

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:	A: Undifferentiated illness patient care
Speciality/Dept.:	Surgery Cover Nights	Non-clinical experience:	(PGY2 only)
PGY Level:	PGY2	Prerequisite learning:	(if relevant)
Term Descriptor:	Surgical cover term, with x2 surgical cover roles There are 2 HMO Roles in this term that are divided into general and specialty units 1. Gen Surg Night HMO- AGSU and General Surgery Units 1-4, Urology 2. Spec Surg Night HMO- Plastics, Orthopaedics, Paeds Surg, Thoracics, Vascular, ENT		

2. Learning objectives:		
<i>EPA1: Clinical Assessment</i>	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Recognises and takes precautions where the patient may be vulnerable.
	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	Identifies deteriorating or acutely unwell patients
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	Raises appropriate issues for review in quality assurance processes (such as at morbidity and mortality meetings).
<i>EPA3: Prescribing</i>	Domain 1	As appropriate, monitors and adjusts medications.
	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	Domain 3	Other (please edit and update)
	Domain 4	Makes use of local service protocols and guidelines to ensure decision-making is evidence-based and applies guidelines to individual patients appropriately
<i>EPA4: Team communication – documentation, handover and referrals</i>	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Includes relevant information regarding patients' cultural or ethnic background in the handover and whether an interpreter is required.

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	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.
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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 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 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 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 checked="" 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 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 checked="" 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 checked="" 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 (including Aboriginal Health Workers, practitioners and Liaison Officers).</p>	<p><input type="checkbox"/> 4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.</p> <p><input type="checkbox"/> 4.2 Access, critically appraise and apply evidence from the medical and scientific literature to clinical and professional practice.</p> <p><input 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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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 Sarah Condron</i>	Head of Unit	Sarah.Condron@nh.org.au
Clinical Supervisor (primary)	<i>Dr Sarah Condron</i>	Head of Unit	Sarah.Condron@nh.org.au
Cinical Supervisor (day to day)	<i>Allocated Registrar on call</i>	Unit Registrar on call	Via Switchboard
EPA Assessors <i>Health Professional that may assess EPAs</i>	<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	
Dr Sarah Condron	Head of Unit	Sarah.Condron@nh.org.au	
Unit Consultants	Allocated Consultant on Unit	Via Switchboard	
Unit Registrars	Allocated Registrar on Unit	Via Switchboard	
AGSU Registrar	Allocated AGSU Registrar	x52628	
Peri-op Registrar	Allocated Peri-op Registrar	Via medtasker	

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

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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	07:30	07:30	07:30	07:30	07:30	07:30	07:30
	Handover	Handover	Handover	Handover	Handover	Handover	Handover
Afternoon				17:30 Surgical Forum			
Evening	20:30	20:30	20:30	20:30	20:30	20:30	20:30
	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT	Handover 1. Gen Surg Night HMO - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology 2. Spec Surg Night HMO - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT

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							thoracics, ENT
Hours	Total	Total	Total	Total	Total	Total	Total

Surgical Cover Nights															
HMO 1	2030-0730	2030-0730	2030-0730									2030-0730	2030-0730	2030-0730	2030-0730
HMO 2	2030-0730	2030-0730	2030-0730									2030-0730	2030-0730	2030-0730	2030-0730
HMO 3				2030-0730	2030-0730	2030-0730	2030-0730	2030-0730	2030-0730	2030-0730					
HMO 4				2030-0730	2030-0730	2030-0730	2030-0730	2030-0730	2030-0730	2030-0730					

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	Residents Quarters
Facilitator	Sarah Condron
Date	Tuesday of the first week of each term
Time	2pm - 3pm

11. Unit Overview

Department	There are 2 HMO Roles in this term that are divided into general and specialty units 1. Gen Surg Night HMO- AGSU and General Surgery Units 1-4, Urology 2. Spec Surg Night HMO- Plastics, Orthopaedics, Paeds Surg, Thoracics, Vascular, ENT
Location	Northern Hospital, Epping Campus Ward 2- Paeds Surg Ward 13- AGSU Ward 16- Gen Surg, Urology

