



Guidelines for the Orientation of Junior Doctors

jmo forum
Junior Medical Officer
victoria



Subject:	Junior Doctor Orientation Guidelines
Protocol Name:	Guidelines for the Orientation of Junior Doctors
Date Approved:	September 21, 2011
Review Date:	2013
Responsible Officer:	Education Manager/Medical Director

Purpose

The purpose of this document is to assist Health Services to develop best-practice orientation programs for their interns. Much of the information will also be relevant for orientation of other junior doctors^{1, 2}. The document is not intended to be prescriptive or exhaustive, but rather to identify key information that should be communicated to all junior doctors for an effective hospital orientation program. It is anticipated that this document will serve as a useful guide in the creation of new orientation programs and also assist in the revision and development of existing programs.

Background

Orientation to the workplace is critical to the provision of safe clinical care as well as the provision of a supportive transition from medical school to internship and for newly employed junior doctors³. At the commencement of internship, many junior doctors experience high levels of anxiety^{4, 5} and are not confident in many job-related tasks⁶. An increased incidence of hospital errors has been reported when junior doctors commence work at a new hospital⁷. A formal orientation program has been demonstrated to increase both confidence and competence of basic clinical skills of junior doctors^{3, 8} including clinical, clerical and procedural skills⁶. Orientation may even provide a valuable opportunity to identify individuals requiring increased supervision and support throughout the intern year⁹. Whilst each Health Service/hospital has unique practices and micro-cultures, much information that is required at orientation is applicable across all Health Services.

These orientation guidelines are an initiative of the Postgraduate Medical Council of Victoria (PMCV) Junior Medical Officer Forum, have undergone consultation with relevant PMCV subcommittees and Health Service stakeholders including junior doctors and Medical Education Officers, and have been informed by relevant (published and unpublished) literature. These guidelines also support the requirements for Health Service orientation as defined in the PMCV Accreditation Standards¹⁰ and A Guide for Interns in Victoria¹¹.

Responsibilities

Health Services

- To develop and deliver formal orientation programs by relevant Health Service staff, including but not limited to: the Director of Medical Services, Medical Education Officer, Supervisor of Intern Training, Director of Clinical Training, Medical Workforce personnel, Human Resources personnel, Information Technology personnel.
- Unit supervisors have a responsibility to ensure that new junior doctors are appropriately orientated to their units. Multi-disciplinary orientation, shared with other junior doctors or nursing/administration staff, supports a team based approach¹².

Junior Doctors

- To ensure availability to attend and actively participate in all requested orientation programs.
- To provide feedback regarding orientation programs to support ongoing improvement.

PMCV

- To review and provide feedback in relation to Health Service orientation programs during Health Service accreditation visits.

Framework

A three tiered framework is recommended for orientation programs and is adopted in this document:

- 1. Formal orientation to the overall Health Service (central orientation)***
- 2. Formal orientation to each campus/hospital site^S***
- 3. Formal orientation to each unit^U***

Orientation Principles

A. Program Development

1. It is recommended that orientation programs include feedback from junior doctors and other Health Service personnel in their development;
2. Resources that support orientation should be regularly reviewed to ensure they are contemporaneous.

B. Program Timelines

1. Communication with newly appointed interns begins following signing of contracts, and includes an indication of the components of orientation. This ensures a shared understanding of the orientation process;
2. Health services may provide an opportunity for junior doctors to attend to administrative details and/or an opportunity to familiarise doctors¹³ who are not familiar with the Health Service, prior to the commencement of the main orientation program⁴;
3. A 3-5 day orientation program is provided for interns in the week prior to commencing clinical duties;
4. Resources to support unit orientation should be provided prior to commencement on each unit and formal unit orientation should be held on the first day of work in the new unit where possible;
5. Health Services may elect to extend the educational components of the orientation program into the first few weeks of term rotation.

C. Program Delivery

It is recognised that a range of modes of delivery are appropriate to supporting intern orientation programs. It is recommended that key components of orientation programs are undertaken in an interactive mode,^{14, 15} such as face to face, to ensure communication and allow for clarification if required. Simulation¹⁶ and clinical scenarios^{5, 17} may also prepare junior doctors for critical basic skills they will require from their first day of employment. Finally, permanent access to PowerPoints and/or video streaming of orientation presentations through print or electronic media, such as the hospital intranet, will further allow consolidation of key material covered during the orientation program.

