

POD DESCRIPTION

Pod descriptions are overseen by the Pre-vocational Medical Education Officer (PMEO), DPET and DDPET to provide important information to pre-vocational Junior Medical Officers (JMO's) regarding their pod placement. They are best referred to as a guide containing helpful information detailing the:

- Specialties encompassed by the pod
- Roles & Responsibilities of the JMO
- Education
- Weekly timetable
- Rostering
- Contact details

The pod description is designed to be supplemented by specific term descriptions and is an important component of orientation for the JMO.

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| FACILITY: The Canberra Hospital UPDATED: July 2019 | |
| POD NAME: Medical Pod 2 Relief Core/Non-Core/Relief: Relief | |
| Term Supervisors: Dr Carolyn Petersons (DPET) Dr Bosco Wu (PMEO) | |
| CLINICAL TEAM: <i>Include contact details of all relevant team members</i> | <p>The MedPod 2 Relief JMO will be attached to the units under Medical Pod 2 as per rostered duties. The clinical team will consist of the staff specialists and VMOs of the Medical Pod 2 units and the Medical PMEO.</p> <p>The Clinical team consists of the supervisors and clinical team members attached to each medical unit under Medical Pod 2. Please refer to the individual term descriptions for further details of names and contact numbers.</p> <p>Medical Pod 2 includes:</p> <ul style="list-style-type: none"> • Geriatrics, • Haematology, • Medical Oncology, • Radiation Oncology • MedPod 2 Relief term placements <p>Medical PMEO: Dr. Wai Meng Voon: Pre-vocational Medical Education Officer Email: waimeng.voon@act.gov.au Extension: 5124 2222 Office: MOSCETU, level 3, TCH (Bldg 2)</p> |

| | <p><u>MOSCETU Supervisor:</u></p> <p>Dr. Carolyn Petersons: Director of Pre-vocational Medical Education& Training Email: carolyn.petersons@act.gov.au</p> <p>Extension: 5124 3052 Office: MOSCETU, level 3, TCH (Bldg 2)</p> | | | | | | | | | | | | | | | | |
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| <p>ACCREDITED FOR:</p> | <table><tr><th></th><th>Number</th><th>Core/Elective</th><th>Duration</th></tr><tr><td>PGY1</td><td>4</td><td>Medical Pod 2 Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>8</td><td>Medical Pod 2 Core</td><td>12-14 weeks</td></tr><tr><td>Relief positions (either PGY1 or PGY2+)</td><td>6</td><td>MedPod 2 Relief</td><td>12-14 weeks</td></tr></table> <p>.Total positions available: 18</p> <p>Core positions: 12</p> <p>Relief (Non-Core) positions: 6</p> | | Number | Core/Elective | Duration | PGY1 | 4 | Medical Pod 2 Core | 12-14 weeks | PGY2+ | 8 | Medical Pod 2 Core | 12-14 weeks | Relief positions (either PGY1 or PGY2+) | 6 | MedPod 2 Relief | 12-14 weeks |
| | Number | Core/Elective | Duration | | | | | | | | | | | | | | |
| PGY1 | 4 | Medical Pod 2 Core | 12-14 weeks | | | | | | | | | | | | | | |
| PGY2+ | 8 | Medical Pod 2 Core | 12-14 weeks | | | | | | | | | | | | | | |
| Relief positions (either PGY1 or PGY2+) | 6 | MedPod 2 Relief | 12-14 weeks | | | | | | | | | | | | | | |
| <p>OVERVIEW OF UNIT OR SERVICE</p> <p><i>Include outline of the role of the pod.</i></p> | <p><u>Pod Definition:</u></p> <p>As part of the 4-term hospital system at Canberra Hospital, the different units of the hospital are divided into 4 Pods.</p> <p>A Pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The Pod system is designed to achieve the following:</p> <ul style="list-style-type: none">• Increase the amount and quality of JMO clinical exposure within the units of the Pod• Simplify and improve the accuracy of clinical handover• Improve continuity of care by moving towards a '24 hr hospital'• Provide an increase in evening and night medical staffing and greater continuity of care that involves the same group of JMOs looking after the Pod patients AH.• Enable more efficient completion of clinical duties and administrative paperwork. <p>A Key feature of the Pod system is that each pod is internally self-sufficient within that group of JMOs. Added value is achieved by the fact that JMOs are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the pod. The afterhours pod JMO is responsible for all inpatient care for patients admitted within the pod across a 24hr period, seven days per week. The system replaces the previous after-hours junior doctor ward overtime cover and aims to support patient safety by having a focussed patient group for the JMOs to cover within their Pod.</p> <p>The Pods are staffed to enable JMO education and training, and to comply with clinical and leave obligations. The system has provisions to cover for unplanned leave (sick leave). The medical officer support credentialing education training unit (MOSCETU) provides overall coordination of JMO education, training, support and administration.</p> <p><u>Medical Pod 2 includes:</u></p> <ul style="list-style-type: none">• Geriatrics,• Haematology,• Medical Oncology,• Radiation Oncology <p>Accredited for 4 PGY1 and 8 PGY2+ positions as Core Medical positions 12-14 weeks</p> <p>MedPod 2.1:</p> | | | | | | | | | | | | | | | | |

