior. The ED pharmacist is also available on 52696 during business hours for medication enquiries. The eTG (electronic Therapeutic Guidelines) and AMH (Australian Medical Handbook) are useful online resources for medication prescription accessible via the intranet. Ensure you have a SafeScript account as well to check for drug administration history in order to practise responsible prescription of opiates.

### 21. IT Programs

EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- <a href="https://mylearning.nh.org.au/login/start.php">https://mylearning.nh.org.au/login/start.php</a>
-----	---



## Term Description – Handbook – ROVER

	<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 <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>Type your notes into the EMR scratchpad. Ensure you save an 'ED Summary' or 'ED Discharge Summary' so that the nursing staff and inpatient teams can read your notes on EMR.</p>
Ward Rounds	<p>Ward Rounds are conducted when you are stationed in SSU and EOU. Ensure you are there on time, and have printed out a handover sheet for the ward round.</p>
Discharge Summary	<p>All patients leaving ED, SSU and EOU must have a physical copy of their discharge summary and discharge script (if required) on leaving the ED. There is no electronic communication between the Northern Hospital and its surrounding GP networks.</p>
Outpatient Clinics	N/A
CDI Queries	<p>Can be directed via the Cherwell system on the Intranet page</p>
Death Certificates	<p>Need to be completed online for any patients that have died within the ED</p> <p><a href="https://www.bdm.vic.gov.au/medical-practitioners">https://www.bdm.vic.gov.au/medical-practitioners</a></p>
Coroners	<p>If there is a death within the ED, the coroners will need to be contacted if the cause of death is unclear and the death certificate cannot be filled out. Always check with your consultants/senior registrars if unsure.</p> <p><a href="https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death">https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death</a></p>

### 23. Referrals

Internal	<p>Via switch (pick up phone and dial '9') or contact via Medtasker</p>
External	<p>Via switch (pick up phone and dial '9')</p>

### 24. Clinical Deterioration

Escalation Process	<p>Check GOPC</p>
PreMet	<p>Will be announced within the ED, ensure attendance if you are the treating doctor</p>
Code	<p>Internal codes are announced within the ED. Some hospital wide Codes include Code Blue, Code STEMI, Code Stroke, Code Trauma and Code Pink (Obstetrics). You can ring a code by picking up the phone and dialing '2222' and stating 'Code _____, Emergency Department, _____ (location within the ED ie Resus 1 etc).</p>

## Term Description – Handbook – ROVER

### 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
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.
- 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

There are weekly departmental HMO/intern teaching sessions on Friday morning for 1 hour from 8am – 9am on Teams or in person, with details provided weekly by email and WhatsApp.

A Condition of the Week handout covering some conditions we see within the ED will also be sent out weekly via WhatsApp and/or email.

Bedside teaching is an integral part of our ED experience especially with the presence of consultants from 8am to 11.30pm, so make the most of your time here to ask any questions you may have.

### 29. Unit Meetings

Daily huddles  
 Monthly M&M meetings  
 Monthly ESQRM (Emergency Services Quality and Risk Management Meeting)

### 30. Research and Quality Improvement

Northern Emergency Department values research pertaining to quality assurance or clinical innovation and/or improvement. Furthermore, there is no pre-requisite experience required to undertake research in our

## Term Description – Handbook – ROVER

department- just a thirst for knowledge. Associate Professor Joe-Anthony Rotella is the ED Research Lead and is happy to provide guidance and supervise projects. He can be contacted on [joe.a.rotella@nh.org.au](mailto:joe.a.rotella@nh.org.au). All current research projects and audits are located on the ED intranet page: <https://intranet.nh.org.au/departments-and-services/emergency-department/research/>

### 31. Career Support

If you are interested in pursuing ED as a career, you can approach Dr Jenny Huang (oversight of Resident to Registrar programme), Dr Orcun Hasip (HMO education), Dr Heng Cheok (Deputy Director of Workforce/Education) or any of the ward consultants. You can also approach any of the other Emergency Physicians on the floor with any queries at any point and we can either assist you or point you to where help is available.

### 32. Medical Students on the Unit

A mixture of MD2 and MD4 students are present within the department from time to time. Seek them out and allow them to shadow you to show them your day-to-day work. We value the education of our junior staff within the Emergency department and we strongly encourage your participation in the teaching of your juniors and your peers.

### 33. Rostering

Punctuality	Please ensure that you are on time for the morning, evening and night handovers at 8 am, 2pm and 11.30pm respectively. It is a sign of respect and an important part of your overall professionalism, which will influence your midterm and end of term assessments.
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	<b>Personal Leave documentation required:</b> 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 <b>two hours</b> before the start of their shift, or as soon as practicable.

## Term Description – Handbook – ROVER

	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

There is a JMO Orientation Manual that will be sent through to your email as part of your Orientation to the department. The Orientation manual contains relevant information that will help you perform your role within the Emergency Department and SSU/EOU.

There is an available 2-page EOU rover as well that will be included as part of your Orientation manual.

### 35. Document Status

Updated by	Dr Heng Cheok	December 2023
Reviewed by	Dr Natina Monteleone	18/01/2024
Next review date		April 2024