

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.:	Plastic Surgery	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	<i>Plastics surgery term involving the admission, ward management and care of plastic surgery patients. Attendance at theatre and clinics.</i>		

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. Initiates appropriate examinations, ordering of investigations, implementation of management plans.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	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	Draws on medical literature to assist in clinical assessments, when required.
<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	Recognises their own limitations and seeks help when required in an appropriate way.
	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	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	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
<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	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: The prevocational doctor as practitioner	Domain 2: The prevocational doctor as professional and leader	Domain 3: The prevocational doctor as a health advocate	Domain 4: The prevocational doctor as a scientist and scholar
<p><input checked="" type="checkbox"/> 1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.</p> <p><input checked="" type="checkbox"/> 1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.</p> <p><input checked="" type="checkbox"/> 1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care</p> <p><input checked="" type="checkbox"/> 1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues</p> <p><input checked="" type="checkbox"/> 1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness</p> <p><input checked="" type="checkbox"/> 1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.</p> <p><input checked="" type="checkbox"/> 1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team</p> <p><input checked="" type="checkbox"/> 1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically</p> <p><input checked="" type="checkbox"/> 1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.</p> <p><input checked="" type="checkbox"/> 1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making</p>	<p><input checked="" type="checkbox"/> 2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.</p> <p><input checked="" type="checkbox"/> 2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.</p> <p><input checked="" type="checkbox"/> 2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.</p> <p><input checked="" type="checkbox"/> 2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.</p> <p><input checked="" type="checkbox"/> 2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.</p> <p><input 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 checked="" type="checkbox"/> 2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.</p>	<p><input checked="" type="checkbox"/> 3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients</p> <p><input checked="" type="checkbox"/> 3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.</p> <p><input 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 extended family members while also including and working collaboratively with other health professionals</p>	<p><input checked="" type="checkbox"/> 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.</p> <p><input checked="" type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input checked="" 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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		(including Aboriginal Health Workers, practitioners and Liaison Officers).	
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4. Supervision details:

Supervision Role	Name	Position	Contact
DCT/SIT	Mr Chiu Kang	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	Mr Nigel Mann	Head of Unit	Nigel.Mann@nh.org.au
Clinical Supervisor (primary)	Allocated Senior Registrar	Click or tap here to enter text.	Click or tap here to enter text.
Cinical Supervisor (day to day)	Allocated Senior Registrar	Click or tap here to enter text.	Click or tap here to enter text.
EPA Assessors Health Professional that may assess EPAs	<ul style="list-style-type: none"> All consultants All registrars Click or tap here to enter name and role 		

Team Structure - Key Staff

Name	Role	Contact
Mr Nigel Mann	Head of Unit	Nigel.Mann@nh.org.au
Consultants	VMO	Click or tap here to enter text
Unit Fellow	Fellow	Click or tap here to enter text
Vicki Malanatinas	Nurse Practitioner	Click or tap here to enter text
Rachel Green/ Sera Hua	NUM ward / ANUM outpatients	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.

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Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval

Reviewed by:	Click or tap here to enter text.	Date: Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date: Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date: Click or tap to enter a date.

Appendix

Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	08:15 – 09:00 Education & Audit	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.	17:30 Surgical Forum	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

Plastics Clinical Fellow	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Fellow	0700-1600		0700-1600		0700-1600			0700-1600		0700-1600		4hrs shift AM		
Accredited Plastics Registrar														
Reg	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
		OnC PoCP lastic s Onca II												

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		Week day												
Unaccredited Plastics Registrar 1														
Reg	0730-1730	0730-1230	0730-1730	0730-1730	0730-1730	0700-1700	0700-1200	0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
	Twilight OT					OnC PoC Plastics Onca II Week day	OnC PoC Plastics Onca II Sunday							
	OnC PoCP Plastics Onca II Week day													
Reg	0730-1730	0730-1730	0730-1230	0730-1730	0700-1700			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
				Twilight OT	OnC PoC Plastics Onca II Week day									
				OnC PoC Plastics Onca II Week day										
Reg	0730-1230	0730-1730	0730-1730	0730-1730	0730-1730			0730-1730	0730-1730	0730-1730	0730-1730	0730-1230		
			Twilight OT											
			OnC PoCP Plastics Onca II Week day											
HMO Plastics 1														
HMO 1	0630-1630	0700-1500	0700-1300		0700-1900				0630-1630		0630-1630	0700-1700	0700-1700	0700-1200
HMO 2	0700-1300	0700-1300	0700-2100	0700-2100				0630-1630	0700-1500	0700-1300		0700-1900		
HMO 3	0700-2100		0630-1630	0700-1300	0700-1300			0700-1300	0700-1300	0700-2100	0700-2100			
HMO 4		0630-1630		0630-1630	0700-1700	0700-1700	0700-1200	0700-2100		0630-1630	0700-1300	0700-1300		