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| | <p>Med Onc & Haem 14B, GAPA 11A, Acute G 11B, Geriatric Outliers MedPod 2.2: Med Onc 4A, Rad Onc 4A, Haem 4A, Cancer Outliers</p> <p><u>MedPod 2 Relief placements:</u> Accredited for 6 PGY1/PGY2 positions as Non-Core Relief positions 12-14 weeks.</p> <p><u>MedPod 2 Relief JMOs</u> rotate through the disciplines within Medical Pod 2. These positions are deemed a Non-Core rotation. The relief positions are a vital role within the pods to promote continuity of care of patients and broadening education for the JMO.</p> <p>The nature of these relief positions is to provide a varying experience of the different medical units within this Pod, and to allow the MedPod 2 Relief JMO the flexibility to move within the different teams depending on need, rostering and unit requirements. Each Relief position has a default speciality they are assigned to, however, the Relief JMO may be rostered to different units to cover leave, or other requirements of the Medical Pod 2 teams.</p> <p>The skills acquired by the Relief JMO are to increase comfort and confidence in changing work environments, changing teams and registrars, and being aware of unique and specific work practices within the varying medical units under Medical Pod 2.</p> <p>This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs.</p> <p>NB: occasionally opportunities may arise to work in a discipline outside your specialty or Medical Pod 2. We encourage JMO's to eagerly undertake this occurrence as it enhances your medical knowledge and experience.</p> |
| ROLE OF PMEO: | <p>The Prevocational Medical Education Officer (PMEO) is employed by the Medical Officer Support, Credentialing Education Training Unit (MOS CETU).</p> <p>PMEO's can help with:</p> <ul style="list-style-type: none"> • Personalised teaching and training of clinical skills, • Professional leadership and mentorship, • Coordination of term assessment/ performance management of JMO's within pods, • Support of JMOs with professional and personal difficulties, • Supervision of clinical hand-over meetings, • Supervision of the pod roster and troubleshooting as required, • Liaison with consultant staff within pods, • Liaison with term supervisors; and • JMO advocacy <p>Please do not hesitate to contact your PMEO at any stage.</p> |
| ORIENTATION: | <p>Your PMEO is responsible for facilitating orientation for the MedPod 2 Relief JMO. Please contact your PMEO at the commencement of your term.</p> <p>There will be a Start of Term Orientation on the first Tuesday of each term during the Intern teaching session to provide an information and handover session to the incoming MedPod and SurgPod Relief JMOs.</p> <p>You may also contact the clinical team members, including the registrars, of your assigned units for orientation.</p> |
| REQUIREMENTS FOR COMMENCING SPECIFIC TERMS: | <p>Completion of medical school is generally sufficient. However, some rotations are only open to PGY1 or PGY2+ students. Please see specific term description for confirmation.</p> |
| JMOs CLINICAL RESPONSIBILITIES | <p>It is advisable to read the relevant term descriptions of the Medical Pod 2 units for further</p> |

AND TASKS:

details of JMO clinical responsibilities and tasks.

