

## 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>	C: Acute and critical illness patient care
<b>Parent Health Service:</b>	Northern Health	<b>Clinical experience - Secondary:</b>	B: Chronic illness patient care
<b>Speciality/Dept.:</b>	Northern Inpatient Diabetes Service - Dermatology	<b>Non-clinical experience:</b>	(PGY2 only)
<b>PGY Level:</b>	PGY2	<b>Prerequisite learning:</b>	(if relevant)
<b>Term Descriptor:</b>	<p><u>Northern Inpatient Diabetes Service- a consult service for inpatient diabetes. The Northern Inpatient Diabetes Service commenced in 2020 and is based on a proactive model of diabetes care utilising a networked blood glucose monitoring system which aims to identify episodes of dysglycaemia in hospital inpatients for the NIDS team to review. Remote monitoring of glucose levels are used to identify patients with unstable diabetes. These patients receive proactive consultation without referral from home team. Attendance at ward rounds, review inpatient referrals, attend clinics. Involved with unit education and present at unit meetings. Take part in clinical audit. Work as part of a multi-disciplinary team- DNE, Pharmacist, NP.</u></p> <p><u>Dermatology- clinic and inpatient reviews with the registrar and consultant</u></p>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	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	Communicates accurately and effectively with the health care team.
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<i>EPA3: Prescribing</i>	Domain 1	Understands the principles and is able to safely electronic prescribe and document medications.
	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	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	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
<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.

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– documentation, handover and referrals	Domain 2	Appropriately prioritises the creation of medical record entries.
	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 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 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 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</p>	<p><input type="checkbox"/> 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p><input type="checkbox"/> 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one’s own limitations to mitigate risks associated with professional practice.</p> <p><input type="checkbox"/> 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p><input 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 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</p>	<p><input 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>

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<i>facilitate practice, including for documentation, communication, information management and supporting decision-making</i>		<i>extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).</i>	
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### 4. Supervision details:

<b>Supervision Role</b>	<b>Name</b>	<b>Position</b>	<b>Contact</b>
<b>DCT/SIT</b>	<i>Dr Chiu Kang</i>	Supervisor of HMO Training	Click or tap here to enter text.
<b>Term Supervisor</b>	<i>Dr Mervyn Kyi</i>	Clinical Lead of Inpatient Diabetes Service Consultant Endocrinologist	Click or tap here to enter text.
<b>Clinical Supervisor (primary)</b>	<i>Allocated Consultant on Ward Service</i>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Cinical Supervisor (day to day)</b>	<i>Allocated Inpatient Diabetes Service Registrar</i>	Click or tap here to enter text.	Click or tap here to enter text.
<b>EPA Assessors</b> <i>Health Professional that may assess EPAs</i>	<ul style="list-style-type: none"> <li>• All Consultants</li> <li>• All Registrars</li> <li>• Click or tap here to enter name and role</li> </ul>		

### Team Structure - Key Staff

<b>Name</b>	<b>Role</b>	<b>Contact</b>
Dr Mervyn Kyi	Clinical Lead of Inpatient Diabetes Service Consultant Endocrinologist	Click or tap here to enter text
Dr Suresh Varadarajan	Head of Endocrinology Unit Consultant Endocrinologist	Click or tap here to enter text
Dr Michele Bardin	Consultant Endocrinologist	Click or tap here to enter text
Diabetes Nurse Practioners		
Diabetes Nurse Educators	Click or tap here to enter text.	Click or tap here to enter text
Inpatient Diabetes Service Pharmacist	Click or tap here to enter text.	Click or tap here to enter text
Sarah Burns	Endocrinology Clinic Lead	

### 5. Attachments:

R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

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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
<b>Morning</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	NIDS Consultant WR	BHS Obstetrics Endocrinology Clinic	Dermatology Consultant WR	08:00 – 09:00 Grand Round  NIDS Consultant WR  11:00 -12:00 Audit Meeting Fortnightly	NIDS WR  +/- Derm Consults	Click or tap here to enter text.	Click or tap here to enter text.
<b>Afternoon</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	12:45 – 13:45 Endocrine Unit Meeting  Dermatology Consults + NIDS Consults	Dermatology Consults + NIDS Consults	Dermatology Clinic	12:30 – 13:30 HMO Education	Afternoon off	Click or tap here to enter text.	Click or tap here to enter text.
<b>Evening</b>	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Hours</b>	Total	Total	Total	Total	Total	Total	Total

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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: <a href="mailto:MedicalEducationUnit@nh.org.au">MedicalEducationUnit@nh.org.au</a>
Date	First day of each term	
Start	08:00	

### 10. Unit Orientation – Northern Inpatient Diabetes Service

Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time.