Where possible, current junior staff should be incorporated into the delivery of the Health Service orientation program. Additionally, there should be verbal and written communication between incoming and outgoing unit interns to provide the incoming intern with a degree of familiarity with the clinical setting⁴. The 'ROVER' protocol¹⁸ may be a useful tool for this purpose^U. (See Appendix 1)

D. Program Contents (central orientation)

1. Introduction to key staff at the Health Service
This includes Management, Administrative, Clinical and Supervisory staff ^{S, U}(including key training supervisors such as Director of Physician Training and Director of Surgical Training), at campus and unit level. Introduction to key staff at rotation sites during central orientation is also encouraged, e.g. rural and general practice rotations.
2. Orientation to the physical layout of the Health Service ^{S, U}
This may be provided in various ways including physical and electronic formats, and should include a site map of the hospital ^S. Unit orientation^U includes ward layout, medical history/chart location, the location of equipment, resuscitation trolley, fire extinguishers, alarms, emergency exits, photocopier and fax machines.
3. Administrative requirements of the Health Service
The administrative requirements of the Health Service for orientation of junior doctors are listed in Table 1.

Table 1

Administrative Requirements of the Health Service
◦ Overview of Health Service (including services, organisational structure)
◦ Occupational Health and Safety requirements
◦ Emergency Codes and Procedures
◦ Medico-legal considerations including consenting for relevant procedures, relevant legislation including guardianship, refusal of medical treatment, others as appropriate
◦ Privacy legislation and policies
◦ General Policy and Procedure manuals
◦ Quality and Safety requirements including incident reporting protocol
◦ Infection control requirements including hand hygiene, needlestick injuries and notification of infectious diseases
◦ Hospital mortuary paperwork and processes; deaths reportable to the Coroner
◦ Code of Conduct/Professional Behaviour expectations
◦ Patient liaison/complaint;

4. Administrative requirements specific to Junior doctors
Effective orientation programs involve administrative requirements that are specific to junior doctors. These requirements are listed in Table 2.

Table 2

Administrative Requirements Specific for Junior doctors
◦ Computer systems: login user name and password, email access, relevant software required for JMO use
◦ Identification badges
◦ Lockers
◦ Access cards for parking, building, theatres and change rooms
◦ Distribution of useful resources including the Australian Curriculum Framework for Junior Doctors (ACF) ¹⁹ ROVER documents ^U and Unit handbooks ^U
◦ HMO Manager: rosters (annual, weekly and daily including both in and after-hours cover arrangements), safe work hours, overtime protocols, junior doctor wellbeing, requesting leave
◦ Referral and consultation processes, including with other medical units and allied Health Services
◦ Paging and communication protocols

Administrative Requirements Specific for Junior doctors
◦ Interpreter services
◦ Ordering pathology, radiology imaging, special tests and accessing results
◦ Admission/discharge processes including pharmacy scripts
◦ Medical history file management including electronic and hard copy systems
◦ Pre-Admission and Outpatient Clinic processes ^U
◦ Unit specific ^U daily timetable including ward rounds, theatre and relevant meetings
◦ Theatre booking processes
◦ Handover processes, including verbal and written
◦ Key clinical policies and procedures, such as DVT prophylaxis and treatment
◦ Work-up for specific diagnoses/system-specific investigation ^U
◦ Feedback and Assessment processes, including mid-term appraisal and end of term assessment Junior doctors should share responsibility for ensuring that regular review of their performance is undertaken
◦ Mentoring and support processes, including colleagues and senior mentors, Residents' society, GP, Victorian Doctors Health Program, AMA Peer Support Service and PMCV
◦ Expectations and role of the intern, including daily activities and after hours/nights covering shift including a description of escalation processes
◦ Hospital/rotational feedback/evaluation processes for junior doctors to provide feedback regarding their rotation experiences
◦ Opportunities for Junior Medical Officer involvement in the Health Service e.g. HMO society, JMO committee representatives, PMCV Junior Medical Officer Forum
◦ Learning Management Systems (if applicable)

5. Junior Doctor Shadowing

It is recommended that all incoming interns have the opportunity to shadow the outgoing intern prior to commencement. Interns who commence on an external rotation could shadow at the external site or another unit at the parent hospital. In the latter case, there should be the opportunity for the intern to undertake a verbal handover with the outgoing intern of the external site.

6. Education Program

A program of continuing education is necessary for the professional development of junior doctors^{20, 21}. The Australian Curriculum Framework for Junior Doctors¹⁹ is an appropriate resource on which to base education programs at each level (Health Service / hospital / individual unit). Junior doctors should be advised of the timetabling of a Health Service-wide education program, and the processes for supporting attendance.

Health Services may elect to cover certain educational topics during the orientation period that are relevant to all interns working across the Health Service. Clinical education that could be considered within a central orientation program or early in the clinical year is included in Table 3.

It is Important that junior doctors are made aware of all internal (unit and Health Service-wide) and external opportunities for professional development throughout the year including professional development programs such as the PMCV-run Teaching on the Run²⁰ program.

