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.:	Thoracic Surgery	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)*
Term Descriptor:	*Thoracic surgery term, management of ward patients, attendance at theatres and clinics. Responsible admission and discharge. Procedural skills- chest tubes, troubleshoot problems, suturing, options to extend surgical skills. Present at M&M meetings, involvement in quality and safety projects.*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Obtains person-centred histories tailored to the clinical situation in a culturally safe and appropriate way. Initiates appropriate basic, focused investigations.
	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	Makes use of local service protocols and guidelines to inform clinical decision-making.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Recognises the need for timely escalation of care and escalates to appropriate staff or service, following escalation in care policies and procedures.
	Domain 2	Works effectively as a member of a team and uses other team members, based on knowledge of their roles and skills, as required.
	Domain 3	Accesses interpretive or culturally-focused services and considers relevant cultural or religious beliefs and practices.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
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	Demonstrates an understanding of the regulatory and legal requirements and limitations regarding prescribing. Appropriate and rationale prescribing of opiod analgaesic medications. Other (please edit and update)
	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	Demonstrates professional conduct, honesty and integrity.

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*
☒ 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	***Mr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au
Term Supervisor	***Dr Bibhusal Thapa***	Head of Unit	Bibhusal.Thapa@nh.org.au
Clinical Supervisor (primary)	***Allocated Consultant on ward***	Click or tap here to enter text.	Click or tap here to enter text.
Cinical Supervisor (day to day)	***Allocated Consultant on ward***	Click or tap here to enter text.	Click or tap here to enter text.
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 Staff**		
Name	**Role**	**Contact**
Dr Bibhusal Thapa (BT)	Consultant Thoracic Surgeon and HoU	bibhusal.thapa@nh.org.au
Dr Sergei Mitnovetski (SM)	Consultant Thoracic Surgeon	smitnovetski@hotmail.com
Dr Krishna Bhagwat (KB)	Consultant Thoracic Surgeon	krishna.bhagwat@nh.org.au
Dr Simon Knight (SK)	Honorary Consultant Thoracic Surgeon	Simon.Knight@austin.org.au
Registrar	Thoracic Surgery registrar	Via medtasker
Natalie Linton	Thoracic Surgery liaison nurse	Natalie.linton@nh.org.au
Hannah Cornick	NUM ward 18 (primary thoracic surgery ward)	Hannah.cornick@nh.org.au

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

6. Accreditation details *(PMCV use only)*

Northern Health

Term Description – Handbook – ROVER

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.

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.	OT Monthly list Week 3 & 4 AM OT List – BT	Click or tap here to enter text.	Lung Ca MDM 8-9am Week 1 & 3 AM OT List- KB Radiology meeting- fortnightly Week 1 & 3 OPC- BT & KB Week 2 & 4 OPC- BT & SM	Radiology with Resp- fortnightly	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
	OT Monthly list	OT monthly list Week 1, 2 & 4 PM OT List- BT	Click or tap here to enter text.	12:30 – 13:30 HMO Education Week 2 & 4 PM OT List- SM	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

Thoracic Surgery registrar	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	0800-1700	0800-1700	0800-1700	0800-1700	0800-1300			0800-1700	0800-1700	0800-1700	0800-1700	0830-1300		

Friday afternoon half days for registrar is covered by the paediatric surgery registrar/resident.

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 18
Facilitator	Dr Bibhusal Thapa
Date	First week of rotation
Start	Returning resident 08:00, New to Northern - After hospital orientation session

11. Unit Overview	
Department	Thoracic Surgical services- Department of Surgery
Location	Department of Surgery/ ward 18
Inpatient Beds	Ward 18
Outpatients Clinics	Thursdays alternating between PM (weeks 1 and 3), AM (weeks 2 and 4). Consultant led with active participation of the JMO
Day Procedures	Diagnostic and therapeutic bronchoscopies.
Virtual Unit	NA

12. Safety
Unit Specific Risks **Chest drain management** is key in caring for the thoracic surgical patient. - Ability to identify, flag and manage chest drain issues is paramount to the safe care of the patients in this unit. **Pain management** is another key component post-operatively and in patients admitted after chest trauma. - Assessing and adjusting medications according to patient's analgesic needs helps avoid post-op complications especially pneumonias. - Early identification of inadequate pain control or excessive sedation due to analgesia. This needs to be promptly flagged with the Acute pain services team. **VTE prophylaxis and early mobilization** - Patient mobilization needs to be encouraged as soon as possible – enlist help of physiotherapists - VTE prophylaxis is a must unless specific contra-indications exist.

