



### INTRODUCTION

This resource has been developed as a guide for medical staff responsible for preparing or reviewing unit orientation booklets for prevocational doctors. This generic document is intended to assist setting up a framework from which to begin; consider it as a benchmark exemplar of the minimum core detail.

This document has been developed from a composite of unit orientation booklets that have been reviewed by national surveyors across previous years with the goal of presenting what has been achieved by units currently in existence.

This resource has been developed to reflect the information unit orientation booklets should provide to prevocational doctors according to the prevocational accreditation standards. Unit orientation booklets must be written specific to your unit, so it is strongly recommended that unit supervisors ensure their unit documentation is written based on the **experience** they plan to deliver to their prevocational doctors. You are encouraged to add, expand and further develop your unit orientation booklet so that it reflects the excellent experience a prevocational doctor will have in **your** unit!



## UNIT OVERVIEW

Indicate the following:

- Term supervisor/s and contact details
- The clinical team and contact details
- Unit accreditation status (if currently accredited)
- Overview of the services provided within the unit, case mix and other pertinent summary details such as expected workloads if known

Consider if there is other pertinent detail to provide at the outset. For example:

- If the unit is regularly or intermittently rostered on admitting rosters – specify which, and how regularly
- Indicate if supervisors regularly participate in other rosters.



### REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standards 6 & 9
- Intern Outcome Statements (AMC)
- Guidelines for Terms (AMC)

## PREVOCATIONAL DOCTOR LEARNING OBJECTIVES

The term supervisor should identify the specific knowledge, skills and experiences that the prevocational doctor should expect to acquire during the term, including reference to the Australian Curriculum Framework for Junior Doctors (ACFJD) and National Intern Outcome statements and Guidelines for Terms written for Internship by Australian Medical Council (AMC). It is very important that the objectives documented here are **specific** to the actual nature of the term offered, and **not** a generalised overview. What will you expect the prevocational doctor to be able to do at the conclusion of their term? How is the term content contributing to the prevocational doctor being able to progress to independent practice?

An effective tool to map the learning objectives of the term to the ACFJD and Outcome statements is to develop a checklist of the ACFJD and outcome statements as it applies to the unit. This could be attached to the orientation booklet so that prevocational doctors can appreciate how their experience in this term relates to their education as prevocational doctors according to the national curriculum.

The learning objectives identified here should form the basis of mid and end of term assessment.



### REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 8
- Intern Outcome Statements (AMC)
- Guidelines for Terms (AMC)

## PREVOCATIONAL DOCTOR DUTIES AND RESPONSIBILITIES

List the routine clinical duties, responsibilities and tasks expected of prevocational doctors, including term and patient handover if applicable.

Scope of practice - be sure to indicate which duties/procedures/skills must be performed:

- Always under direct supervision
- Under supervision until assessed
- Never to be performed by a prevocational doctor



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 7 & 8
- Intern Outcome Statements (AMC)
- Guidelines for Terms (AMC)

## SUPERVISION

Clearly identify (name) all staff members that are responsible for prevocational doctor supervision in the unit. Include how and when they can be contacted during hours and after hours. This may need to include for offsite units who else they may contact in the primary allocation NT health regional health service as a backup. This area in the booklet could also nominate who the term supervisor is in comparison to the clinical supervisors.

Ensure you keep this section of your booklet up to date, as the supervisors must be consistent with the staffing in the unit.

Refer to prevocational accreditation committee supervision policy for clarification on prevocational doctor supervision requirements under the prevocational accreditation standards. Consideration and mention of the NT health regional health service supervision policy should also be mentioned in this area.



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 7
- Prevocational Accreditation Policy – Supervision Policy for prevocational doctors in Accredited NT health regional health services

## UNIT ORIENTATION

Include detail regarding the arrangements for orientation to the term:

- Who is responsible for providing term orientation?
- Who will record that it has been completed?
- Any additional resource documents (e.g. unit clinical polices and guidelines) required as reference material for the prevocational doctor

What should occur prior to the prevocational doctor commencing in the unit, for example, how does term handover work and who is responsible for it? Will patient handovers be required?

What should the prevocational doctor expect on their first day in the unit?

What happens in the first few days in the unit?

Remind prevocational doctors to review the NT health regional health service orientation booklet received at the start of the year for information such as consults, scripts, referrals and other general NT health regional health service wide information.