Table 3

Continuing Education Program	
<i>Common Ward Calls</i>	<ul style="list-style-type: none"> ◦ Chest pain ◦ Acute shortness of breath ◦ Post falls review ◦ Fluid management ◦ Hypo/hyperglycemia ◦ Hypo/hypertension ◦ Abdominal pain ◦ Vomiting ◦ Seizures ◦ The febrile patient ◦ Acute confusion/delirium ◦ The suicidal patient ◦ Seclusion review ◦ Palliation ◦ Certifying death
<i>Prescribing Drugs</i>	<ul style="list-style-type: none"> ◦ Antiemetics ◦ Analgesia ◦ Anticoagulation ◦ Common antibiotics
<i>Clinical Procedures</i>	<ul style="list-style-type: none"> ◦ Basic and advanced life support ◦ Venepuncture ◦ Intravenous cannulation ◦ Urinary catheter insertion ◦ Naso-gastric tube insertion ◦ Performance and interpretation of ECGs ◦ Plastering and suturing

E. Program Evaluation

Junior doctors should be given the opportunity to provide feedback on each element of the orientation process, and this information should inform the regular review and development of future programs.

Consultation Process	
JMO Forum	◦ Reviewed 6/5/11 and 21/9/11
MEO Group	◦ Reviewed 6/5/11 and 6/9/11
PMCV Education subcommittee	◦ Reviewed 20/7/11 and 21/9/11
PMCV Committee	◦ Reviewed 2/9/11
PMCV Accreditation subcommittee	◦ Reviewed 19/9/11
PMCV HMO Managers subcommittee	◦ Disseminated 12/9/11

References

1. Merenstein JH, Preisach P. *Orienting interns into being second year residents*. *Fam Med* 2002; 34: 101-103
2. Bajaj Y, Rana I, Coatesworth A. *Structured induction course for ENT Junior trainees*. *The internet Journal of Otorhinolaryngology*. 2008; Volume 7 Number 2
3. Antonoff MB, Swanson JA, Acton RD, Chipman JG, Maggaus MA, Schmitz CC, D'Cunha J. *Improving surgery intern confidence through the implementation of expanded orientation sessions*. *Surgery*. 2010 Aug; 148(2): 181-6
4. Mulroy S et al. *What do junior doctors want in start-of-term orientation?* *MJA*. 2007 Apr 186(7): S37-S39
5. Nielsen PE, Holland RH, Foglia LM. *Evaluation of a clinical skills orientation program for residents*. *Am J Obstet Gynecol*. 2003 Sep; 189(3): 858-60
6. Jameson A et al. *A practical peer oriented approach to intern orientation*. 2010. Australian Resource Centre for Healthcare Innovations. Available online [<http://www.archi.net.au/resources/workforce/learning/peer-intern>]
7. Haller G, Myles S, Taffe P, Perneger T, Wu C. *Rate of undesirable events at beginning of academic year: retrospective cohort study*. *BMJ* 2009; 339: 1-8
8. Evans D, Wood D, Roberts M. *The effect of an extended hospital induction on perceived confidence and assessed clinical skills of newly qualified pre-registration house officers*. *Medical Education* 2004;38:998-1001
9. Wendling A, Baty P. *A step ahead - evaluating the clinical judgement skills of incoming interns*. *Fam Med*. 2009 Feb; 41(2): 111-5
10. Postgraduate Medical Council of Victoria Inc. *Accreditation Protocol and Guidelines*. Unpublished. 2010 Mar
11. Medical Practitioners Board of Victoria. *A Guide for Interns in Victoria*. Unpublished. 2009 Dec
12. Crampton R, Bingham C. *The Superguide: A handbook for supervising Doctors in Training*. CETI. 2010. Available online [www.ceti.nsw.gov.au/secure/downloadfile.asp?fileid=1006919]
13. Nicholls K, Flynn E. *Hitting the Ground Running*. Unpublished. 2008.
14. Flynn E, Leach D, Newman A, Kent-Ferguson S. *Intern Orientation: The Amazing Case Race*. *Medical Education* 2007; 41:1083-1111
15. Taitz J, Brydon M, Duffy D. *Making the most of medical orientation - A new approach*. *Med Educ Online* [Serial online] 2004; 9:2 [<http://www.med-ed-online.org>]
16. Antonoff MB, Shelstad RC, Schmitz C, Chipman J, D'Cunha J. *A novel critical skills curriculum for surgical interns incorporating simulation training improves readiness for acute inpatient care*. *J Surg Educ*. 2009 Sep-Oct; 66(5): 248-54
17. Mitchell HE, Laidlaw JM. *Make induction day more effective - add a few problems*. *Med Educ*. 1999 Jun; 33(6): 424-8
18. Taylor, C. *Rolling handOVER (ROVER) – Enhancing Junior Doctors' Orientation to New Rotations*. 14th PMEF, Gold Coast 2009
19. Confederation of Postgraduate Medical Education Councils, *Australian Curriculum Framework for Junior Doctors*. [<http://www.cpmec.org.au/Page/acfjd-project>]
20. Fowler, B. *The Professional Development of Newly Graduated Interns*. Unpublished. 1998.
21. Singh, J. *Professional Development of Registrars*. *MJA*. 2006; 184 (8) 422-423