13. Communication	
Medtasker	Inpatients role
WhatsApp	
Pager	
MS Teams	

14. Handover Process	
Morning	Monday morning 8:00 am- receive handover from the SPEC surgery weekend cover
Afternoon	N/A
Night	@ 16:30 – 17:00 – hand over to the evening cover Friday – contact and handover to the weekend cover Contact and send an updated list of inpatients and consults under the unit to general surgery unit 3/4 covering weekend.
Weekend	

15. Shift Structure	
	Registrar
Day	08:00 start- Finish times vary- see above roster
Afternoon	No PM shifts
Night	No Night shifts
Weekend	No weekend shifts

16. Shift Roles & Responsibilities	
	Registrar
Day	Login to Medtasker Ward rounds (independently + with consultant) update ward and consult lists Receive referrals

	Contribute in the pre-operative preparation of patients on elective and emergency lists Thursdays – actively participate in the lung cancer MDM actively participate in the clinics Theatre time- assist in procedures and participate in the completion of post-operative documentation ensure optimum documentation of post-operative orders and investigations Ensure timely completion of discharge documentation including referrals for subsequent clinic appointments Ensure adequate handover to PM cover (weekdays) and weekend covers (Friday)
Afternoon	
Night	N/A
Weekend	N/A

17. Common Conditions

Common clinical conditions treated in the unit are:

- Chest trauma – rib fractures with/without hemo-pneumothorax
- Spontaneous pneumothorax
- Lung cancer
- Pleural effusions
- Empyema Thoracis
- Mediastinal tumours/cysts
- Esophageal foreign bodies
- Chest wall deformities and corrections

Common problems in thoracic surgical patients that may require trouble shooting are:

- Blocked intercostal catheter (ICC)
- Displaced/ leaking ICC
- Uncontrolled post-operative/ post-traumatic pain
- Drowsiness, ineffective breathing and coughing due to analgesia – sputum retention and hypoxia
- Post-op urinary retention
- Post-operative delirium
- Nutritional depletion post-operative
- Prolonged air leak
- Subcutaneous emphysema
- Superficial/deep wound site infection
- Dyselectrolylemia
- Cardiac arrythmias – especially atrial fibrillation

18. Common Procedures

Common procedures done in the unit are:

- Intercostal catheter (chest tube) insertion and removal
- Radiological guided drainage of pleural gas/fluid
- Anatomical lung resection (pneumonectomy, lobectomy, segmentectomy)
- Non anatomical lung resection (wedge resection, lung biopsies)
- Pleural biopsies and pleurodesis
- Deloculation/ decortication for empyemas
- Biopsies and excision of mediastinal tumours.
- Diagnostic and therapeutic bronchoscopies
- Therapeutic esophagoscopies

Most major thoracic operations are done via the Video-assisted thoracoscopic surgical (VATS) approach

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/

Important Thoracic surgery related documents found on prompt are:

1) Rib fracture management: Code Trauma - Adult Trauma Management
2) Insertion, management and removal of ICCs: Pleural Medicine Unit - Procedural Diagnosis & Management

20. Routine Orders

Pathology	• Ensure orders for relevant histopathology, cytology and cultures have been made after each surgical procedure • Post-operative patients need FBE, U+E, LFT, CRP on day 1 and subsequent days depending upon the clinical course of the patients
Radiology	• Make sure each patient who underwent thoracic procedures including rigid bronchoscopy and mediastinoscopy have a chest x-ray post-op and that these are reviewed before the patient is transferred to the ward/ICU. • Patients who have had major procedures (lung resection/decortication etc) need a CXR early next morning. Need for subsequent radiology will depend on patient’s clinical course. • All patients who have had ICC removal need to have a CXR in 3-4 hours. They can only be discharged after that CXR has been reviewed and found to be satisfactory. • CT scans are only to be ordered at the order of the treating consultant.