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 6



## UNIT POLICIES (OR EQUIVALENT) AND PROCEDURES

Detail any commonly performed procedural skills and commonly used medications here. For example:

- Acute admissions during hours and after hours
- Overnight admissions
- Overnight transfer
- Patient discharge
- Planned admissions
- Referrals and inter hospital transfers
- Drug protocols
- Procedural protocols



### REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 6

## UNIT EDUCATION OPPORTUNITIES

Outline the educational opportunities available to prevocational doctors in the unit. These can include:

- Unit meetings
- Case presentation
- Clinics
- Theatre time
- Ward rounds
- Grand rounds
- Journal club
- Health Service Education Program (HSEP)
- Bedside teaching/lectures
- Relevant journals/reference material available to prevocational doctors from library resources



### REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 6

## PREVOCATIONAL DOCTOR UNIT ROSTER & TIMETABLES

To illustrate the combination of education and duties for the prevocational doctor in the unit, you should also include a unit roster that is specific to both the unit and the prevocational doctor.

The timetable should clearly indicate which meetings and sessions the prevocational doctor is to attend during the week, supervisors of the prevocational doctor may be assigned to, clinics, theatre and so forth. If more than one prevocational doctor, ensure the timetable is consistent with the prevocational doctor's actual experience in the term.

Indicate the rostered hours for the prevocational doctor, overtime as relevant and un-rostered activities as relevant.



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 6
- Resource 4.1 Chapter 3 – What is the difference between a timetable, roster and allocation

## PREVOCATIONAL DOCTOR ASSESSMENT

The arrangements for prevocational doctor assessment must be clearly communicated as appropriate to the unit, NT health regional health service assessment policy and prevocational accreditation standards. Detail how the following occurs for prevocational doctors in the unit:

- Formal feedback to prevocational doctor at mid-term (formative) and end of term assessment (summative)
- Completion of the assessment form at mid-term and end of term
- Who is responsible for ensuring assessment occurs
- Who is responsible for collecting completed assessments
- Privacy of assessments
- Disclosure and discussion of feedback and assessment with the prevocational doctor
- How a prevocational doctor in difficulty or underperformance is managed (Improving Performance Action Plan – IPAP)
- Who/What is the Assessment Review Group

**NOTE** – According to the accreditation standards, terms with duration of 5 weeks do not require a mid-term prevocational doctor assessment to be completed.



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 10

## EVALUATION OF UNIT

Outline how a prevocational doctor evaluates the unit:

- Where to get the unit evaluation form
- The confidentiality of evaluation feedback
- The purpose and importance of unit evaluation
- What happens to the information included in the unit evaluation
- How to complete a unit evaluation



## REFERENCE:

- Prevocational Accreditation Standards & Guidelines – Function 2: Standard 9

## VERSION CONTROL

Unit orientation booklets can change and so keeping track of changes and various amendments is important. Most NT health regional health services will have their own processes to manage such matters.



## SAMPLE UNIT ORIENTATION BOOKLET

The following is a consolidated example that has been adapted with permission from a number of unit orientation booklets provided by accredited prevocational doctor education and training NT health regional health services nationally.

**Green text** indicates components that need to be customised according to the facility and unit in question. However, as with any example, you are urged to take great care that it is carefully reviewed and customised to suit the individual context.

### TITLE PAGE

**Hospital name and Logo**

**Name of Term**

**Orientation Booklet for Prevocational Doctors**

SAMPLE

**Location**

Ph: (08)

**Version:**

**Unit Education Coordinator's (Term Supervisor) Name**



## 1. DESCRIPTION OF THE UNIT

The **NAME** department consists of a **bed number / occupancy rates**.

Services provided by the unit are:

- List each here

The current activity of the unit is:

- admissions per year
- procedures per year
- other e.g. stress testing
- Outpatients: per week (approx. new patients, old, per week)

## 2. CASEMIX/COMMON CONDITIONS IN THE UNIT

The unit is a busy department that gives exposure to a broad range of conditions.

Description of case mix within the unit:

- List here

Prevocational doctors may wish to familiarise themselves with current national and International guidelines for these conditions. Copies are available within the Unit.

## 3. PREVOCATIONAL DOCTOR LEARNING OBJECTIVES

During the **name** term, the primary educational objective for the prevocational doctor is **the assessment and treatment of undifferentiated illness and injury**. To this end the following skills should be developed:

### **History**

- Learn to take a problem orientated history rapidly and efficiently
- The history obtained should be adequate for the assessment and treatment of the patient

### **Physical Examination**

- Perform physical examination efficiently yet thoroughly
- Elicit pertinent signs of acute illness or injury and interpret their significance
- Learn to recognise the warning signs of critical illness and injury

### **Diagnostic tests**

- Learn the rational and appropriate use of diagnostic tests. Tests should be both clinically justifiable and cost effective.
- Know when specific tests are indicated in defined situations (e.g. provide example)
- Interpret X-rays - particularly of chest, abdomen, pelvis, vertebrae, limbs and periphery
- Request common pathology tests appropriately and interpret their significance