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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: 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	Ward 19
Facilitator	Senior registrar
Date	Monday
Start	07:30

11. Unit Overview

Department	Plastic and Hand Surgery
Location	Ward 19, Clinic D, Main theatres, ED
Inpatient Beds	15
Outpatients Clinics	Every Monday, Tuesday, Thursday & Friday AM and alternate Wednesdays (ie 4.5 sessions per wk)
Day Procedures	Every day 1—15 cases
Virtual Unit	No

12. Safety

1. Ask for advice / escalate if unsure
2. Diligent and thorough hand overs
3. Documentation
4. Work as a team
5. Understand priorities in plastic surgery patient care
6. Read up commonly managed conditions to gain greater knowledge base
7. Keep up to date with mandatory training

13. Communication

Medtasker	Used for communication between intern/HMO and clerical/nursing staff
WhatsApp	Used for communication within the team (ie between intern/RMOs/registrar)
Pager	Held by the intern. For emergencies such as Met calls or preMet
MS Teams	For clinical & audit meetings and also teaching every Friday 8:15am and Ad Hoc for after hours meetings / journal club

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14. Handover Process	
Morning	Night HMO handover to day team intern/HMOs at 7am
Afternoon	<ol style="list-style-type: none"> 1. End of intern shift handover from intern to day HMO 2. End of afternoon huddle with HMOs and registrars 3. End of afternoon handover from plastics day HMO to evening specialty HMO (unless plastics HMO is staying for the twilight in which case this is not needed)
Night	Evening HMO (either plastics or specialty) handover to night HMO

15. Shift Structure			
	Intern	HMO	Registrar
Day	07:00 – 15:30	07:00 – 16:30	07:00 -
Afternoon		16:00 – 21:00	
Night	n/a		
Weekend	n/a		

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar
Day	Ward work admissions / discharges Clinic/ED/theatre if able	Ward work Clinic admissions / discharges ED/theatre if able	Clinic / Theatre On call / ED
Afternoon	Ward/ overrun clinic ED/theatre	Ward/overrun clinic ED/theatre	overrun clinic/ED/theatre
Night	n/a	Ward/ED/theatre	ED/theatre
Weekend	n/a	Ward/ED/theatre	ED/theatre

17. Common Conditions	
Trauma of face, hand, lower limb. Skin cancer. Breast reconstruction.	

18. Common Procedures	
Surgery for trauma of face/hand/lower limb, skin cancer and breast reconstruction. Skin grafts and flaps. Microsurgery.	

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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	FBE C&E LFT CRP, wound swabs, histopathology
Radiology	assess trauma/cancer/tumour/infection/collection with XR, US, CT or other radiology only with senior input (MRI/CT-PET)
Pharmacology	Antibiotics, analgesia, antiemetics, aperients, DVT prophylaxis, IV fluids anticoagulants in certain microsurgical settings

21. IT Programs

EMR	<p>The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment</p> <p>EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php</p> <p>Training is compulsory; you will need to complete the elearning within the first week of commencing.</p> <p>Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/</p> <p>When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well.</p> <p>EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.</p>
CPF	<p>The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023.</p> <p>Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/</p>
PACS	<p>XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon</p> <p>This is where you can find radiology images</p>
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation

Admission	Intern/HMO with senior oversight On EMR
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Ward Rounds	Whole team On EMR
Discharge Summary	Intern/HMO On EMR
Outpatient Clinics	Whole team On CPF
CDI Queries	Registrar
Death Certificates	Intern/HMO https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Intern/HMO https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals

Internal	Outgoing -- made by registrar, can be documented by intern/HMO after instruction from registrar Incoming – seen by registrar
External	Incoming – seen by registrar or by HMO and then discussed with registrar Outgoing – made by registrar, can be documented by HMO/intern after instruction from registrar

24. Clinical Deterioration

Escalation Process	Intern to HMO to registrar to VMO
PreMet	Intern/HMO
Code	Code team, intern in attendance (pager)

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

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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

Every Friday morning
Continuous during work time

29. Unit Meetings

Every Friday morning 8:15 to 9:00/9:15
Ad Hoc after hours (eg 6 monthly audit)

30. Research and Quality Improvement

RiskMans
Audit every Friday
Continuous oversight

31. Career Support

Whole team

32. Medical Students on the Unit

Between 0 – 3 at any one time

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.
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.

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	<p>All shift swaps should be like hours for like hours. Proposed shift swaps must be emailed to your MWU coordinator for approval.</p>			
Unplanned Leave- Notification and documentation process	<p>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 two hours before the start of their shift, or as soon as practicable.</p>			
	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

Tips & tricks for JMOs to update

35. Document Status

Updated by	Dr Nigel Mann	December 2023
Reviewed by	Dr Natina Monteleone	01/02/2024

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Next review date		April 2024
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