Northern Health

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**:	Choose an item.
Speciality/Dept.:	Orthopaedic Surgery	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)*
Term Descriptor:	*Orthopaedic surgical term involving day-to-day care of surgical patients on the ward under the direct supervision of the unit registrar. Appropriate ordering of investigations and radiology. Includes attendance in the operating theatre and clinic and weekly unit orthopaedic meetings and M&M meetings. Work as part of a multi-disciplinary team, including ortho-geriatrics and allied health.*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Initiates appropriate, focused and basic investigations.
	Domain 2	Works effectively as a member or leader of the interprofessional team and positively influences team dynamics.
	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	Advocates for and actively participates in quality improvement activities including incident reporting.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Initiates a timely structured approach to management, actively anticipates additional requirements and seeks appropriate assistance.
	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	Complies with escalation protocols and maintains up-to-date certification in advanced life support appropriate to the level of training.
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	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	Prescribes in accordance with institutional policies, including policies on antibiotic stewardship.
EPA4: Team communication – documentation,	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.

handover and referrals	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	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*
☒ 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. *☒ 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.* *☒ 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* *☒ 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* *☒ 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness* *☒ 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.* *☐ 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team* *☒ 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically* *☒ 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.* *☒ 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making*	*☒ 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.* *☒ 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.* *☒ 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.* *☒ 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.* *☒ 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.* *☒ 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.* *☒ 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.* *☒ 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.*	*☒ 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* *☒ 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients 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.* *☒ 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.* *☐ 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.* *☐ 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.* *☒ 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*	*☒ 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.* *☒ 4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.* *☒ 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.* *☐ 4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.*

		(including Aboriginal Health Workers, practitioners and Liaison Officers).	

4. Supervision details:			
Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Dr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Juliette Gentle***	Head of Unit	Juliette.Gentle@nh.org.au
Clinical Supervisor (primary)	***Dr Juliette Gentle***	Head of Unit	Juliette.Gentle@nh.org.au
Cinical Supervisor (day to day)	***Registrar***	Click or tap here to enter text.	Click or tap here to enter text.
EPA Assessors *Health Professional that may assess EPAs*	• All Consultants • All Registrars • Click or tap here to enter name and role		

Team Structure **- Key Staff**		
Name	**Role**	**Contact**
Dr Juliette Gentle	Head of Unit	Juliette.Gentle@nh.org.au
Unit Registrars	Click or tap here to enter text.	Click or tap here to enter text
Unit NUM	Click or tap here to enter text.	Click or tap here to enter text
Ortho-geriatrician registrar	Click or tap here to enter text.	Click or tap here to enter text
Physiotherapy	Click or tap here to enter text.	Click or tap here to enter text

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details ***(PMCV use only)***	
Accreditation body:	Click or tap here to enter text.
Accreditation status:	Click or tap here to enter text.
Accreditation ID:	Click or tap here to enter text.

Northern Health

Term Description – Handbook – ROVER

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.	07:00 Orthopaedic unit meeting Consultant WR Ortho clinic	Click or tap here to enter text.	07:00 Orthopaedic complication meeting/ education Consultant WR	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.	12:30 – 13:30 HMO Education	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Evening	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	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.
Hours	Total	Total	Total	Total	Total	Total	Total

Accredited Ortho Registrar 1	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Reg 1	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		

		OnC PoC Orthopaedic Oncall						OnC PoC Orthopaedic Oncall						
Reg 2	0730-1730	0730-1730	0730-1730	0730-1730	0730-1300	0730-1300	0730-1700	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
	OnC PoC Orthopaedic Oncall				OnC PoC Orthopaedic Oncall	OnC PoC Ortho OnCall Saturday	OnC PoC Orthopaedic Oncall		OnC PoC Orthopaedic Oncall					
Unaccredited Ortho Registrar 1														
Reg 1	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
				OnC PoC Orthopaedic Oncall							OnC PoC Orthopaedic Oncall			
Reg 2	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1230	0730-1730	0730-1300	0730-1700
			OnC PoC Orthopaedic Oncall							OnC PoC Orthopaedic Oncall		OnC PoC Orthopaedic Oncall	OnC PoC Ortho OnCall Saturday	OnC PoC Orthopaedic Oncall
Reg 3	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
Reg 4	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
Ortho/Plastics Registrar														
Reg	0900-1730	0700-1600	1000-2100	0700-1600	0700-1600			0900-1730	0700-1600	1000-2100	0700-1600	0800-1330		
Ortho HMO1														
HMO 1	0700-1400	0700-1700	1300-1800	0700-1300	0700-1700			0700-1400	0700-1700	1300-1800	0700-1300	0700-1700		
HMO 2	0700-1730	0630-1330	0700-1700	0700-1700				1330-2100	1330-2100			1330-2100	0730-1300	0730-1700
HMO 3	0630-1330	0630-1330			0700-1700	0730-1300	0730-1700	0630-1530	0630-1700	0630-1700		0700-1600		
HMO 4	0700-1730	0700-1730	0700-1730		0700-1700			0700-1730	0630-1330	0700-1700	0700-1700			
Ortho Intern														
Intern	0630-1330	0700-1600		0630-1730	0700-1700			0630-1330	0700-1600		0630-1730	0630-1730		