### **Treatment & Management**

- Appreciate the significance and use of triage



- Learn the principles of resuscitation, in particular primary and secondary survey and the management of airway, breathing & circulation
- Learn the immediate treatment of a range of acute medical and surgical conditions
- Develop management plans for the ongoing treatment of acute illness and injury

### **Personal Skills**

- Learn to work as a member of a clinical team
- Learn to consult when necessary
- Be able to present a case concisely and clearly to senior medical staff
- Recognise the role and experience of other health care professionals
- Develop interpersonal skills for dealing with patients, their friends and relatives and in particular in interacting with the recently bereaved

## **PROCEDURAL SKILLS**

Not all prevocational doctors will have the opportunity to learn every procedural skill during their stay in the **Department**. However, it is important that prevocational doctors make every effort to learn as many procedural skills as possible and to hassle their senior clinicians and registrars to teach them!

Prevocational doctors should aim to achieve procedural competence to the following levels:

### **1. Perform Independently or with minimal supervision:**

- List here

### **2. Perform under supervision (attainment of these skills is highly desirable):**

- List here

### **3. Observe (perform under supervision if clinically appropriate):**

- List here

## **ACFJD LEARNING OUTCOME TERM MAP**

Prevocational doctors will have the opportunity to develop skills and competently perform the following procedures as outlined in the *Australian Curriculum Framework for Junior Doctors*, produced by CPMEC.

The *Australian Curriculum Framework for Junior Doctors* includes a list of common problems and conditions. It is intended “Doctors should be able to appropriately assess patients presenting with common, important conditions, including the accurate identification of symptoms, signs and/or problems and their differential diagnosis and then use that information to further manage the patient, consistent with their level of responsibility.”

### **Clinical Management – Safe Patient Care**

#### **Public Health**

- Informs authorities of a ‘notifiable disease’
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community

#### **Infection Control**

- Practices correct hand-washing and aseptic techniques
- Uses methods to minimise transmission of infection between patients
- Rationally prescribes antibiotic/antiviral therapy for common conditions



# TERM ORIENTATION BOOKLET GUIDE



## BOOKING PROCESS FOR PLANNED ADMISSIONS

- [List here](#)

## REFERRAL / INTER-HOSPITAL TRANSFERS

- [List here](#)

## DRUG PROTOCOLS

- [List here](#)

## SURGICAL REFERRALS (IF APPLICABLE)

- [List here](#)

## 5. REGULAR UNIT MEETINGS

EXAMPLE:

	Monday	Tuesday	Wednesday	Thursday	Friday
0745 - 0800		Bed meeting	Bed meeting		Bed meeting
0800 - 0830	Bed meeting	Registrar	Journal	Bed meeting	Department
0830 - 0900		Teaching	Club	Cases	Education
1300 - 1330					Special
1330 - 1400					meeting

The department has a regular bed meeting each:

- [List here](#)

The purpose is to briefly outline the current progress and management of each patient and plan discharges.



## 6. CONSULTATIONS & REFERRAL GUIDELINES

### CONSULTANT ALLOCATION FOR ADMISSIONS

Scheduled ward rounds are:

	MON	TUE	WED	THU	FRI
Rostered					
1 <sup>st</sup> Backup					
2 <sup>nd</sup> Backup					

On weekends:

- [List here](#)

### CONSULTATIONS

The department offers a consultation service to:

	MON	TUE	WED	THU	FRI
Rostered					
1 <sup>st</sup> Backup					
2 <sup>nd</sup> Backup					

### TROUBLESHOOTING

During business hours: when problems arise with patients, and the treating doctor is not available: (1) .... or (2) ..... should be contacted.

After-hours:

- [List here](#)



## 7. PREVOCATIONAL DOCTOR UNIT ROSTER

(Include responsibilities for ward call, remote call and all after hours)

Currently there are (unit staffing numbers and FTE status e.g. no. of VMOs, SMOs etc)

In addition to ward work, prevocational doctors are rostered to attend pre-admission clinic, day case discharges and exercise stress testing as outlined in Section xx. The prevocational doctor allocated to these activities is indicated below, but changes can be negotiated depending on in-patient workload.

		Monday	Tuesday	Wednesday	Thursday	Friday
Pre-ac	AM					
	PM					
Day case	AM					
	PM					
EST	AM					
	PM					

### PREVOCATIONAL DOCTOR SHIFTS

Currently 4 X 10 hour shifts per week. Weekend duty is approximately 1 in 2.

### AFTER-HOURS ROSTER

Detail

## 8. CONTACTING UNIT SUPERVISORS AND MEDICAL EDUCATION & TRAINING SERVICE

Term supervisors are responsible for ensuring supervision is adequate at all times to ensure safe patient care and provide a safe learning environment for the prevocational doctor. The unit supervisor can be contacted via pager or directly via their office number. They are also available daily within the department.

