

Term Description – Handbook – ROVER

1. Term details:			
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks
Location/Site:	Northern Hospital Epping	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.:	General Medicine Specialty Night Cover	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	<p>Cover term for acute medical wards at Northern Hospital. The night roster is week on week off starting on Thursdays. Terms are not 10 weeks as they are mixed with annual leave and other relief. Most terms are half terms of nights. There are three HMO's Downstairs, Tower 1 and Tower 2 HMO's. Each have allocated wards to cover as well as assisting with some specialty medical admissions for their areas.</p> <p>Downstairs: ward 3 + 4+ 5, renal, haem + onc admissions</p> <p>Tower 1: wards 20 + 21, med cover, resp, stroke, neuro cover and admissions</p> <p>Tower 2: ward 22 + gastro and medical outlier cover in wards 13 + 16 + 18 + 19</p> <p>However, they are able to assist each other to share workload and are supported by the night perioperative medical registrar. Provide assessment of patients on the ward who require medical review as well as to complete new admissions for medical specialty patients in their allocated wards with support from the on-call specialty registrar/ consultant. Assess and manage deteriorating patients with support of the perioperative medical registrar, ICU registrar and ICU liaison nurse. Attend the nightly take-2-at-2 meeting with whole hospital team (chaired by overnight ICU registrar) to ensure unwell patients are escalated and workload is balanced.</p>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Develop skills in assessment of intercurrent ward patient issues with targeted history and examination and formulation of appropriate investigation and management plan. Focus is on immediate management and assessment with handover to day team as well as assessment of stability with escalation as required. Develop skills in admitting medical specialty patients and enacting initial management plans that is formulated by the on-call specialty registrar or consultant
	Domain 2	Build knowledge and confidence in directing initial investigations and management for simple medical problems. Balance taking on responsibility for patient care with recognition of when to escalate care
	Domain 3	Identifies and considers culturally safe and appropriate means of obtaining patient histories and/or performing physical examination. Understands the importance of use of interpreters for communication
	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. Able to escalate to on call consultant to discuss appropriate management plan or arrange transfer back to acute service
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way. Works as part of the wider night team with the critical care HMO after hours coordinator and nurses in charge
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.

Term Description – Handbook – ROVER

	Domain 4	Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.
EPA3: Prescribing	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	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Acknowledges and respects patients' cultural and religious background, attitude and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches.
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately
EPA4: Team communication – documentation, handover and referrals	Domain 1	Creates verbal or written summaries of information that are timely, accurate, appropriate, relevant and understandable for patients, carers and/or other health professionals.
	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	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<p><input checked="" type="checkbox"/> 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.</p> <p><input checked="" type="checkbox"/> 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.</p> <p><input type="checkbox"/> 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care</p> <p><input checked="" type="checkbox"/> 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues</p> <p><input 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"/> 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,</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 type="checkbox"/> 3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the</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

<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 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 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>harassment and discrimination for themselves and others.</p> <p><input type="checkbox"/> 2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.</p> <p><input checked="" type="checkbox"/> 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.</p>	<p>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 (including Aboriginal Health Workers, practitioners and Liaison Officers).</p>	
--	--	---	--

4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	Dr Chiu Kang	HMO supervisor	Chiu.Kang@nh.org.au
Term Supervisor	Dr Yana Sunderland	Director of Medicine	Yana.sunderland@nh.org.au
Clinical Supervisor (primary)	Rotating roster	On Call Medical Consultant	Via switchboard
Cinical Supervisor (day to day)	Rotating roster	Perioperative Registrar	0418 428 781
EPA Assessors Health Professional that may assess EPAs	<ul style="list-style-type: none"> • Term supervisor • Perioperative registrar • Click or tap here to enter name and role 		
Team Structure - Key Staff			
Name	Role	Contact	
Dr Yana Sunderland	Director of Medicine	Attends daily morning handover or via switchboard	
Rotating roster	On call Acute Medical Consultant	Via switchboard	
Rotating roster	On call medical Specialty consultant	Via switchboard	

