pmcv Term Description

1. Term details:					
Health Service:	Northern Health	Term duration:	Maximum: 13 weeks		
Location/Site:	Northern Hospital Epping	Clinical experience -	C: Acute and critical illness patient		
Location/Site.		Primary:	care		
Parent Health	Northern Health	Clinical experience -	A: Undifferentiated illness patient		
Service:		Secondary:	care		
Speciality/Dept.:	Paediatrics	Non-clinical	(PGY2 only)		
эресіанту/ Берт		experience:	(1 012 011)		
PGY Level:	PGY2	Prerequisite learning:	(if relevant)		
	Paediatric HMOs rotate through the Children's Unit and Neonatal Unit. HMOs are closely supervised				
	by paediatric registrars, and their duties include day to day care of children, supervised attendance at				
Term Descriptor:	deliveries to gain experience in neonatal resuscitation, assessment of children on referral from the				
	Emergency Department and attendance at outpatient clinics. Procedural skills to learn include				
	venepuncture, intravenous cannula insertion, and urine specimen collection.				

2. Learning c	bjectives:	
	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
EPA1: Clinical Assessment	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.
	Domain 1	Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures.
EPA2: Recognition	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
and care of the acutely unwell patient	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
	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
EPA3:	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
Prescribing	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.
EPA4: Team communication – documentation,	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Appropriately prioritises the creation of medical record entries.
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	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.
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Domain 1: The prevocational doctor spractitioner	Domain 2: The prevocational		
	doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocationa doctor as a scientist and schold
${box{3}}$ 1.1 Place the needs and safety at the	⊠ 2.1 Demonstrate ethical behaviours	⊠ 3.1 Incorporate disease prevention,	igtiarrow 4.1 Consolidate, expand and
entre of the care process, working within	and professional values including	relevant health promotion and health	apply knowledge of the aetiology,
tatutory and regulatory requirements and	integrity, compassion, self-awareness,	surveillance into interactions with	pathology, clinical features, natur
uidelines. Demonstrate skills including	empathy, patient confidentiality and	individual patients, including screening	history and prognosis of common
ffective handover, graded assertiveness,	respect for all.	for common diseases, chronic	and important presentations in a
elegation and escalation, infection control,		conditions, and discussions of	variety of stages of life and
nd adverse event reporting.	2.2 Identify factors and optimise personal wellbeing and professional	healthcare behaviours with patients	settings.
oxtimes 1.2 Communicate sensitively and	practice, including responding to fatigue,	igtitarrow 3.2 Apply whole-of-person care	⊠ 4.2 Access, critically appraise
ffectively with patients, their family and	and recognising and respecting one's own	principles to clinical practice, including	and apply evidence form the
arers, and health professionals, applying	limitations to mitigate risks associated	consideration of a patients physical,	medical and scientific literature to
he principles of shared decision-making and nformed consent.	with professional practice.	emotional, social, economic, cultural and spiritual needs and their	clinical and professional practice.
	Ø 2.3 Demonstrate lifelong learning	geographical location, acknowledging	🖾 4.3 Participate in quality
igtiarrow 1.3 Demonstrate effective, culturally safe	behaviours and participate in, and	that these factors can influence a	assurance and quality improvement
nterpersonal skills, empathetic	contribute to, teaching, supervision and	patient's description of symptoms,	activities such as peer review of
ommunication, and respect within an	feedback.	presentation of illness, healthcare	performance, clinical audit, risk
thical framework inclusive of indigenous		behaviours and access to health services	management, incident reporting
nowledges of wellbeing and health models	Ø 2.4 Take increasing responsibility for	or resources.	and reflective practice.
o support Aboriginal and Torres Strait	patient care, while recognising the limits	_	M 4 4 Domonstrato a knowladaa
slander patient care	of their expertise and involving other professionals as needed to contribute to	Ø 3.3 Demonstrate culturally safe	4.4 Demonstrate a knowledge of evidence-informed medicine an
${ar ar ar M}$ 1.4 Perform and document patient	patient care.	practice with ongoing critical reflection	models of care that support and
ssessments, incorporating a problem-		of the impact of health practitioner's	advance Aboriginal and Torres
ocused medical history with a relevant	\boxtimes 2.5 Respect the roles and expertise of	knowledge, skills, attitudes, practising	Strait Islander health.
hysical examination, and generate a valid	healthcare professionals, and learn and	behaviours and power differentials in delivering safe, accessible and	Strait islander neutril
ifferential diagnosis and/or summary of the	work collaboratively as a member of an	responsive healthcare free of racism	
atient's health and other relevant issues	inter-personal team.	and discrimination.	
${ar ar ar M}$ 1.5 Request and accurately interpret	oxtimes 2.6 Contribute to safe and supportive	oxtimes 3.4 Demonstrate knowledge of the	
ommon and relevant investigations using	work environments, including being aware	systemic and clinician biases in the	
vidence-informed knowledge and principles	of professional standards and institutional	health system that impact on the	
f sustainability and cost-effectiveness	policies and processes regarding bullying,	service delivery for Aboriginal and	
	harassment and discrimination for	Torres Strait Islander peoples. This	
oxtimes 1.6 Safely perform a range of common	themselves and others.	includes understanding current evidence	
rocedural skills required for work as a PGY1		around systemic racism as a	
nd PGY2 doctor.	2.7 Critically evaluate cultural safety	determinant of health and how racism	
	and clinical competencies to improve	maintains health inequity.	
1.7 Make evidence-informed	culturally safe practice and create		
nanagement decisions and referrals using rinciples of shared decision-making with	culturally safe environments for Aboriginal and Torres Strait Islander communities.	igtitarrow 3.5 Demonstrate knowledge of the	
atients, carers and health care team	Incorporate into the learning plan	ongoing impact of colonisation,	
allents, carers and nearth care team	strategies to address any identified gaps	intergenerational trauma and racism on	
${ar ar ar J}$ 1.8 Prescribe therapies and other	in knowledge, skills, or behaviours that	the health and wellbeing of Aboriginal	
roducts including drugs, fluids, electrolytes,	impact Aboriginal and Torres Strait	and Torres Strait Islander peoples.	
nd blood products safely, effectively and	Islander patient care.	oxtimes 3.6 Partner with the patient in their	
conomically		healthcare journey, recognising the	
	oxtimes 2.8 Effectively manage time and	importance of interaction with and	
$ar{arsigma}$ 1.9 Recognise, assess, communicate and	workload demands, be punctual, and	connection to the broader healthcare	
scalate as required, and provide immediate	show ability to prioritise workload to	system. Where relevant, this should	
nanagement to deteriorating and critically	manage patient outcomes and health	include culturally appropriate	
nwell patients.	service functions.	communication with caregivers and	
1 10 Appropriately use and adapt to		extended family members while also	
$\overline{\mathcal{A}}$ 1.10 Appropriately use and adapt to		including and working collaboratively	
ynamic systems and technology to acilitate practice, including for		with other health professionals	