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	Outpatient Clinic A
Facilitator	J. Gentle / S. Asadollahi
Date	First Monday of term
Start	10.30 am

11. Unit Overview	
Department	Orthopaedics
Location	Ward 19
Inpatient Beds	
Outpatients Clinics	Monday AM (Registrar post-op) Tuesday AM (Consultant Clinics) Tuesday All-Day (Fracture Clinic) Wednesday PM (Registrar post-op)
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Staff Specific Risks – Radiation Safety: when XR is used in theatre, ensure you are wearing a lead apron. Speak to your registrar if you have not been in theatre before.

Patient Specific Risks – elderly trauma patients, especially those with #NOF are vulnerable, and co-managed with Orthogeriatric team (OARS)

- Safe medication prescribing – care with opioid medications
- Falls
- Pressure injuries
- Delirium

13. Communication	
Medtasker	Yes
WhatsApp	Team Whatsapp / HMO Whatsapp
Pager	

MS Teams	MS Teams for Unit Meetings

14. Handover Process	
Morning	Handover on Ward 19, Orthopaedic Office
Afternoon	Handover to covering HMO if on a half day
Night	Handover to Covering HMO

15. Shift Structure			
	Intern	HMO	SHMO
Day	5 days	Rotating roster	5 days
Afternoon	Half day Wednesday	Days, or afternoon / evenings	Half, varies
Night	No rostered night shifts	No rostered night shifts	No rostered night shifts
Weekend	No weekends	1 in 4, Half day Saturday, full day Sunday	1 in 4, Half day Saturday, full day Sunday

16. Shift Roles & Responsibilities			
	Intern	HMO	SHMO
Ward	Daily ward round, supported by HMOs and registrars	Daily ward round, supported by SHMO and registrars **Ward Resident** General ward duties. Make sure you do a paper round with one of the registrars at the end of the day (4-5PM) Prepare and present complications meeting on Thursday morning Follow up plan. Look at the op notes As a general rule… All patients who had an operation need a 2 week wound review – clinic or GP. All patients will have a review at 6 weeks post op with their surgeon and will need an XR on the same day prior to seeing their surgeon. Generally, there are no follow up for Neck of femur fractures – the exception are for subcapital Neck of femur fractures that were treated with a DHS – need 6	Daily ward round, supported by registrars

		week follow up due to the risk of avascular necrosis. **Twilight Resident** Monday afternoon, Tuesday afternoon, Friday afternoon, Saturday morning, Sunday all day Ensure medications are added to the med charts Regular meds Cephazolin 1g TDS for three doses (2g if large body habitus) Regular Coloxyl and Senna + Movicol (2 satchets BD) Clexane + foot pumps Fill out a post op XR +/- bloods for day 1 post op (FBE, UECs): sometimes these are already completed by the registrar in theatre The bigger operations (THR, TKR) need day 1 + 3 post op bloods. Check if patient's need a post op XR (POXR) Ensure all hard copies of pre-op templating films for joint replacement (hip, knee) and neck of femur fractures being treated with a hemiarthroplasty or total arthroplasty, are requested from radiology and printed. Collect hard copies from radiology and store on the ortho desk outside theatre 6. Mark and check consent is correct for all pre-op elective patients before they are taken to the anaesthetics holding room. Check skin over operative sites and feet for tinea. Morning theatre lists at 8AM (except Wed at 730AM) and afternoon lists at 1230PM. In theatre, set up their XRs on the XR box or have them up on synapse. Also have their patient history up on the computer. Prepare discharge summaries, outpatient follow-up and scripts for all day cases. You also need to call up all pre-op patients for the next week and tell them	