Term Description – Handbook – ROVER

Rotating roster	Night perioperative registrar	Med tasker of 0418 428 781
Rotating roster	Medical Night Clinical Lead (ICU registrar role)	84688226 or Via Switchboard

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.	
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
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	08:00 – 09:00 Grand Round	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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.	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.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time

Term Description – Handbook – ROVER

	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish	2000 medical handover 0200 Take 2 at 2 meeting 0800 Medical handover 830 finish
Hours	Total	Total	Total	Total	Total	Total	Total

Med HMO																			
HMO 1		EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900				Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830	Tower 2 ND 2000-0830	Registrar Training Time							
HMO 2	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030										Tower 2 ND 2000-0830	Tower 2 ND 2000-0830					
HMO 3	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100	AMT HMO 0800-2100				AMT HMO 0800-2030	AMT HMO 0800-2030										
HMO 4				Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830	Tower 2 ND 2000-0830									
HMO 5			EOU HMO 0800-2030	EOU HMO 0800-2030	EOU HMO 0800-2030		Downstairs ND 2000-0830 (A)		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0830							
HMO 6	AMT Admitting Reg 1330-2030	AMT Admitting 0730-1400			AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900	AMT ND HMO 2000-0900								AMT HMO 0800-2030	AMT HMO 0800-2030		
HMO 7					AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900	AMT ND HMO 2000-0900								AMT/Spec Med 0800-2030	AMT/Spec Med 0800-2030		
HMO 8		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900									EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900				
HMO 9					EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900	EOU HMO ND 2000-0900								EOU HMO 0800-2030	EOU HMO 0800-2030		
HMO 10					Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)						Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)	Downstairs ND 2000-0830 (B)
HMO 11							AMT/Spec Med 0800-2030	AMT/Spec Med 0800-2030	EOU HMO 0800-2030	EOU HMO 0800-2030			AMT HMO 0800-2100						
HMO 12	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)										Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)
HMO 13		AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900									AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900				
HMO 14	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)	Downstairs ND 2000-0830 (A)						AMT HMO 0800-2100	AMT HMO 0800-2100	AMT HMO 0800-2100								
HMO 15	EOU HMO 0800-2030	EOU HMO 0800-2030		AMT HMO 0800-2100							EOU HMO 0800-2100	EOU HMO 0800-2030	EOU HMO 0800-2030						
HMO 16	EMR Training					AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100									
HMO 17	AMT HMO 0800-1700			AMT HMO 0800-1700	AMT HMO 0800-2030						AMT ND HMO 2000-0830	AMT ND HMO 2000-0830	AMT ND HMO 2000-0900						
HMO 18				Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (A)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)	Tower 1 ND 2000-0830 (B)									
HMO 19			AMT HMO 0800-2030	AMT HMO 0800-2030	AMT HMO 0800-2100						EOU HMO ND 2000-0830	EOU HMO ND 2000-0830	EOU HMO ND 2000-0900						

Term Description – Handbook – ROVER

9. Hospital Orientation

Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time. This is separate to the unit orientation. Follow the [link](#) for details, password: NorthernDoctors

Location	NCHER, Northern Hospital – Epping	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: 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	Main Lecture Theatre, Microsoft Teams
Facilitator	Divisional Director, Senior Medical Registrar
Date	1 st or 2 nd day of rotation Given high turnover in HMOs, senior medical registrar or periop registrar will enquire if the resident is new to the role and provide a brief orientation
Start	07:30 of first Tues

11. Unit Overview

Department	Medicine
Location	Various wards – Night cover HMO covers different zones (groups of wards)
Inpatient Beds	Variable, depends on each specially and general medicine unit
Outpatients Clinics	Nil
Day Procedures	Nil
Virtual Unit	Nil

12. Safety

Unit Specific Safety & Risks

Handover – ensure review of patients is documented on EMR and handed over to the day team where relevant. Ensure any outstanding tasks are handed over to the day time team via Medtasker. Attend the Take 2 at 2 meeting

