

Example term descriptors for each Clinical Experience

<p>Emergency</p> <p>Clinical Experience: A and C</p>	<p>The PGY2 dr will be rostered to one of the 3 teams – Acute area (resuscitation cubicles, acute cubicles including acute mental health cubicles), Paediatrics/ambulatory care area and Emergency short stay unit. During their term in ED they will be rostered in all areas of the ED.</p> <p>Shifts are based on a balance between morning, afternoon and night.</p> <p>The PGY2 dr will have supervision 24/7 during their rotation in ED. The department is rostered to have at least 4 supervising consultants on the clinical floor from 0800 to midnight, 7 days a week. From midnight to 0800 hrs, the department is supervised by a senior registrar. There is always an emergency physician on call who is able to attend the department if needed.</p> <p>Tasks of HMO aligned to clinical experience A:</p> <ul style="list-style-type: none"> • Undertake initial assessment on patients presenting to ED. • Present the case to a senior medical staff (ED consultant or senior registrar). • Involved in management decisions under supervision of senior medical staff – appropriate investigations, treatment, clinical handover, disposition planning and follow up. • Run Short Stay unit under supervision of senior medical staff. • Involved in care of both adult and paediatric patients. • Liaise with other members of ED including allied healthcare professionals, nurse practitioners, pharmacy, psychiatry liaison services, social workers, critical care nurses for efficient patient care. • Work in shift pattern (morning, evening and night shift) with adequate supervision and discussion. <p>Tasks of HMO aligned to clinical experience C:</p> <ul style="list-style-type: none"> • Involved in assessing and managing acute illness with appropriate supervision. • Learn key aspects of emergency care - early recognition of acutely unwell/critically unwell patients. • Appropriate escalation to senior medical staff. • Immediate management and stabilisation of deteriorating patients. • To be an effective member in team environment. • Learn and gain experience under supervision of senior medical staff.
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<p>Neurology C and B</p>	<p>During this rotation the prevocational year 2 doctor will work with both in-patient (both ward and medical day unit) and out-patient management of various neurological disorders. This will include acute and chronic conditions e.g. multiple sclerosis, movement disorders such as Parkinson’s Disease and Epilepsy. The PGY2 will at times take referrals from other units and Emergency Department. They will review the patient and discuss their management plan with the ward service neurologist.</p> <p>Attendance to outpatient clinics will provide the PGY2 doctor opportunities to see returning patients week presenting with a range of acute and chronic conditions e.g. Post stroke follow-up, suspected TIA, seizures/ epilepsy, undifferentiated presentations and movement disorders, and contribute to their longitudinal care.</p> <p>The PGY2 doctor will be expected to progress their understanding of clinical presentation, diagnosis, investigation, and outline appropriate management for various neurological disorders. There will be opportunities for the PGY2 to advance their skills to:</p> <ul style="list-style-type: none"> - Recognise, stabilise, and escalate management of acutely ill patients. This includes attending MET calls. - Complete clinical reviews on admitted Neurology patients as per hospital Deteriorating Patient guidelines. - Help identify, investigate and manage patients presenting as a suspected acute stroke in both Emergency Department and the ward setting. - Consult patients in the outpatient setting. - Prepare and present at multidisciplinary care preparing patients for discharge home or to subacute care. This will involve communication with relevant community care providers - Participate in quality assurance by preparing for Morbidly and Mortality meetings under the guidance of the registrar. - Demonstrate good communication, teamwork, and professionalism. <p>Cover-shift & Weekend duties include:</p> <ul style="list-style-type: none"> - Ward rounds: General and sub-speciality or Cardiology presenting new and ongoing patients. - Complete all ward duties, review results, medication charting etc. - Attend clinical reviews as per hospital deteriorating patient guidelines. - Procedural skills include IVC replacement, IDC placement, ABG, NGT - Support transition of patients to Palliative/end of life care, family meetings and charting of appropriate EOL medications.
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	<ul style="list-style-type: none"> - Admit patients transfer directly to the wards from external hospitals <p>During the day the PGY2 doctor will work under the supervision of the Basic Physician Trainee, Advanced Trainee and ward service Consultant. The PGY2 doctor will participate in the evening cover with supervision via the Registrars with Consultants on call (General Medicine, Cardiology, Oncology, Renal & Respiratory).</p> <p>It is expected the PGY2 doctor will escalate any concerns at any time to the Registrar, Advanced trainee and/or Consultants. Clinical concern can be escalated by the nursing staff to the HMO, Registrar or Consultants.</p>
<p>Faciomaxillary Surgery C</p>	<p>The Faciomaxillary unit's workload consists primarily of acute facial trauma. A small amount of secondary and elective surgery is performed including some orthognathic surgery.</p> <p>Junior doctors attached to the Faciomaxillary Unit care for patients with the following conditions:</p> <ul style="list-style-type: none"> - Fracture mandible - Fracture zygoma - Mid-facial fractures, Le Forte I-III – ORIF & Pan Facial fractures - Naso-orbitoethmoid fractures - Orbital fracture (orbital floor and blowout fractures) - Nasal fractures - Dental injuries - Orthognathic surgery <p>In addition, the PGY2 on Faciomaxillary supports junior staff on the Burns and Plastics units and attends clinics and theatre for the faciomaxillary unit, with the option to also attend plastics and burns unit clinics & theatre.</p> <p>The management and treatment plans of inpatients and outpatients are determined collaboratively with the HMO working within a multi-disciplinary team (listed below under 4. Supervisor details, Team Structure). The PGY2 is always under the direct supervision of the consultants and registrars.</p> <p>The HMO's duties include:</p> <ul style="list-style-type: none"> - Admission of all patients. - Prepare ward list - Daily ward round with Registrar and /or consultant - Be aware of any other injuries or co-morbidities patients may have which could result in delay or postponement of surgery - Order and follow-up all pre-op investigations

