

## 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>	Neurology	<b>Non-clinical experience:</b>	(PGY2 only)
<b>PGY Level:</b>	PGY2	<b>Prerequisite learning:</b>	(if relevant)
<b>Term Descriptor:</b>	<i>Neurology and Stroke inpatient care including ward management, admissions, stroke calls and discharge planning. Will include neurological procedures including lumbar puncture. Regular attendance at Radiology and unit academic meetings. Residents will be rostered to deliver one unit academic presentation during the term. Regular multidisciplinary meetings with ward allied health and nursing staff. Regular Quality meeting attendance (2 per term)</i>		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Performs an accurate, appropriate and person centred physical and/or mental state examination.
	Domain 2	Works effectively as a member or leader of the interprofessional team and positively influences team dynamics.
	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	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<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	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	Applies the principles of safe prescribing, particularly for drugs with a risk of significant adverse effects, using evidence-based prescribing resources, as appropriate.
<i>EPA4: Team communication – documentation,</i>	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Demonstrates professional conduct, honesty and integrity.

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handover and referrals	Domain 3	Acknowledges and addresses individual racism, their own biases, assumptions, stereotypes and prejudices and provides care that is holistic, and free of bias and racism.
	Domain 4	Maintains records to enable optimal patient care and secondary use of the document for relevant activities such as adequate coding, incident review, research or medico-legal proceedings.

### 3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<p>☒ 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>☒ 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>☒ 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>☒ 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>☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p>☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p>☒ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p>☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p>☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.</p> <p>☒ 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>☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p>☒ 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>☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 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>☒ 3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals</p>	<p>☒ 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>☒ 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p>☒ 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>☒ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.</p>

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		(including Aboriginal Health Workers, practitioners and Liaison Officers).	
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### 4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	<i>Dr Chiu Kang</i>	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	<i>Dr Matthew Ligtermoet</i>	Acting Head of Neurology Unit	Matthew.Ligtermoet@nh.org.au
Clinical Supervisor (primary)	<i>Ward service consultant</i>	Consultant Neurologist	Click or tap here to enter text.
Cinical Supervisor (day to day)	<i>Ward Service consultant and Registrar</i>	Consultant Neurologist or Neurology/General Medicine Advanced Trainee	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 Advanced Trainees</li> <li>• Click or tap here to enter name and role</li> </ul>		

### Team Structure - Key Staff

Name	Role	Contact
Dr Matt Ligtermoet	Acting Head of Neurology Unit	Matthew.Ligtermoet@nh.org.au
Nadine Stowell	NUM Ward 21	Click or tap here to enter text
Anne Rodda	Stroke Nurse Practitioner	Click or tap here to enter text
Liz Mackey	Stroke Nurse Practitioner	Click or tap here to enter text
Ward service consultants	Click or tap here to enter text.	Click or tap here to enter text

### 5. Attachments:

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

### 6. Accreditation details (PMCV use only)

<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.

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<b>Number of accredited posts:</b>	PGY1: number	PGY2: number
<b>Accredited dates:</b>	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
	Click or tap here to enter text.	09:00 Multidisciplinary meeting			09:00 Multidisciplinary meeting	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
	15:00 Unit MDM	Click or tap here to enter text.	12:00 Radiology meeting 15:00 Unit MDM	12:00 Unit Academic meeting 12:30 – 13:30 HMO education 15:00 Unit MDM	Click or tap here to enter text.	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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Neurology	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg	0800-1700	0800-1700	0800-1700	0800-1300	0800-1700			0800-1700	0800-1700	0800-1700	0800-1300	0800-1700		
			OnC PoC On Call Neurology	Registrar Training Time	OnC PoC On Call Neurology Weekend					OnC PoC On Call Neurology	Registrar Training Time			
											OnC PoC On Call Neurology			
<b>Neurology Advanced Trainee 2</b>														
Reg	0800-1700	0800-1700	0800-1300	0800-1700	0800-1700			0800-1700	0800-1700	0800-1300	0800-1700	0800-1700		
		OnC PoC On Call Neurology	Registrar Training Time						OnC PoC On Call Neurology	Registrar Training Time				
<b>Neurology Registrar</b>														
Reg	0800-1700	0800-1700	0800-1700	0800-1700	0800-1300	0800-1300	0800-1300	0800-1700	0800-1700	0800-1700	0800-1700	0800-1300		
	OnC PoC On Call Neurology	Registrar Training Time		OnC PoC On Call Neurology		OnC PoC On Call Neurology Weekend	OnC PoC On Call Neurology Weekend	OnC PoC On Call Neurology				Registrar Training Time		
<b>Neurology HMO 1</b>														
HMO				0800-2030	0800-2030	0800-1600	0800-2030	0800-2030	0800-2030	0800-1700				
<b>Neurology HMO 2</b>														
HMO	0800-2030	0800-2030	0800-1700								0800-2030	0800-2030	0800-1600	0800-2030
<b>Neurology Stroke HMO</b>														
HMO	0800-1700	0800-1700	0800-1700	0800-1700	0800-1200			0800-1700	0800-1700	0800-1700	0800-1700	0800-1200	0800-1200	0800-1200

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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 <a href="#">link</a> 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.