APPENDIX 1

[Rotation Name] ROVER (Rolling handOVER)

Last updated: / / by Dr _____

Reviewed: / / by _____ e.g. Supervisor Intern Training (SIT) or appropriate other

ROVER (Rolling handOVER) is a resource for junior doctors to relieve stress and anxiety associated with starting a new rotation. Focus on providing information and tips that may help JMOs to prioritise and effectively manage their time and resources. Start off with a brief statement outlining the rotation. Sum up the rotation from a big picture point of view

UNIT STAFF MEMBERS – KEY CONTACTS

This section outlines the make-up of the team such as the Head of Unit, names of consultants (and any sub-specialty interests), Fellow, registrars, rotating residents and interns, nurse in charge. Include if medical students will be present on the Unit.

HMO ROLES / RESPONSIBILITIES & TIPS

- This section encompasses the main crux of the ROVER, and structure/presentation is very much up to you, the author. Include information and useful tips on the following areas of responsibility:
 - The Unit activities you are involved in, such as:
 - Preparing/presenting at Unit meetings (audit, MDT, radiology)
 - Attendance at outpatient clinics and theatre
 - After hours work
- Unit-specific or consultant-specific information, consultant-specific pre-theatre preparation, and specific pathways/processes for Unit-specific conditions.
- The investigations you do on a regular basis, who to contact for further advice or review.
- Cover shifts
 - Include additional Units covered during this rotation
 - Frequency of cover/weekend/on call shifts
 - Which teams to handover to and how this process occurs, eg. Phone call / paging or in person etc.
 - If admissions are required under other Units, briefly list any specific details which are expected for such admissions.
- Discharge Summaries
 - Include relevant information about what is expected under this Unit. For example - in Cardiology, cardiac risk factors, troponin, ECG results, coronary angiogram results, stenting procedure (type/ name/ size), which vessel stents were deployed to, if patients are enrolled in particular studies, cardiac rehab (Y/N), clopidogrel (Y/N).

UNIT MEETINGS / SCHEDULE

This section outlines the meetings/activities that are available to JMOs on the Unit. Differentiate between meetings that JMOs are definitely expected to attend, and meetings that are useful to attend if time and workload permits. Consider including a wide variety of potential meetings including MDTs, audits, journal club and educational sessions.

Day	Time	Meeting & Location

WORKPLACE GEOGRAPHY

This section outlines the main places JMOs need to locate during their rotation on the Unit. Think of all the places you were required to find and a more descriptive location, e.g. 2nd floor, by the outpatients department; adjacent to blue lifts.

Location of doctors' room	
Printer	
Fax	
Consultants' Offices	
Main meeting room	
Radiology meeting room	
Outpatient Clinic	

COMMON MEDICAL CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF...

This section outlines what medical conditions the Unit manages with a brief summary of the foundation knowledge that a JMO will need prior to starting on the Unit. It is not necessary to provide specifics about management but should serve as a primer for stimulating additional independent learning.

COMMON MEDICATIONS USED SPECIFICALLY BY UNIT

This section covers useful information regarding commonly used medications that JMOs need to be aware of, as well as their most clinically significant side effects. You may wish to include notes about consultants/registrars' preferences for administration of medications.

Medication	Indication	Route	Dose	Frequency	Comments

PROCEDURES

This section outlines the procedures that JMOs will encounter or perform during the rotation. It is not necessary to provide specifics about how the procedures are actually performed but should serve as a primer for stimulating additional independent learning.

USEFUL RESOURCES

This section outlines recommended resources that JMOs will benefit from accessing during their time on the Unit, such as Unit Orientation Handbooks, intranet guidelines and protocols, books, websites, and journal articles.

USEFUL CONTACTS

This section includes useful contact phone numbers/extensions commonly used by JMOs, including Unit Fax Number, Extension for Doctor's Room, Nurse in Charge and Allied Health.

Where appropriate, include a list of consultant-specific provider numbers if JMOs are required to order tests or make referrals on behalf of consultants.