	<ul style="list-style-type: none"> - Ensure imaging investigations are available at operation. - Submit theatre lists. - Attend theatre sessions - Complete discharge summaries and arrange outpatient follow up. - Attend outpatient clinic. - Enter patients in database to ensure accurate monthly audit. - Preparation of 3 monthly audit at end of rotation – submit electronic copy to unit secretary. - Assist with burns & plastics unit if available, including attending outpatient clinics and theatre - Attend emergency calls including MET Calls and Code blues
<p>Orthopaedics C and D</p>	<p>Residents will have opportunities to participate in diagnosing and managing patients with acute orthopaedic conditions, including admitting patients to the ward. They will provide care for patients in the peri-operative period, including dedicated theatre time.</p> <p>There are also extensive Orthopaedic outpatient services with clinics conducted every day including pre-operative, post-operative review, fracture and paediatric clinics. Residents will have dedicated time in outpatient clinics where they will have the opportunity to longitudinally review patients with chronic medical conditions (i.e. managing a patient with arthritis from diagnosis through pre-operative and post-operative periods and follow-up reviews).</p> <p>Residents will manage a broad range of chronic medical comorbidities in patients admitted under an Ortho bed card (i.e. elderly patients presenting with fractures or post-trauma). They will do this in conjunction/shared consult with the Orthogeriatrician for complex, non-elective patients over 65 years of age, especially for capacity assessments. Residents will be involved in multi-disciplinary team meetings with staff including medical, allied health, nursing and PART (Planning and Referral Team) clinicians regarding ongoing management plans and discharge planning options for complex patients. Residents will prepare notes, present cases and be involved in communicating with other medical teams and external providers such as GPs, subacute and residential care facilities, particularly regarding discharge planning.</p> <p>Residents are supervised by onsite registrars, and there is an on-call orthopaedic consultant available 24/7, and a visiting Orthogeriatrician to the ward.</p>