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| **TERM NAME:** Emergency Medicine | | **FACILITY:** Albury Wodonga Health  Wodonga Hospital |
| **TERM SUPERVISOR:** Dr Hamid Ahmadi | | **SIGNATURE:** |
| **TERM DURATION:** 13 weeks | | **DATE:** March 2016 |
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| **Clinical Team**  *Include contact details of all relevant team members* | Dr Hamid Ahmadi  Deputy Director of Emergency Medicine  Dr Augustus Kigotho, Director Dr Markos Kyriakides, FACEM Dr Simon Judkins, FACEM | |
| **Accredited Term For**  **(numbers and core/elective):** | **🞎** Medicine **🞎** Surgery **⌧** Emergency **🞎** Other  **PGY1: 4**  **PGY2:**  **Total: 4** | |
| **Overview of Unit or Service**  *Include outline of the role of the unit, range of clinical services provided, case mix etc.* | Emergency Medicine  The Wodonga Hospital is a rural hospital covering the South Western Region of New South Wales and the North Eastern Region of Victoria. The hospital is a trauma retrieval centre for these regions and also is the major critical care receiving hospital. The Emergency Department is the only acute receiving hospital for medical, oncology, surgical, orthopaedic, urology, ENT, ophthalmology, facio-maxillary, plastics, rehabilitation, psychiatric, and paediatric cases.  There are 3 FACEMs and six experienced Senior Medical Staff who work in the Department. The Department is covered from 0800 hours until 2300 hours by a minimum of two senior and one junior Medical Officers. No Interns are rostered beyond 2300 hours. | |

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| **Requirements for commencing the term**  *Identify the knowledge or skills required by the JMO* **before** *commencing the Term and how the term supervisor will determine competency* | * Practical knowledge of resuscitation and life support. * Good communication skills |
| **Orientation**  *Include detail regarding arrangements for Orientation to Term, including who is responsible for providing Term Orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the junior doctor.* | Interns have a responsibility to provide a handover of duties from their learning perspective and review the HMO Handbook to familiarise themselves with hospital processes before formal Orientation.  All new doctors will attend a formal orientation to the Hospital which will include information on consults, referrals, scripts etc.  A ROVER exists for this term and should be reviewed prior to commencing.  Junior staff to make contact with their Term Supervisor and VMOs in the Unit – this provides an opportunity to introduce self, discuss expectations and identify your particular interest areas or learning opportunities.  Dr Ahmadi or his delegate will conduct an orientation session for junior staff on their first day. |
| **Junior Doctor’s Clinical Responsibilities And Tasks**  *List routine duties and responsibilities including clinical handover* | * You will be responsible for the medical assessment of patients presenting to the Emergency Department. They must be seen in a timely and caring manner. You will be required to discuss presentations with one of the senior staff and all procedures must be supervised. You will be required to cooperate with the nursing staff. You are part of the in-hospital arrest team and as such you will be required to attend all arrests in the hospital unless otherwise directed by the Senior Medical Officer on duty. * You are expected to present interesting cases and be prepared to discuss these in a public forum. You are expected to refer to the extensive reference material in the Department and attend and participate in the regular in-service provided both within the Department and by the hospital. * Entry of data into the Emergency Department computer system “VItal” is an essential part of the role in the Department, and your shift will not be considered finished until this is performed. You will be expected to understand and be able to discuss the information gained from this system. |
| **Supervision**  *Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.* | In Hours:  The junior doctors in ED will be closely supervised at all times by the Senior Medical Officer on each shift. There are two senior doctors rostered in the morning and two in the evening.  Medical, Oncology, Urology, Ophthalmology, Surgery, Anaesthetic and Orthopaedic registrars are available 24 /7 via pagers or mobiles. There is a mental health crisis assessment team available from 9 am to 10 pm daily. Overnight, there is a mental health assessment team available by video link from Wagga Wagga.  There is a trauma team who are expected to attend all severe multi-traumas.  There is an Intensivist available 24/7 to discuss and assist with critically ill patients.  Oncall Consultants available during business hours via their Rooms number –contact is via hospital switchboard.  Medical, Oncology, Urology, Ophthalmology and Orthopaedic registrars, via pagers or mobiles – both in hours and after hours. |
| After Hours:  An Emergency Senior Doctor is rostered on every night primarily for phone advice – mobile phone contact via Switchboard.  Oncall Consultants in all clinical teams are available all hours via their mobile (contact via hospital switchboard).  Emergency Department staff via phone. |