documentation, communication,		(including Aboriginal Health Workers,	
information management and supporting		practitioners and Liaison Officers).	
decision-making			

4. Supervision details:					
Supervision Role	Name	Position	Contact		
Term Supervisor	Dr David Tran	Divisional Director Women & Children's	David.tran2@nh.org.au		
Term Supervisor	Dr Wei Qi Fan	Head of Neonatal Unit	WeiQi.Fan@nh.org.au		
Term Supervisor	Dr Rami Subhi	Head of Paediatric Unit	Rami.Subhi3@nh.org.au		
Term Supervisor Dr Kelvin Chapakwenda		Paediatrician/Neonatologist	Kelvin.Chapakwenda@nh.org.au		
EPA Assessors Health Professional that may assess EPAs	 All Consultants Click or tap here to enter name and role Click or tap here to enter name and role 				
Team Structure - Key S	Staff				

Name	Role	Contact	
Dr Wei Ling Lean	Paediatrician/Neonatologist	Weiling.lean@nh.org.au	
Dr Jim Goutzamanis	Paediatrician	Jim.Goutzamanis@nh.org.au	
Dr Shane O'Dea	Paediatrician	Shane.ODea@nh.org.au	
Dr Kirsty Walsh	Paediatrician	Kirsten.Walsh@nh.org.au	
Dr Tejas Doctor	Paediatrician/Neonatologist	Tejas.Doctor@nh.org.au	

5. Attachments:	
R-over document	https://media.northerndoctors.org.au/wp-content/uploads/2023/06/Paediatric-HMO-
	ROVER-June-2013.docx
Unit orientation guide	https://media.northerndoctors.org.au/wp-content/uploads/2023/02/Paediatric-JMS-
	Handbook-January-2023.docx
Timetable (sample in appendix)	Click or tap here to enter url of attachment.

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				

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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 en		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
		Enter Time	Enter Time	Enter Time			Enter Time
	0800-0830	0800-0830	0800-0830	0800-0830	0800-0830	0800-0830	0800-0830
	Consultant	Consultant led	Consultant	Consultant	Consultant	Consultant	Consultant
Morning	led handover	handover	led handover	led handover	led handover	led handover	led
							handover
		Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	12:30 - 13:30	12:30 - 13:30	12:30 - 13:30	12:30 - 13:30	12:30 - 13:30	Click or tap	Click or tap
	Reg/HMO	Journal Club	Unit clinical	НМО	Reg/HMO	here to enter	here to
Afternoon	Teaching		Meeting	Education	Teaching	text.	enter text.
	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap	Click or tap
	here to enter	here to enter	here to enter	here to enter	here to enter	here to enter	here to
Evening	text.	text.	text.	text.	text.	text.	enter text.
Hours	Total	Total	Total	Total	Total	Total	Total



HMO Paediatrics														
HMO 1		1500- 2200 (7)	1230- 2200	1330- 2200	1330- 2200	OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)	0800- 1430	0800- 1700	0800- 1700	0800- 1700	1300- 2200		
				OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)									
HMO 2	0800- 1700	0800- 1700	0800- 1700	0800- 1430	0800- 1700			0800- 1700	0800- 1700	0800- 1700	0800- 1430		OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)
HMO 3	1200- 2200					0800- 2200	0800- 2200	0800- 1700	0800- 1700	0800- 1700	0800- 1430	0800- 1700		
HMO 4	0800- 1700	0800- 1700	0800- 1700	0800- 1500 (7)					0800- 1700	0800- 1700	1330- 2200	OnC SLO C (Sick Leav e On Call)	0800- 1700	0800 1430
											OnC SLO C (Sick Leav e On Call)			
HMO 5				2130- 0830	2130- 0830	2130- 0830	2130- 0830					2130- 0830	2130- 0830	2130 0830
HMO 6	2130- 0830	2130- 0830	2130- 0830					2130- 0830	2130- 0830	2130- 0830	2130- 0830			
HMO 7	0800- 1430	0800- 1700	0800- 1700	0800- 1700	0800- 1700			1400 - 2200	1400 - 2200	1230- 2200	0800- 1600			
	OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)					OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)	OnC SLO C (Sick Leav e On Call)				
HMO Paediatric 9 (SRMO)														
SRMO		0800- 1430	0800- 1700	0800- 1700	0800- 1700							0800- 1330	0800- 2200	0800 2200