Location	Ward 21
Facilitator	Douglas Crompton/Matt Ligtermoet
Date	First day of each term
Start	08:00

### 11. Unit Overview

Department	Neurology
Location	Ward 21
Inpatient Beds	10 -30 based on inpatient numbers
Outpatients Clinics	11/week (HMOs not required to attend OP)
Day Procedures	Lumbar punctures in Day Medical Unit (as required)
Virtual Unit	N/A

### 12. Safety

Unit Specific Safety & Risks

- Lumbar puncture safety and precautions (universal precautions to avoid needle stick injuries)

### 13. Communication

Medtasker	Yes
WhatsApp	Group for non-patient related communication
Pager	Yes (various numbers)
MS Teams	Yes (Neurology/Stroke group access arranged at commencement of rotation)

### 14. Handover Process

Morning	Handover from night ward cover/consultant and registrar on call
Afternoon	5pm handover to Neurology/stroke resident 800-2000 role
Night	2000 handover to night ward cover/peri-op medical registrar for stroke calls (HMO2)

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15. Shift Structure			
	HMO 1 (M-F 0800 - 1700)	HMO 2 (Thursday – Wednesday 0800-2000)	Registrar
Day	Ward work	Ward work	Ward work/ clinic
Afternoon	Ward work	Ward work	Ward work/ clinic
Night	N/A	Stroke call/ward cover 1700-2000	On call as per roster
Weekend	0800-1300 (1 in 4 weekends)	0800 -1600/2000	1 in 4 weekends

16. Shift Roles & Responsibilities			
	HMO 1	HMO 2	Registrar
Day	As above	As above	As above
Afternoon	As above	As above	As above
Night	As above	As above	As above
Weekend	As above	As above	As above

17. Common Conditions	
Stroke – Ischaemic and haemorrhagic, Sub-arachnoid haemorrhage Neurology – neuropathies, headache, central nervous system conditions (inflammatory, infective and malignant), epilepsy, functional neurological disorders, auto-immune neurological conditions	

18. Common Procedures	
Lumbar puncture IV cannulation NG insertion IDC insertion	

19. Clinical Guidelines	
The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines <a href="https://intranet.nh.org.au/applications/">https://intranet.nh.org.au/applications/</a> 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 - <a href="https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/">https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/</a>  Acute stroke protocols stroke calls, thrombolysis administration, referral for endovascular clot retrieval ( ECR)	

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20. Routine Orders	
Pathology	Will vary based on condition being managed
Radiology	CT brain, CT stroke protocol, MRI B and spine
Pharmacology	Anti-epileptic medications, Secondary prevention medications for stroke ( anti-platelets/anticoagulation, statins, Anti hypertensives)

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.</p> <p>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>

22. Documentation	
Admission	EMR admission note
Ward Rounds	EMR progress note (may use neurology specific note to aid in documenting examination)
Discharge Summary	Via standard EMR discharge summary
Outpatient Clinics	Via CPF note
CDI Queries	
Death Certificates	<p>Via Birth, deaths and marriages website (need to arrange login/register online)</p> <p><a href="https://www.bdm.vic.gov.au/medical-practitioners">https://www.bdm.vic.gov.au/medical-practitioners</a></p>
Coroners	<p>Discuss with registrar/consultant if unsure if needs to be coroner's case, if still unsure contact coronial admissions on 1300309519 to discuss (use this number to refer to coroners if this is required)</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>



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23. Referrals	
Internal	Via med tasker/phone call to relevant team
External	Urgent referrals to other centres – discuss with relevant teams on phone Non-urgent referrals – send paper/electronic referral as per requirements of referral hospital

24. Clinical Deterioration	
Escalation Process	In hours: registrar After hours: Registrar/consultant on call in first instance
Pre-Met	Attend and manage as appropriate for condition (discuss with senior staff as above)
Code	Attend and manage as appropriate for condition (discuss with senior staff as above)

25. Night Shift Support	
Unit	Registrar/consultant on call
Periop	For stroke calls 2000-0800, peri-op med reg will attend
Take 2 @ 2	N/A

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training	
<ul style="list-style-type: none"> <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 of 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>	

28. Unit Education	
Weekly Resident teaching (Tuesdays 12-1230PM)	

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### 29. Unit Meetings

Neuro-radiology meeting Wednesdays 1200-1300  
Neurology academic meeting Thursdays 1200-1300

### 30. Research and Quality Improvement

CUSP (quality and safety meeting) every 2 months  
Opportunities to produce case reports regarding selected patient presentations

### 31. Career Support

Mentoring regarding career pathways in Neurology

### 32. Medical Students on the Unit

Rotating MD2 and MD4 students

### 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.</p> <p>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

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### 35. Document Status

Updated by	Dr Matt Ligtermoet	14/12/2023
Reviewed by	Dr Natina Monteleone	23/01/2024
Next review date		