Location	Endocrinology Office – (Combined office with heart failure team – next to Preadmission clinic)
Facilitator	NIDS registrar, NIDS pharmacist,
Date	First day of each rotation
Start	0830

### 10. Unit Orientation - Dermatology

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	Clinic A, Outpatients
Facilitator	Dermatology Registrar
Date	First day of each rotation
Start	0900

### 11. Unit Overview – Northern Inpatient Diabetes Service

Department	Endocrinology
Location	Endocrinology Office.
Inpatient Beds	Nil bedcard inpatients, but provides consultation service for all wards at Northern Hospital Epping & Broadmeadows Hospital
Outpatients Clinics	Broadmeadows Hospital Clinic (assist Dr Anita Singh)- Tuesday AM. A diabetes “Rapid Access” clinic has been established to review recently discharged diabetic patients and is staffed by an Endocrinologist, HMO and Nurse Practitioner Candidate on a Wednesday afternoon at Broadmeadows Hospital
Day Procedures	Nil
Virtual Unit	nil

### 11. Unit Overview - Dermatology

Department	Dermatology
Location	Clinic A and Clinic D
Inpatient Beds	Nil
Outpatients Clinics	Wednesday PM Clinic A, Thursday PM Clinic D
Day Procedures	Procedural clinic running during Wednesday PM Clinic A (for Registrar)

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Virtual Unit	N/A
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### 12. Safety

Unit Specific Safety & Risks

### 13. Communication – Northern Inpatient Diabetes Service

Medtasker	NIDS resident
WhatsApp	NIDS team chat group
Pager	N/A
MS Teams	NH Endocrinology group

### 13. Communication - Dermatology

Medtasker	Communication between other units and Derm HMO via MedTasker
WhatsApp	N/A
Pager	N/A
MS Teams	N/A

### 14. Handover Process – Northern Inpatient Diabetes Service

Morning	Handover from overnight registrar/consultant via MS teams chat (or verbal handover)
Afternoon	Handover to endocrinology resident/registrar on afternoon off.
Night	N/A

### 14. Handover Process - Dermatology

Morning	N/A
Afternoon	N/A
Night	N/A

### 15. Shift Structure – Northern Inpatient Diabetes Service

	HMO	Registrar
Day	0800	0800
Afternoon	1700	1300 Mon-Thur-Fri, 1700-Wed.
Night	NA	NA
Weekend	NA	NA

### 15. Shift Structure - Dermatology

	HMO	Registrar
Day	0800	0800
Afternoon	1700	1700
Night	N/A	N/A

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Weekend	N/A	N/A
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### 16. Shift Roles & Responsibilities - Northern Inpatient Diabetes Service

	HMO	Registrar
Day	<p>Generate list of patients for proactive consultation using electronic glucose data</p> <p>Consultations (both proactively, and in response to referrals) for patients with unstable diabetes admitted under other units. Multidisciplinary consultations along with registrar, pharmacist and diabetes nurse practitioner/ diabetes nurse educator</p> <p>Obstetric Endocrinology clinic assisting Dr Anita Singh (Tuesday AM)</p>	<p>Lead the team on consultations (both proactively, and in response to referrals) for patients with unstable diabetes admitted under other units.</p>
Afternoon	Consultations	Clinic alternating morning/evening on Wednesdays
Night	N/A	On call as per on call roster
Weekend	N/A	N/A

### 16. Shift Roles & Responsibilities - Dermatology

	HMO	Registrar
Day	<p>Review ward consults (with Registrar), attend ward rounds, follow up outpatient results, attend pathology meeting</p>	<p>On-call 0800-1700</p> <p>Review ward consults (with Registrar), attend ward rounds, follow up outpatient results, attend pathology meeting</p>
Afternoon	Clinic (Wed/Thurs)	Clinic
Night	N/A	N/A
Weekend	N/A	N/A

### 17. Common Conditions – Northern Inpatient Diabetes Service

<p>Type 2 Diabetes, Type 1 diabetes, Type 3c diabetes (associated with disorder of pancreatic exocrine function), Post-transplant diabetes, Stress Hyperglycaemia</p> <p>Newly diagnosed diabetes</p> <p>Unstable diabetes due to illness or physiological stress response</p> <p>Unstable diabetes due to inpatient treatment (glucocorticoid, enteral nutrition, parenteral nutrition, dialysis fluid)</p> <p>Unstable diabetes due to organ dysfunction (kidney injury, renal failure)</p> <p>Glycaemic crises (Diabetic ketoacidosis, hyperglycaemic hyperosmolar state)</p> <p>Hypoglycaemia, recurrent hypoglycaemia</p> <p>Perioperative Diabetes Management</p> <p>Inpatient management of glucose-lowering medications and insulin</p> <p>Formulation and Implementation of post-discharge diabetes treatment and follow-up plans</p>
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### 17. Common Conditions - Dermatology

Skin cancers- non melanoma and melanoma skin cancers  
 Inflammatory conditions- atopic dermatitis, psoriasis  
 Immunobullous- Bullous pemphigoid  
 Common fungal and bacterial cutaneous infections  
 Paediatrics – atopic dermatitis, birth marks  
 Connective tissue disease- lupus, dermatomyositis  
 Drug rashes  
 Patients on biologic medicines for inflammatory conditions