		to bring in their external images if there are no images on synapse. Prepare and present XR meeting on Tuesday morning	
Clinic	As rostered	**Clinic Resident** Clinic Monday AM, Tuesday all day, Wednesday PM. Also works on the ward on Friday Helps ward resident when there isn't clinic For each patient -> check post op orders, follow up, post op plan and where they fit into it, examination: NV status, tenderness, ROM 2/52 wound review Assess if infected → if clean, take out sutures + apply new dressing 6/52 post-op review by consultant who did the operation Some patients will need XR before clinic	As rostered
Theatre	As rostered	As rostered	As rostered
Weekend	No weekends	As rostered	

17. Common Conditions

1) Trauma Patients – from paediatric to elderly patients.
2) Planned Surgery Patients – TKR / THR / ACL / Shoulder procedures

18. Common Procedures

Ward Procedures – IVC / IDC / Joint aspiration
Plastering – you will get an opportunity to learn some plastering techniques on the ward, in clinic and in theatre
Surgical procedures – assisting with surgery, suturing, performing some simple procedures depending on your level of experience.

19. Clinical Guidelines

The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines
https://intranet.nh.org.au/applications/
ETG- Electronic Therapeutic Guidelines
AMH- Australian Medicines Handbook
Up to Date

PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet -

https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/

20. Routine Orders	
Pathology	Larger procedures require routine post-op bloods – discuss with reg prior to ordering
Radiology	No all procedures require post-op XR – discuss with reg prior to ordering, and ensure correct imaging is requested
Pharmacology	Perioperative IV Antibiotics – discuss with registrar Post-op Analgaesia – in conjunction with APS (Actute Pain Services) and OARS Eperients / Antiemetics – used frequently

21. IT Programs	
EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php 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 https://emr.nh.org.au/ 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. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.
CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation	
Admission	Admissions are mostly via ED (Trauma patients) or admitted via DPU (Planned surgery). At times, patients will be admitted directly to the ward via Outpatient Clinics
Ward Rounds	Use the ward round workflow on EMR
Discharge Summary	Use the discharge workflow on EMR. Signing and submitting will send an electronic copy to the GP and upload to My health record
Outpatient Clinics	Outpatient clinic documentation remains on CPF. If you are seeing patients in clinic, you will need to refer to EMR for Operation details and inpatient notes

CDI Queries	To ensure accurate and comprehensive documentation in real-time, the Clinical Documentation Specialist (CDS) will identify any deficiencies in documentation in the healthcare record and will query these via Medtasker. These will show up as "CDI Query". Please action these queries by documenting in the healthcare record. This can be done by documenting: • on an electronic progress note in EMR by noting "CDI query response", and/or • on the discharge summary in EMR
Death Certificates	https://www.bdm.vic.gov.au/medical-practitioners
Coroners	https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals	
Internal	Referrals to all clinics are made electronically ……XXXX… You will need to put in a refer all inpatients for their 2 and 6 week clinic appointments prior to discharge
External	N/A

24. Clinical Deterioration	
Escalation Process	Check GOPC / contact unit registrar if available or AGSU registrar
PreMet	Resident review
Code	As per Code Blue procedure

25. Night Shift Support	
Unit	N/A
Periop	N/A
Take 2 @ 2	N/A

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

27. Mandatory Training

- Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
- Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. 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

Thursday Morning M&M / Complications meeting – case discussions and an opportunity for you to present a topic.
Tuesday Unit Meeting – 2-monthly case conferences for registars to present.
Orthopaedic Journal Club – 3rd Wednesday of each month, held off-site after hours (7-9.30pm) You will have an opportunity to present.
Journal club is on every 4 weeks, you will be expected to present a journal assigned to you. Journal Club occurs after-hours, offsite. Articles will be allocated, and location will be determined a couple of weeks prior.

29. Unit Meetings

Tuesday 7am – Unit Meeting, held in TNH Lecture Theatre
Thursday 7am – Complications Meeting, held in Theatre Tutorial Room

30. Research and Quality Improvement

ANZHFR: Hip fracture registry. You will be required to participate in filling in the Orthopaedic part of the registry information. Sarah Burns is Research Nurse and will help with what is required.

Research: Dr Justin Wong is Orthopaedic Director of research. It is expected that you will be involved with a research project, and will be supported to participate; there are a number of ongoing projects. New ideas are also welcomed. Dr Vicky Katsogiannis is research co-ordinator and a very helpful resource for everything related to Research

31. Career Support

Discuss with HOU – Juliette Gentle, your registrars or any of the consultant with whom you feel comfortable talking to.