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	Ward 18- Thoracics, Vascular Ward 19- Ortho, Plastics
Inpatient Beds	~ 108
Outpatients Clinics	No
Day Procedures	No
Virtual Unit	No

12. Safety

Unit Specific Risks- see relevant handbooks for unit specific issues

- Multiple units cross cover requiring good communication and handover between staff
- Distance between wards, consider travel time between various wards, especially with multiple unwell patients
- Wear good supportive shoes!

13. Communication

Medtasker	There are 2 night roles. Sign in at the start of your shift and sign out at the end of your shift. 1. Gen Surg Night HMO (AGSU, Gen Surg Units 1-4, Urology) 2. Spec Surg Night HMO (Ortho, Plastics, Vasc, Paeds Surg, Thoracics, ENT)
WhatsApp	N/A
Pager	Pagers are located at reception. Please sign them out at the start of your shift and sign them in at the end of your shift. 1. General Surgery - 090 2. Specialty surgery - 160
MS Teams	N/A

14. Handover Process

To find out which Doctor is covering a role- Check the portal on the intranet. Go to the intranet > Favourite Links > Reporting Portal > +Add more reports to my profile> scroll to find Workforce WOR303 > Add to favourites > Refresh> Done

	Weekday	Weekend
Morning	At the end of shift handover: 1. Gen Surg Night HMO - 07:00 Handover to AGSU, Gen Surg 1/2/3/4, Urology HMOs 2. Spec Surg Night HMO - 07:00 Handover to Plastics, Orthopaedics, Paeds Surg, Thoracics, Vascular HMOs & ENT Reg	At the end of shift handover: 1. Gen Surg Night HMO - 07:00 Handover to AGSU HMO, Gen Surg 1-2 Intern, Gen Surg 3-4 HMO and Spec Surg Weekend HMO for Urology in resses 2. Specialty Surg Night HMO - 07:00 Handover to Spec Surg Weekend HMO for Paeds surg/Thoracics/ENT,

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		Orthopaedics HMO, Plastics HMO, Vascular HMO & OrthoPlastics HMO
Afternoon	N/A	N/A
Night	<p>At start of shift receive handover:</p> <ol style="list-style-type: none"> 20:30 Gen Surg Night HMO - Receive handover from AGSU Intern and Gen Surg Units 1-4 Intern, Urology HMO in resses 20:30 Spec Surg Night HMO - Receive handover from OrthoPlastics HMO, Vascular HMO, Spec Surg PM HMO in resses 	<p>At start of shift receive handover:</p> <ol style="list-style-type: none"> Gen Surg Night HMO - 20:30 Receive handover from AGSU Intern, Gen Surg 1-2 Intern, Gen Surg 3-4 HMO, Spec Surg Weekend HMO for Urology in resses Spec Surg Night HMO - 20:30 Receive handover from Spec Surg Weekend HMO and Orthoplastics HMO

15. Shift Structure

	1. Gen Surg Night HMO	2. Spec Surg Night HMO
Day	N/A	N/A
Afternoon	N/A	N/A
Night	20:30 – 07:30	20:30 – 07:30
Weekend	20:30 – 07:30	20:30 – 07:30