Medical Pod 2:

- Geriatrics,
- Haematology,
- Medical Oncology,
- Radiation Oncology

These are busy medical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties.

MedPod 2 duties:

Ward rounds and ward work:

The JMO is responsible for presenting all new patients to the consultant and providing updates on the progress of inpatients. The JMO should attempt to make sure that results of recent investigations, including scans and X-rays, are available for the ward Rounds.

The JMO should also ensure that accurate daily entries are made in the patients' notes during ward rounds and that notes are kept up to date.

Attend morning handover in the Main Auditorium.

At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients and provide a written summary/handover in the medical record.

Attendance is expected at all ward rounds, handover rounds, multidisciplinary rounds, book rounds, X-Ray and unit meetings. Please also refer to the Unit timetable.

Educational:

Case presentations and review of the relevant medical literature

Understanding of the principles and implementation of evidence-based medicine in relation to management of common geriatrics, haematology, medical oncology or radiation oncology conditions.

Clinical:

- Medical issues list – including falls assessment, cognitive and mood assessments (CAM, MMSE and GDS), continence assessment, nutrition assessment, pressure area assessment medication review
- Social circumstances
- Resuscitation Orders – Ensure the order is placed in the patient's folder
- Full clinical examination
- Screening bloods and ECG if not already done
- Referral to appropriate allied health staff
- A knowledge of and participation in the investigation and management of diseases of the blood system.
- To become familiar with the indication for and the management of the transfusion of blood products and its complications.
- The assessment and management of neutropenic fever and sepsis.
- Gaining an understanding of the principles and indications for administration of chemotherapy.
- The development of an awareness of requirements for the caring of the terminally ill and communication with the relatives and friends.
- The development of communication skills with all health professionals, other services within the hospital and the patients of general practitioners.
- Should be involved in preparing advanced care planning for patients where appropriate.

Gain an understanding of the assessment and management of disability especially associated with CVA, amputees, acquired brain injury and common chronic neurological, rheumatological and orthopaedic conditions.

- Develop skills in physical examination, particularly of the musculoskeletal and neurological systems.

Improve skills in the area of:

- Death and dying (palliative care)
- Medical care and emotional support
- Symptom control, especially pain relief
- Management of toxicities of anticancer treatments

Become familiar with investigation and management of "emergencies" as seen in Oncology, which include:

- Febrile neutropenia
- Spinal cord compression
- SVC obstruction
- Hypercalcaemia
- Cardiac tamponade

Procedural:

- Venepuncture
- Cannulation
- Urethral catheterization for both males and females
- Ascitic taps
- Pleural aspiration
- Nasogastric tube insertion
- Arterial blood gases
- Lumbar puncture and intrathecal chemotherapy administration
- Paracentesis and thoracocentesis
- PICC line insertion
- Insertion and re-wiring of CVC lines (with appropriate supervision)
- Bone marrow aspirate and trephine biopsy (with appropriate supervision)
- Management of the side effects of radiation treatment
- Understand the role of brachytherapy in treatment of common cancers
- Understand the role of the different radiation modalities in the treatment of common cancers

Interpretative:

Understand the collection, processing and interpretation of the following:

Full blood counts, coagulation studies, microbiology, biochemistry profiles, tests for haemolysis, marrow biopsies, blood bank serology and blood products.

Understand the indications for medical imaging including CT scanning, MRI scanning, nuclear scanning and ultrasound. Be familiar with common imaging abnormalities in haematology, oncology and geriatric patients.

It is advisable to get a clinical and ward work handover from the preceding JMO, and PGY1s to attend start of term orientation with the PME0 and unit representatives.

As the MedPod 2 Relief JMO you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible.