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| **Standard Term Objectives**  *The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire during the Term. This should include reference to the ACFJD. The Term objectives should be used as a basis of the mid and end of Term assessments.* | Emergency Management of:   * The comatose patient * Cardiac arrest * Multiple traumatised patient * Overdose/poisoned patient * Envenomations * Psychiatric emergencies * Urology emergencies * Oncology emergencies * Chest pain * Asthma: mild, moderate and severe * Abdominal pain – acute abdomen * Assessment and management of trauma in the context and direction of the Trauma Response Team * The acutely confused patient * Simple fractures * Electrolyte disorders * Assessment and management of a wide range of primary care (Triage Category 4 & 5) patients * Assessment of the paediatric patient, including the assessment of children less than six months of age especially in the management of fevers, gastro-enteritis, febrile convulsions, bronchitis and croup * Interpretation of x-rays in the Emergency Department   Be able to discuss management of:   * Head injuries * Shock – types of * C. spine injuries * Fluid resuscitation * Alcohol withdrawal and the approach to the acutely ill alcohol dependent patient * Trauma, sepsis, nutrition * The Pharmacology of those drugs used in the resuscitation.   + Induction agents   + Narcotics   + Benzodiazepines   + Muscle Relaxants   + Local anaesthetics   + Anti emetics   + Inotropes * The Physiology and Mechanics of Breathing * The Anatomy of the airway * Procedural Sedation * Practical economic use of investigations in the Emergency Department * Learn the value and the use of data and information in the HAS Solutions computer program * Introduction to and practical application of the NSW laws relating to scheduling a patient * How to function in a multi-disciplinary environment * Assessing Personal reaction to stress * How to communicate with relatives and carers of patients * Interpretation of the ECG, and recognition of abnormalities * How the care in ED fits in the general health system, particularly how it relates to general practice |
| **Communication:**   * Learn the value and methods of working in a multi-disciplinary team, * How to communicate with relatives and carers of patients. * Arrange appropriate environment for communication. * Communication with paramedical staff. * Maintenance privacy and confidentiality |
| **Professionalism:**   * Compliance with legal requirements of being a doctor, e.g. maintaining registration * Adherence to professional standards * Compliance with legal requirements in patient care, including Mental Health Act and death certification * Respect for patient privacy and confidentiality * Demonstration of, and advocacy for, a non-discriminatory patient-centred approach to care * Use of finite healthcare resources wisely to achieve the best outcomes * Use of a non-judgemental approach to patients and their lifestyle choices. * Doctors will be encouraged to maintain a healthy life/work balance during their term in ED. Senior doctors are always available to mentor junior doctors to help achieve this goal. |
| **Individualised Learning Objectives**  *Supervisors should discuss specific learning requirements with the JMO and develop individual learning objectives with the JMO*   * Cannulation, including children and large bore cannulation of adults * Bag, valve mask ventilation of adults and children, including the anaesthetic circuit and Laerdal Bag * Selection and insertion of Guedels Airways * Selection and insertion of Nasopharyngeal airway * Selection and insertion of Laryngeal Mask * Selection and insertion of Nasogastric tube * Selection and insertion of Endotracheal tube * Suctioning an Endotracheal tube * Lumbar Puncture * Simple Anaesthetic Techniques eg local Infiltration, Ring blocks, femoral nerve blocks | |

**UNIT TIMETABLE – As per Department roster (0800 – 2200) Monday to Sunday**

**Protected Teaching/Education as per attached Education Program**

**Timetable summary below**

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** | As rostered | As rostered | As rostered | As rostered | As rostered | As rostered | As Rostered |
|  |  |  |  | Informal meeting with DCT |  | Ward Overtime 0800-2200 |  |
| **PM** |  | JMO Tutorial | Grand Rounds Alb/Wod | JMO Tutorial |  |  |  |
|  | As rostered | As rostered | As rostered | As rostered | As rostered |  |  |
| **A/Hours** |  |  |  |  |  |  |  |

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| **Patient Load**  *Average number of patients looked after by the junior doctor per day* | 1 per hour |
| **Overtime**  *Average hours per week* | **Rostered:** 8  **Unrostered** 2 |
| **Education:**  *Detail education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable.* | There is teaching in the Unit by the Senior Staff and FACEM – this is both formal and informal teaching and our feedback indicates that this is a very valuable form of learning. The formal JMO teaching sessions are mandatory and recognised hospital wide as protected teaching time.  There is a monthly ICU/ED morbidity meeting and doctors are encouraged to attend this meeting and present interesting cases.  Education activities are also listed on folders in the education rooms and on the Intranet under JMO Resources.  Electronic educational resources in the form of CIAP and UpToDate are available on computers throughout the Hospital and specifically within the Library and JMO Common Room, all accessible 24 hours per day via secure swipe card access.  The library includes a broad range of texts and journals and a Librarian is available to assist with searches and acquisitions. |
| **Assessment and feedback**  *Detail arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.* | There is a mid and end term assessment of each Intern’s performance whilst in the department. This is discussed with theIntern, who is given the opportunity to offer any feedback on the operating of the Unit.  There are also the formal mid and end of term formal assessments with the DCT – these meetings are minuted and also provide, if required opportunity to provide feedback on an individual basis. |
| **Additional information** |  |