16. Shift Responsibilities and Tasks

	1. Gen Surg Night HMO	2. Spec Surg Night HMO
Day	N/A	N/A
Afternoon	Sleep, study, exercise, eat	Sleep, study, exercise, eat
Night	<p>Collect pager from reception and log onto Medtasker Get handover from day teams as above Attend 2 @2 meeting in ICU conference room at 0200 Repond to pager calls and Medtaskers- review patients for deviations in observations or concerns, MET calls, write admission notes for patients from ED, escalate to consultants or registrars - Ward cover for AGSU, Gen Surg 1-4 - Ward cover and admissions for Urology</p>	<p>Collect pager from reception and log onto Medtasker Get handover from day teams as above Attend 2 @2 meeting in ICU conference room at 0200 Repond to pager calls and Medtaskers- review patients for deviations in observations or concerns, MET calls, write admission notes for patients from ED, escalate to consultants or registrars - Ward cover for paed surg (AGSU do admissions) - Ward cover and admissions for ortho, plastics, vasc, thoracics, ENT</p>
Weekend	Same as above	Same as above

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17. Common Conditions

See specific unit handbook

18. Common Procedures

List specific unit handbook

19. Clinical Guidelines

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/>

See unit handbooks for respective units Northern Doctors website: https://www.northerndoctors.org.au/handbook_rover/

20. Routine Orders

Pathology	Nil
Radiology	Nil
Pharmacology	Nil

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>
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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>
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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>
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My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
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Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/
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22. Documentation	
Admission	Use admission workflow on EMR
Ward Rounds	Use ward round workflow on EMR
Discharge Summary	Use discharge workflow on EMR
Outpatient Clinics	On CPF
CDI Queries	Medtasker
Death Certificates	https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Guide to making a coroners report https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals	
Internal	The cover HMO does not receive referrals for patients
External	N/A

24. Clinical Deterioration	
Escalation Process	<p>Within the hospital at all times help is available from: AGSU registrar - x52628 Periop medical registrar – 0418428781 and ICU registrar - x88230</p> <p>All specialty units have someone that can be contacted if there is concern Urology – registrars alternating roster – contact via switch Paediatric Surgery – consultant alternating roster – contact via switch Thoracic Surgery – consultant alternating roster – contact via switch ENT – no after hours cover – contact AGSU/ anaesthetics, Austin ENT Vascular Surgery – Registrar alternating roster – contact x58984 Plastic Surgery – Registrar alternating roster – contact x52356 Orthopaedic Surgery – Registrar alternating roster – contact x58461</p>
PreMet	Respond to Med tasker physically within 15 minutes
Code	<p>Surgical units need to be advised if their patient has a code</p> <p>Urology – registrars alternating roster – contact via switch Paediatric Surgery – consultant alternating roster – contact via switch Thoracic Surgery – consultant alternating roster – contact via switch ENT – no after hours cover – contact AGSU/ anaesthetics, Austin ENT Vascular Surgery – Registrar alternating roster – contact x58984 Plastic Surgery – Registrar alternating roster – contact x52356 Orthopaedic Surgery – Registrar alternating roster – contact x58461</p>

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25. Night Shift Support

Unit	1. AGSU registrar 2. Unit registrar or fellow 3. Consultant
Periop	Periop medical registrar
Take 2 @ 2	All night staff attend this meeting in ICU conference room

26. Assessments

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"> 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
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28. Unit Education

TBC

29. Unit Meetings

TBC

30. Research and Quality Improvement

TBC

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31. Career Support

Discuss with Unit Consultant

32. Medical Students on the Unit

N/A

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.

All shift swaps should be like hours for like hours.

Proposed shift swaps must be emailed to your MWU coordinator for approval.

Unplanned Leave-Notification and documentation process

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.

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

All overtime should be submitted into the Overtime Portal
This can be accessed via the intranet whilst onsite at Northern Health

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	Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.
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34. JMO Rover

- Identify sick patients and pre-existing problems that need to be addressed early in your shift, or that may eventuate overnight.
- Attend the 2 @ 2 Meeting as this gives a chance for you to easily escalate issues to ICU or generally get assistance with your workload.
- Remember that you have another Surgical HMO in the hospital – approach our colleagues for advice of for assistance with procedural skills if need and they are available.
- AGSU Reg is on site 24/7 for advice and to review all General Surgical patients

35. Document Status

Updated by	Dr Sarah Condron	October 2023
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024