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| SUPERVISION: | <p>Day to day supervision is the responsibility of the supervisor & clinical team within each department, outlined on the relevant term description.</p> <p>Currently the supervisors are:</p> <ul style="list-style-type: none"> • Geriatrics- Acute Care: Dr. Manoj Saraswat, Dr. Sasi Selvadurai • Subacute Geri's - Dr. Saha • Geri's Outliers: Dr Nyoka Ruberu, Dr Sasikala Selvadurai, Dr Muhammad Choudhary • Geriatrics (Community)- Dr Kyaw Thu • Haematology- Dr. Pati & Dr. Palfreyman • Medical Oncology- Dr. Dua • Radiation Oncology- Dr. Andrew Lee <p>The Term Supervisor DPET will facilitate the co-ordination of the mid-and-end-term One45 assessments.</p> |
| STANDARD EXPECTATIONS OF JMO's: | <p>PROFESSIONALISM:</p> <p>It is a requirement that you act professionally in all circumstances while employed by The Canberra Hospital. As a representative of the public medical system, behaviour deemed unprofessional may endanger your employment.</p> <p>Continued professionalism relates to your:</p> <ul style="list-style-type: none"> • Communication and effective participation in a multidisciplinary clinical team, • Your commitment to develop skills in personal learning goals and their achievement through self-directed medical education and supervised practice, • Skills in information technology relevant to clinical practice, collection and interpretation of clinical data, • Endorsing the principles of evidence-based practice of medicine and clinical quality assurance techniques; and • Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment. |
| | <p>COMMUNICATION:</p> <p>Quality communication skills are expected as standard.</p> <p>This relates to:</p> <ul style="list-style-type: none"> • Patient interaction, • Patient information note taking, • Liaising with patient family members, • Working as member of a team, • Communicating with senior consultants; and • Communicating with other health care professionals regarding longer term patient management. |
| AVERAGE PATIENT LOAD/ DAY | 10-20 patients |
| AVERAGE WEEKLY OVERTIME | Rostered: 8 hours Unrostered: 0 |
| ROSTERING: | <p>Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate a handover period with the day staff and a handover with the night staff.</p> <p>Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information.</p> <p>A week of night shifts will also occur during your term from 9pm – 8.30am (8.30pm – 8.30am on weekends).</p> |

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| | <p>Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</p> <p>This system is designed so that you are part of a team providing 24-hr support for patients within your pod.</p> <p>Thus providing:</p> <ul style="list-style-type: none"> • A consistent and informed education for yourself • Streamlined care for the patients • Increased time with your supervisors, registrars, support staff • More detailed and informed handovers • Relevant electronic discharge/case-mix information more efficiently <p>Follow up of relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>AFTER HOURS: JMOs are expected to participate in the hospital after hour's roster at which time they will be supervised by the ward medical and surgical registrars who can be contacted via the switch board.</p> <p>Consultants also have an afterhour's roster and can be contacted via the switch board as required.</p> <p><u>After Hours Evening Duty:</u> MedPod 2.1: Med Onc & Haem 14B, GAPI 11A, Acute G 11B, Geriatric Outliers MedPod 2.2: Med Onc 4A, Rad Onc 4A, Haem 4A, Cancer Outliers</p> |
| EDUCATION: | <p>Each pod works as a functional unit allowing all JMO's within it to attend the teaching sessions provided by each of the sub specialties when able, as well as your own specialties teaching programme. All JMO's, particularly PGY 1, are required to attend general intern teaching sessions held every Tuesday afternoon. PGY2s are encouraged to attend RMO teaching every Thursday 2-3pm.</p> |
| ASSESSMENT: | <p>The MedPod 2 Relief JMO assessment will be conducted by the DPET, and will be based on a summary of 3 registrar reports from multiple areas covered during their term. All 3 reports will be required by the Director of Prevocational Education & Training Dr Carolyn Petersons for the End of Term Assessment.</p> <p>The DPET Dr Carolyn Petersons will see all MedPod 2 Relief JMOs for the Mid/End Term Assessment to review progress and any concerns.</p> <p>These interviews are to be booked by the JMO through the MOSCETU office.</p> <p>These Formal assessments and feedback will be completed aligned with the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p> |

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| ADDITIONAL INFORMATION: | <p>The Medical Officer Support Credentialling Education and Training Unit (MOSCETU) is the division within ACT Health that manages a range of functions associated with the ACT medical workforce. This includes;</p> <ul style="list-style-type: none"> • Postgraduate medical education and training, • Junior medical workforce support; and • Advisory services to ACT Health on medical workforce issues. <p>MOSCETU has an open door policy and is located on level 3, TCH (BLDG 2) ph: 5124 2507</p> |
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Carolyn Peterson
Dr Carolyn Petersons DPET
Date: 8/8/19