Pharmacology	• Prophylactic antibiotics – usually Cephazolin is not to be continued beyond 24 hours unless specific indications exist • Antibiotic coverage for specific infective episodes is to be guided by ID and cultures where available. • Post-operative analgesia needs to be co-ordinated with the acute pain team (APS). Analgesic de-escalation plan to be included in the discharge summary, explained to the patient and followed after discharge. It can be found in the unit handbook (rover). • Optimum laxative to be co-prescribed with opioid analgesia

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	Most admissions are elective operative patients. Chest trauma patients can be admitted either directly from the NH ED or via the AGSU unit. There might occasionally be admissions from other acute hospitals (public and private) The quality of referral and information sent with each patient can vary!! Often need to fax GP or hospital from which they came to get latest pathology and imaging results. Use the admission workflow on EMR
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 clinics, prescriptions and investigations remain on CPF
CDI Queries	Medtasker

Death Certificates	Death certificates are completed online. Hard copies are to be printed out for the patient file/funeral director, in addition to the electronic submission. https://www.bdm.vic.gov.au/medical-practitioners
Coroners	Reportable deaths: Death certificates should not be completed if it is a Coroner's case. This will require a phone call to the Coroner's office followed by an e-medical deposition. It is important that the medical team identifies patients who will be reported to the Coroner ahead of time. Patients' whose death is reportable will need to have a statement of identification completed by the next of kin, and attachments such as butterfly cannulas etc are left in situ. Any uncertainty about whether a death is reportable should be escalated to the consultant https://www.coronerscourt.vic.gov.au/report-death-or-fire/reportable-deaths

23. Referrals	
Internal	Clinic: Referrals to this clinic are made electronically via e-referrals on CPF. If you think referral to the clinic is indicated, please discuss with your supervising consultant prior. The registrar is responsible for receiving and reviewing inpatient referrals. All referrals need to be discussed with the on-call consultant in a reasonable time frame. Any requested transfer of care can only be actioned with approval from the concerned consultant.
External	External referrals to clinic are made electronically via e-referrals on CPF. In hours referrals from external sources for inpatient services will go to the registrar. All referrals need to be discussed with the on-call consultant in a reasonable time frame. Any requested transfer of care can only be actioned with approval from the concerned consultant. Out of hours these referrals will go directly to the consultant

24. Clinical Deterioration	
Escalation Process	Check GOPC
PreMet	Registrar review
Code	Registrar to follow standard procedures and discuss with consultant about transfer to Intensive care unit

25. Night Shift Support	
Unit	N/A
Periop	Via Medtasker or peri-op phone
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

Thoracic surgery journal club to be held on a monthly basis first Monday of each month.
Chest tube insertion and management workshop – two sessions every year. Dates advised at beginning of term

29. Unit Meetings

Registrars are expected to be actively involved and contribute to the Lung MDM at 8-9am every Thursday
Registrars are encouraged to be involved in the radiology meeting along with respiratory team on alternating Thursday and Friday 12-1 pm.

30. Research and Quality Improvement

Thoracic surgery unit – Northern health contributes to the Thoracic surgery database maintained by Mr Simon Knight and also since 2023 Jan to the ANZTHOR.
The registrar is expected to contribute to the collection of data requestioning appropriate consent from patients for data collection. A bradma of each operated patient needs to be put on the data collection “blue forms” located in the Thoracic surgery database folder housed in the consultant/fellow room. (Ask Dr Thapa for location)

31. Career Support

Discuss with HoU Dr Bibhusal Thapa

32. Medical Students on the Unit

To follow unit registrar

33. Rostering

<table>
<tr><td>Shift Swap</td><td>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.</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

Tips & Tricks for JMOs to complete

Please speak with your supervising consultant at the commencement of your rotation for an orientation to some of the specific challenges you may encounter during this rotation, as well as for support during your term. Northern Health has a support pathway available for junior doctors experiencing difficulties (for details, please see the Junior Doctor Handbook (password: NorthernDoctors), as well as wellbeing services available to all staff including the Employee Assistance Program.

35. Document Status		
Updated by	Dr Bibhusal Thapa	December 2023
Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024