Safe Prescribing

- Ensure all new patients' usual medications are charted and refer to 'Pharmacy Admission Note' to check all medications are correctly charted
- seek help from registrar or pharmacist if uncertain.
- Look up all medications you are not familiar with
- Special consideration for the APINCH Medications; Antimicrobials, Potassium, Insulin, Narcotics (opioids) and sedative medications, heparin and other anticoagulants (chemotherapy *not routinely prescribed in medicine*)
- Ensure you use antibiotic guidance system for all restricted antibiotics

Falls – Identify patient with high falls risk, identify risk factor and implement high falls risk precautions

Delirium – Identify patients with delirium or at high risk of delirium, address the risk factors and ensure patients/staff safety

Term Description – Handbook – ROVER

Pressure injuries – Identify the patient with high risk of pressure injuries

Infection prevention – ensure you follow all guidelines regarding isolation and wear appropriate PPE

13. Communication

Medtasker	Downstairs Med Wards HMO Night Tower 1 HMO Night Tower 2 HMO
WhatsApp	Night team AMT or periop registrar may create a group during the night shift
Pager	Downstairs HMO: pager 178 Tower HMO 1 Pager 236 Tower HMO 2 Pager 1316
MS Teams	This is not generally used by specialty night cover HMOs

14. Handover Process

Morning	Nigh cover handover tasks to the home team via Medtasker or phone Also, for face to face handover: <ul style="list-style-type: none"> Downstairs HMO attends handover at 08:00 in AMT office Tower HMO 1 attends handover at 08:00 in ward 20 front office Tower HMO 2 attends handover at 08:00 in ward 20 front office
Afternoon	Not applicable
Night	Home team hands over tasks to night covers via Medtasker or phone Also, for face to face handover: <ul style="list-style-type: none"> Downstairs HMO attends handover at 20:00 in AMT office Tower HMO 1 attends handover at 20:00 in ward 20 front office Tower HMO 2 attends handover at 20:00 in ward 20 front office

15. Shift Structure

	HMO
Day	N/A
Afternoon	N/A
Night	20:00-08:00
Weekend	20:00-08:00

16. Shift Roles & Responsibilities

	Downstairs HMO	Tower HMO 1	Tower HMO 2
Day	N/A	N/A	N/A
Afternoon	N/A	N/A	N/A
Night	20:00 login to Medtasker	20:00 login to Medtasker	20:00 login to Medtasker

Term Description – Handbook – ROVER

	<p>Collect the pager</p> <p>Handover from home teams in ward 3-4 office</p> <p>Downstairs HMO covers the following:</p> <p>renal admissions ward 4 + ED</p> <p>renal ward cover - ward</p> <p>ward 4 gen med cover</p> <p>ward 3 pall care ward cover</p> <p>heam /onc ward cover -ward 5</p> <p>heam /onc ward cover admissions ward 5 + ED</p> <p>ward 5 gen med ward cover</p> <p>Assist with the workload of other night covers/AMT when possible</p> <p>Handover to home teams at 08:00 via Medtasker, phone or face to face</p>	<p>Collect the pager</p> <p>Handover from home teams in ward 20 office</p> <p>Tower HMO 1 covers the following:</p> <p>resp ward cover - ward 20 + RCU</p> <p>resp admitting - 20 and ED</p> <p>neuro stroke ward cover - 21 + HDU</p> <p>neuro stroke admitting</p> <p>ward 20 gen med ward cover</p> <p>ward 21 gen med ward cover</p> <p>stroke calls</p> <p>Assist with the workload of other night covers/AMT when possible</p> <p>Handover to home teams at 08:00 via Medtasker, phone or face to face</p>	<p>Collect the pager</p> <p>Handover from home teams in ward 20 office</p> <p>Tower HMO 2 covers the following</p> <p>ward 22 gen med / COVID ward cover</p> <p>COVID admitting if patient on COVID ward</p> <p>gastro ward cover and admissions- ward 16 and ED</p> <p>General medical ward cover - ward 16</p> <p>Med outliers ward 18, 19, 13</p> <p>Assist with the workload of other night covers/AMT when possible</p> <p>Handover to home teams at 08:00 via Medtasker, phone or face to face</p>
Weekend	Similar to weekdays	Similar to weekdays	Similar to weekdays