32. Medical Students on the Unit

At various times during the year MD students will be attached to the Unit.
Please involve them in Unit day to day activities, and ensure they have some time allocated to theatre and clinics as well as helping with Ward duties.
Occasionally an Elective student will join the unit. Their involvement will mirror those of medical students.

33. Rostering

Shift Swap	The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague.

<table>
<tr><td></td><td>All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior.
All shift swaps should be like hours for like hours.
Proposed shift swaps must be emailed to your MWU coordinator for approval.</td></tr>
<tr><td>Unplanned Leave- Notification and documentation process</td><td>Personal Leave documentation required:
For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave.
For other days absent due to personal illness or injury the doctor is required to provide evidence of illness.
To be eligible for payment, the doctor is required to notify the Health Service <u>two hours</u> before the start of their shift, or as soon as practicable.
<table>
<tr><td>In hours Monday to Friday
0730 - 1630</td><td>Step 1:
Medical Workforce Reception
8405 8276</td><td>Step 2:
Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr>
<tr><td>After hours Monday to Friday
Between 1630 – 2200

After hours Monday to Friday
Between 2200-0730</td><td>Step 1:
Between 1630 – 2200
Medical Workforce On-call Phone
0438 201 362

Between 2200-0730
Hospital / After Hours Coordinator
(8405 8110 or via switch)</td><td>Step 2:
Notify unit (at a suitable time)</td><td>Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.</td></tr>
<tr><td>In hours Weekends & Public Holidays
0700 - 2200</td><td>Step 1:
Medical Workforce On-call Phone
0438 201 362</td><td>Step 2:
Notify</td><td>Please ensure you notify both MWU & your unit</td></tr>
<tr><td>After hours Weekends & Public Holidays
2200-0700</td><td>Step 1:
Hospital / After Hours Coordinator
(8405 8110 or via switch)</td><td>Step 2:
Notify unit</td><td>Please ensure you notify both MWU & your unit</td></tr>
</table>
</td></tr>
<tr><td>Overtime</td><td>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.</td></tr>
</table>

34. JMO Rover

HMO's run off a 3 weekly rotating roster: Ward, Twilight, Clinics
The intern runs off a weekly roster: Monday, Tuesday, Thursday, Friday on the ward or wherever required. Wednesday, Saturday and Sunday off.

Miscellaneous Jobs

- Templating X-ray request form
  - These are needed for all patients getting a knee and hip replacement, and all neck of femur fractures being treated with a hemiarthroplasty of a full arthroplasty.
  - Hard copies are needed for the surgeons to draw and measure the right size equipment.
  - Fill out the patients from the Pre-op list in the google drive, or generate a theatre list for the week on iPM and go from there.

  - Take it to radiology.
  - Ensure x-rays are printed and brought to the Ortho office
  - Aim to do this after the XRM
- ANZHER Research Forms
  - For every NOF that comes through ED
  - Folder in behind the middle computer in Doctors write-up room
  - Update info for every NOF.
- X-ray meeting
  - See below
- Complications meeting
  - Whenever there is a complication, add it into the complications list on Google Drive and the "complications" section of SINS
  - Complications incl. MET calls, AKI, UTI, retention, wound ooze, wound infection, intra-op or post-op transfusions, re-operations, dislocations of prostheses, theatre cancellations, etc.
  - Presented at the Thursday 0700 meeting.
  - Complications are presented from Fri-Thurs of previous week.
  - Update PowerPoint presentation
- Ward round templates
  - The ward round is quick
  - Print out a template (Locations: My computer – J drive – surgical – ortho – ward round notes) onto a stack of progress notes, into Tray 3 of the printer face up and print (set tray to 3). Try pre-round for stickers and obs

XRM:

- Every Tuesday at 0700 in Lecture Room (Beside the library)
- HIGHLY recommended to arrive at 630am to set up as the expectation is to start at 0700
- Need to print Post op trauma, Post op Electives and Pre op elective lists (see prepping lists)
- Structure of meeting on the day: In patient handover > XRM > Trauma List > Discussion case (if any)
- Allowed to claim overtime for prepping meeting

Prepping XRM List:

- Microsoft Teams > Orthopaedic Ward > File > XR Meetings > click relevant month/year
- ALWAYS copy last week's list and edit that one (ie do not edit over previous list, we need it for audit purposes)
- 3 tabs: post op trauma, post op electives, pre op electives
- Format/Font doesnt matter, as long it is consistent
- POST OP TRAUMA/ELECTIVES: Always cover 1 week worth (Monday of week before, to sunday eg 09/10/23 - 15/10/23) Check trauma list 'completed trauma' tab and add patients from there (check surgery dates). Also check theatre calendar (link in trauma list, at the end of list, next to coffee orders).
- Theatre calendar: will also include both trauma and elective cases. Cases with blank under operation name are trauma cases. Cases with an operation name are electives. Always check both completed trauma and calendar as calendar does not always capture all random traumas that happen.

- Check EMR/CPF to confirm that the surgery actually happened and what exactly was performed ie post ops should NOT have +/- in their title eg 'arthroscopy +/- meniscus repair'.
- Email Jo from bookings to get PIP List (Public in Private) for previous week (Joanne.Christou@nh.org.au). These need to be added to post op Electives.
- Blue row means Northpark Private (NPP), Orange row means list done at BHS, Purple are for lists done at TNH.
- Yellow highlighted patients means no post op image to show - if unsure ask regs/SRMO
- PRE OP ELECTIVES: Cover Tuesday (day of meeting) to Friday of following week (eg 17/10/23 - 27/10/23).
  -Mainly rely on the calendar for this one

  -Always check again at 5pm the day before meeting as elective bookings tend to add last minute bookings.

  -Check work email as bookings will notify you sometimes if last minute changes are made (They may email the SRMO or Reges instead, check in with them if they got anything)
- Once list completed, let the presenting Reg know so they can edit/format the list and the reg generally will send it to the attendees.
- Occasionally Reg may ask you to convert list to PDF and send the meeting link to attendees (see sending meeting email)

Prepping for Complications Meeting:

- Teams > Ortho ward > File > Audit > Q2 complications.
- Instructions on first few slides
- Templates are there to copy and paste
- Resident making presentation also presents
- Consultant name is the surgeon who operates, not the one who they were admitted under.
- If no operation, use admitting consultant name
- Keep up to date by adding any complications to WhatsApp group 'NH Ortho Complications' - it is the responsibility of ALL team members to contribute to this.
- Email Teams link the night prior (this is the HMO/SRMO responsibility). It's the same link every week.
- Email list:
  - saeedasadollahi@yahoo.com
  - Paula.Heaphy@nh.org.au
  - Juliette.Gentle@nh.org.au
  - brooke@driessen-net.com
  - aziz.rawal@hotmail.com
  - and the new registrars each term

- Teams link: https://teams.microsoft.com/l/meetup-join/19:fdd546dddc2949b3a95608dd1aa9d12d@thread.tacv2/1645606858365?context=%7B%22Tid

%22:%22267e9025-f7e4-417e-9543-24476e665a69%22,%22Oid%22:%2283f3d82e-4fb3-4519-b1f0-cf1804431b20%22%7D

XR meeting preparation

Make the XR meeting list

Click on J-drive → surg→ortho → x-ray meeting → appropriate date

There are 4 groups to the XR meeting:

- post-op trauma (preceding Monday to Sunday)
- post-op electives (preceding Monday to Sunday)
- Pre-op (from day of meeting to 2 weeks into the future)
- Discussion (found in the google drive)

Populate these groups into 4 tables.

Information to populate these lists are found on the "NH bookings" file in the Google Drive.

Copy and paste into excel.

Create these images in Synapse.

Create a new folder in synapse

Folder → conferences → orthopaedics → right click → name "year, month, date"

- Create 4 folders
  - 01. Post-op trauma
  - 02. Pre-op electives
  - 03. Post op electives
  - 04. Discussion
- Put the images on view
- Dropdown → save instance protocol → tick box "create shortcut" → put in folder: conferences – orthopaedics – date of XR meeting – appropriate folder – green button.

Good documentation is critical to provide an accurate record of the patient's stay in hospital, decision making processes and rationale and handover between the multiple clinicians engaged in the patient's care. Remember - "if it is not documented, it didn't happen". Your documentation is also vital for 'clinical coding', which is necessary for Department of Health data reporting and hospital financial reimbursement.

35. Document Status		
Updated by	Dr Juliette Gentle	December 2023
Reviewed by	Dr Natina Monteleone	23/01/2024
Next review date		