### 18. Common Procedures – Northern Inpatient Diabetes Service

nil

### 18. Common Procedures - Dermatology

Diagnostic punch biopsies and shave biopsies (will be trained on how to perform these by the unit)  
 Skin scrapings and swabs  
 Simple interrupted sutures

### 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/>

PROMPT – Diabetes management (Adults)

### 20. Routine Orders – Northern Inpatient Diabetes Service

Pathology	HbA1c, U&E, lipid profile Glucose, c-peptide GAD-ab, IA2-ab, ZnT8-ab
Radiology	N/A
Pharmacology	Insulin management (inpatient) Glucose-lowering medications



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20. Routine Orders- Dermatology	
Pathology	Discuss with Consultant- biopsies submitted for histopathology (in formalin), sometimes also as fresh sample for DIF
Radiology	n/a
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 &gt; My Favourite Links &gt; EMR Live Environment</p> <p>EMR Training courses are located on the LMS- <a href="https://mylearning.nh.org.au/login/start.php">https://mylearning.nh.org.au/login/start.php</a></p> <p>Training is compulsory; you will need to complete the elearning within the first week of commencing. 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	Centralised health record <a href="https://shrdhipsviewer.prod.services/nhcn">https://shrdhipsviewer.prod.services/nhcn</a>
Safe Script	Monitoring system for restricted prescription medications <a href="https://www.safescript.vic.gov.au/">https://www.safescript.vic.gov.au/</a>
Specific to Northern Inpatient Diabetes service	
Endocrinology S drive	Obtain access from Dr Suresh Varadarajan Glucometry exports file
Northern Health RedCap	Northern Health RedCap database for combined clinical consult and prospective data collection – <b>contact Dr Mervyn Kyi early in term (or ideally prior to commencing term) for set up to RedCap database.</b>

22. Documentation	
Admission	N/A
Ward Rounds	On EMR (for Northern Inpatient Diabetes Service consultations), initial documentation in RedCap then transfer to EMR.
Discharge Summary	N/A
Outpatient Clinics	On CPF
CDI Queries	N/A
Death Certificates	N/A
Coroners	N/A

23. Referrals – Northern Inpatient Diabetes Service	
Internal	Referrals Sources:

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	<p>Medtasker (other medical/surgical teams)</p> <p>Other endocrinology team members: 1. from referrals registrar 2. handover from overnight on call clinician 3. Diabetes Education Service. 4. NIDS pharmacist</p> <p>Proactive case finding of people with unstable diabetes (via glucometry extract) and glycaemic dashboard (pending)</p> <p>If teams may medtask the HMO regarding a referral, it is expected the direct contact details of the Registrar to be passed on to receive the referral.</p>
External	Via switch to outpatient registrar
<b>23. Referrals - Dermatology</b>	
Internal	All referrals through to the Registrar. If teams may medtask the HMO regarding a referral, it is expected the direct contact details of the Registrar to be passed on to receive the referral.
External	Via switch direct to Registrar in-hours

<b>24. Clinical Deterioration</b>	
Escalation Process	Registrar and Consultants in attendance in clinics
PreMet	Registrar and Consultants in attendance in clinics, MET call team
Code	MET call team

<b>25. Night Shift Support</b>	
Unit	n/a
Periop	n/a
Take 2 @ 2	n/a

<b>26. Assessments: PGY1 &amp; PGY2</b>	
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

<b>27. Mandatory Training</b>	
<ul style="list-style-type: none"> <li>Mandatory Training is located on the LMS- <a href="https://mylearning.nh.org.au/login/start.php">https://mylearning.nh.org.au/login/start.php</a></li> <li>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 off the floor to complete.</li> <li>Hand Hygiene needs to be completed by the end of your first week.</li> <li>If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning</li> </ul>	

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### 28. Unit Education

Northern Inpatient Diabetes Service: Monday 12:45 Weekly: Endocrinology Unit meeting. Thursday 11:00 Fortnightly: NIDS unit meeting

Dermatology: Weekly teaching in clinic of interesting cases

### 29. Unit Meetings

Northern Inpatient Diabetes Service: Monday 12:45 Weekly: Endocrinology Unit meeting. Thursday 11:00 Fortnightly: NIDS unit meeting

Dermatology: Monthly histopathology meeting

### 30. Research and Quality Improvement

Northern Inpatient Diabetes service: Opportunities for retrospective/prospective research and QA studies. Discuss with Dr Mervyn Kyi and/or Dr Suresh Varadarajan

Dermatology: Opportunities to participate if interested, discuss with head of Department Aaron Robinson

### 31. Career Support

Registrar and Consultants very happy to discuss pathways.

### 32. Medical Students on the Unit

Medical students as part of Northern Hospital clinical school may attend outpatients clinic and inpatient ward rounds.

### 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><b>Personal Leave documentation required:</b></p> <p>For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.</p> <p>For other days absent due to personal illness or injury the doctor is required to provide evidence of illness. To be eligible for payment, the doctor is required to notify the Health Service <b>two hours</b> before the start of their shift, or as soon as practicable.</p>

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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

JMO Tips & Tricks

### 35. Document Status

Updated by	NIDS – Derm	January 2024
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		