17. Common Conditions

You will see a great range of medical conditions in the general medical and other specialty patients. Many patients have multiple medical conditions. You will see lots of common conditions as well as some rarer ones in your term. Some common conditions you might see are:

- Exacerbation of CCF & its causes ● Other cardiac conditions AF NSTEMI
- Exacerbation of COPD, asthma and ILD
- Various Haematological conditions: Leukaemia, Lymphoma, Myeloma, cytopenia, post chemo complications
- Various Oncological conditions and post chemo complications
- Various neurological conditions such as stroke, Seizure/epilepsy, encephalopathies

Term Description – Handbook – ROVER

- Various gastroenterological and hepatological conditions such as H&M, Hepatitis, H
- Diabetes and its complications
- Acute and chronic renal impairment • Glomerulonephritis, Nephrotic and Nephritic Syndrome
- Delirium • Falls and functional decline
- Respiratory infections including influenza and COVID 19 • Fever in returned traveller
- Sepsis – Urinary, Cellulitis, Pneumonia, Prostatitis, Endocarditis, Epidural abscess, other
- Altered conscious state: Neurological: infection, stroke, post-ictal, Drugs, Metabolic, Accident/injury, Psychiatric, delirium
- Acute gout and other rheumatological conditions

18. Common Procedures

- Venepuncture/ IVC • IDC • ABG • Lumbar puncture - done by Regs but HMOs can assist or perform if confident
- PICC lines - done by Radiology (always dual lumen!) • Ascitic tap – done by registrar but can assist

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

“For Clinicians” Header on the intranet Home page – has a range of commonly used resources used by doctors

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	<p>There are no routine order sets in general medicine/specialty medicine. Order sets will depend on the condition and the current patient assessment.</p> <p>Check that bloods like TSH iron HBA1c has not been ordered recently prior to ordering them again</p>
Radiology	<p>CT should be discussed with registrar / consultant</p> <p>MRI should all be discussed and approved by your consultant</p>

Term Description – Handbook – ROVER

	Once you have submitted a CT/ US or MRI request please check the EMR Radiology Order Management System to check that the scan has been approved. If it states 'for discussion' then radiology needs more information and you will need to go down and discuss that test with the radiographer/ radiologist
Pharmacology	<p>See - Safe prescribing section in Safety section of this handbook</p> <p>Periop registrar or On call pharmacist is there to help you please check with them if you are uncertain</p> <p>Look up all drugs that you are not familiar with and check doses if uncertain</p> <p>Ask periop registrar, home team on call registrar or consultant if not sure if you should continue or withhold medications</p> <p>Warfarin dosing should be done in consultation with your registrar</p> <p>Please refer to the anticoagulation stewardship pharmacist or haematology team for patients with complex anticoagulant regimens</p>

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/
Antibiotic Guidance	iGuidance in My Favourite links (Pharmacy will only supply one day unless this is done)

Term Description – Handbook – ROVER

	Some antibiotics you can get guidance by selecting the condition. Otherwise you will have to refer to ID, explain rationale behind ABx choice/ ask for their opinion and they do the guidance.
Other	<p>Interpreter via phone: 84058188</p> <p>Endoscopy results: on the CPF patient screen – endobase. Username: endobhs. Password: endobhs</p> <p>Echo and angio results: Phillips Xcelera. Username and login same as CPF</p>

22. Documentation

Admission	Use EMR admission form
Ward Rounds	Not applicable
Discharge Summary	EMR discharge summary workflow – please use this format as this will generate upload to Myhealth record and fax to GP when completed
Outpatient Clinics	referrals via referral on CPF (no EMR option for referrals) Outpatient notes are all documented on CPF under the outpatient tabs
CDI Queries	Will be sent via Medtasker
Death Certificates	Discuss with home team on call registrar/ consultant or periop registrar re if coroners' case and if not then cause of death before completing, Link is direct via Births Deaths and Marriages. Link – Death Certificates on the Favourite links page or https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Discuss every death with home team on call reg/ consultant or periop registrar to check if it should be coroners. If uncertain then call to speak to a delegate from the coroner's office and document your conversation in EMR notes. Coroner deposition is done via - E Medical Deposition Form https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals

Internal	<p>For specialty referral overnight first discuss with periop registrar and if necessary, periop registrar or HMO need to contact on call registrar/consultant</p> <p>For surgical referrals: contact via communications. Please make referrals as early as possible in the day and know what question your unit is asking of them (if uncertain speak to your unit registrar)</p> <p>Outpatient referrals – CPF – Summary tab – bottom right of the page is 'Submit internal referral' link</p>
External	Ad hoc no frequently used pathways

24. Clinical Deterioration

Escalation Process	<p>HMOs can escalate tasks to periop registrar (for patients in tower), AMT2 registrar (for patients in ED/downstairs) and or on call registrar/consultants.</p> <p>Call MET call or code if patient meets these criteria and needs urgent review</p>
PreMet	HMOs will answer these but seek advice from Periop/AMT2 registrars if necessary
Code	Attended by cover HMOs and periop registrars and wider hospital code teams

Term Description – Handbook – ROVER

25. Night Shift Support

Unit	For Night Cover HMO: Periop/AMT 2 registrar assists with complex patients. Ward Med patients: Consultant for Med 1-5 or Specialty med patients: call the Registrar/consultant on call for the specialty through switch When unable to get through to above or extremely challenging situations – ask for Med Exec on call through switch
Periop	Contact 0418 428 781 or via Medtasker Attends MET calls and codes. AMT registrar attends MET Calls and codes for the patients under AMT bed card in ED
Take 2 @ 2	Night HMOs and registrars attend this meeting. A brief huddle run by the ICU night clinical lead. Come along! Especially if you are busy (now a face to face meeting in ICU meeting room – Ward 17) idea is to flag if your busy and help redistribute workload. You can also flag patients you are concerned about at this meeting.

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
--

28. Unit Education

<p>General Medicine Journal Club Tuesdays 07:30 to 08:30 Medical Grand Rounds Thursdays 08:00- 09:00 – lecture theatre or Teams Protected HMO teaching Thursdays 12:30-1:30 Lecture theatre or Teams BPT registrar Education – 1300- 1400 Friday Conf room 4 and Teams BPT consortium clinical/ written exam education lecture series – 1600- 1700 Wed BPT clinical exam prep programme – see consortium website for more details</p>
--

29. Unit Meetings

Term Description – Handbook – ROVER

Nil

30. Research and Quality Improvement

If you are interested in research please speak to your unit head to see how you can get involved.

31. Career Support

Divisional Director Medicine Dr Yana Sunderland

Basic Physician training - Directors of Physician Training – Edwina Holbeach, Yana Sunderland, Mueed Main, Vinita Rane

Basic Physician training - Consortium Manager – Laura Ivins

32. Medical Students on the Unit

Medical students do not have night rotations

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>

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

The Ward cover HMOs (Specialty HMO and Gen Med HMO are expected to work together and redistribute workload in terms of admissions and ward cover)

Miscellaneous

- **EMR** – this has assisted the night ward cover in terms of being able to view the patient file without having to physically go to the word and can be useful for simple tasks to be completed virtually. HOWEVER – for review of a sick patient or new admission you are expected to see and examine the patient when you make your assessments. It is not safe or appropriate to do virtual admissions of patients
- Patients with undifferentiated abdominal pain should be admitted by AGSU with daily medical team review. Once a surgical issue has been excluded, the medical team can take over care
- Patients with suspected spinal injury should be under the TNH spinal management pathway. It is the policy that ED or AGSU to assess patients for spinal clearance and discuss with St Vincent’s Neurosurgery. If spinal clearance not complete by ED, pt to be admitted under AGSU. Med TOC only when spinal clearance documented on the Spinal Management Pathway Form.
- H&M come under gastro. call on call reg/consultant
- For after hours: Pts admitted to RCU will need RCU daily care plan, GOPC and ventilator/Hi flow settings completed – these will be provided by respiratory on call (details on EMR)

Term Description – Handbook – ROVER

35. Document Status		
Updated by	Dr Hedayat Pourhadi	16/01/2024
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024