Dr Wei Meng Voon Medical PMEO
Date:

14/9/19

| TIMETABLE: Medical Pod 2 | | | | |
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| The timetable should include education opportunities. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week | | | | |
| | Monday | Tuesday | Wednesday | Thursday |
| 7 | | | | •Radiation Oncology 7-8 GU Meeting (alt weeks) |
| 730 | | | | |
| 8 | •Geriatrics H/O & Whiteboard Meeting •Haematology 8-8.30 H/O •Radiation Oncology 8-9 W/R | •Geriatrics H/O & Whiteboard Meeting •Haematology 8-8.30 H/O •Radiation Oncology 8-9 W/R | •Geriatrics H/O & Whiteboard Meeting •Haematology 8-8.30 H/O •Radiation Oncology 8-9 W/R | •Geriatrics H/O & Whiteboard Meeting •Haematology 8-8.30 H/O •Radiation Oncology 8-9 W/R |
| 830 | | | | •Radiation Oncology 8:30-9:30 Consultant W/R & H/O |
| 9 | •Geriatrics 9-12 Registrar W/R •Medical Oncology 9.00-1 Clinic •Radiation Oncology 9-1230 Clinic | •Geriatrics 9-10 MDT Meeting •Haematology 9-10.30 combined W/R, Clinical meeting •Medical Oncology 9-1 Clinics | •Geriatrics 9-12 Registrar W/R •Medical Oncology 9-1 Clinic •Radiation Oncology 9-1230 Clinic | •Geriatrics 9-12 Registrar W/R •Medical Oncology 9-1 Clinics •Radiation Oncology 9-12:30 Clinic |
| 930 | | | | |
| 10 | •Haematology 10-1230 W/R | •Radiation Oncology 10-11 Audit Meeting | •Haematology 10-1030 Lab Meeting | •Geriatrics 10-12 Consultant W/R |
| 1030 | | •Haematology W/R | | |
| 11 | •Haematology W/R | | | •Haematology W/R |
| 1130 | | | | |
| 12 | | | •Haematology G/R •Geriatrics 12-3 G/R •Medical Oncology 12-1 G/R •Radiation Oncology 12-1 G/R | •Haematology 12-1 JMO Mini G/R •Radiation Oncology 12-1230 JMO G/R |
| 1230 | | | | |
| 1300 | •Radiation Oncology 1-2 Lung MDM | •Haematology W/R •Geriatrics 1-3pm unit education •Haematology 1-2 academic/ educational meeting •Medical Oncology combined oncology meeting •Radiation Oncology 1-2 Journal club | | •Radiation Oncology 1-10-2:10 neuropathology meeting (1 st Friday of month) |
| 1330 | •Geriatric Rehabilitation 1:30-3.12b W/R | | •Medical Oncology Clinic (every 2 nd week) | •Radiation Oncology 1:30-2:30 GI meeting (alt weeks) |
| 1400 | •Radiation Oncology 2-5 Clinic | | •Radiation Oncology 2-4 Clinic | •Haematology 2-4 W/R |
| 1430 | •Medical Oncology combined W/R | •Medical Oncology 230-330 combined x-ray & pathology meeting •Radiation Oncology 230-330 pathology meeting •All Disciplines 3.4-3.50 JMO Teaching Session | | •Geriatrics 3-4pm Medication write up |
| 1500 | | | | •Haematology 3-4 W/R |
| 1530 | •Medical Oncology W/R | | •Medical Oncology 4-5 JMO Mini G/R | |
| 1600 | | | | •Haematology weekend H/O |
| 1630 | | | | •Radiation Oncology 4:30-5:30 Head & Neck MDM (alt weeks) |
| 1700 | | | | |
| 1730 | •Radiation Oncology 5:30-6:30 Breast MDM | | | |

Unless stated timetable is not indicative of completion times. W/R- Ward Round H/O Handover G/R Grand Rounds