Current supervisors are:

Unit 1 Dr            Pager  
Unit 2 Dr            Pager

While on rotation to this unit, prevocational doctors can also contact the DCT, Dr xx. Telephone (0x):            Fax (0x)            for any queries or assistance.

### CONTACTING THE CONSULTANT ON-CALL

Situations in which it is appropriate to call the consultant on-call include:

- Complex medical problem requiring advice and/or technical help
- If a clinical procedure is proposed, especially one involving procedural sedation



- Major resuscitation
- Patient transfer or retrieval
- Administrative problem
- Conflict with other clinical departments
- Department overwhelmed
- Any Code Yellow, Orange, Red or Purple impacting on the ED or ED personnel
- Impending or actual external major incident or disaster (Code Brown)
- V.I.P in department

## 9. PREVOCAATIONAL DOCTOR DUTIES AND RESPONSIBILITIES

### PREVOCAATIONAL DOCTOR DUTIES

1. Deliver medical care to Department patients
2. Assist more senior doctors in complex cases
3. Perform other duties as determined from time to time by a more senior doctor
4. Attend and participate in educational and clinical audit activities organised by the Department

### ADMISSIONS

Details

### DISCHARGES

An important aspect of on-going patient care is a timely and accurate discharge summary.

### WARD ROUNDS AND WARD WORK

The ward duties expected of the prevocational doctor are:

- Pre-admission Clinics

### REPORTING PROCEDURES FOR PREVOCAATIONAL DOCTORS

- Investigations, ordering tests and follow up
- Attendance requirements at Unit meetings
- Responsibilities re clinical audits, presentations at Unit Meetings and specific Unit education sessions

### PREVOCAATIONAL DOCTOR SCOPE OF PRACTICE

Prevocational doctors are inexperienced and they thus work in the **Department** under the supervision of more senior doctors and certain restrictions are imposed on prevocational doctors' practice.

#### Responsibility for Patients

Detail

#### Consultation & Review

Detail

#### Discharging Patients

Detail

#### Clinical Procedures

Detail



Prevocational doctors are not to undertake any procedure or to initiate any treatment regimen unless they have previously demonstrated competence in that particular area and they have discussed the case with a senior doctor. All surgical procedures performed by prevocational doctors (including sutures) are to be reviewed by a senior doctor prior to the application of sterile dressings.

## 10. EDUCATION & TRAINING OPPORTUNITIES IN THE UNIT

### UNIT EDUCATION SESSIONS AND SUITABILITY FOR PREVOCATIONAL DOCTOR ATTENDANCE

- List here

### ATTENDANCE EXPECTATIONS

- List here

### EDUCATION CO-ORDINATOR

- List here the known contact person for any inquires regarding education and training in the Department

## 11. PREVOCATIONAL DOCTOR ASSESSMENT

### GUIDELINES FOR OBTAINING MID AND END OF TERM ASSESSMENT

The term supervisor **Dr xxx** is responsible for explaining the purpose of the assessment process and ensuring the mid and end of term assessment after the 5 or 10 week rotation is completed and for ensuring the prevocational doctor receives a value adding feedback interview and must sign the completed prevocational doctor assessment form at the end of term.

The prevocational doctor assessment form is available from the unit, the MEU or **xxx** and can be printed from the **Intranet or other location**.

Formative verbal feedback will be given to prevocational doctors as appropriate during the rotation.

Prevocational doctors are encouraged to request feedback on their progress and the completion of prevocational doctors' duties by the end of the first week of the term.

It is the responsibility of the prevocational doctor to ensure they take a copy of their completed assessment form and return the completed form to the MEU.

### DESIGNATED SUPERVISOR TO COMPLETE ASSESSMENT

The supervisor for each unit is responsible for providing end of term assessments. The registrar may provide mid term assessments. Other unit personnel may also be involved in providing feedback. Prevocational doctors should arrange to meet their supervisor for a formal feedback session before the end of their rotation.



## 12. PREVOCATIONAL DOCTOR EVALUATION OF UNIT

### LOCATION OF EVALUATION FORMS

Prevocational doctors are requested to complete an Evaluation of Clinical Unit Form for this unit. Completion of the form is confidential however highly valued. The purpose of evaluating the unit is to assist the medical education unit and clinical unit to continuously improve the learning and education within that unit.

Forms are available in the unit, from MEU or can be printed from the website on the Intranet. Forms are to be returned via email or hard copy to MEU, or xxxx. Data from evaluation forms is de-identified, collated and summaries returned to the director and term supervisor for the unit for feedback and follow-up. The summarised evaluation information is used by the Medical Training committee at the NT health regional health service to continuously improve medical education and training for prevocational doctors. Thank you for your feedback.

### VERSION CONTROL

Number	Author	Details	Date
V1.2	Dr Bea Good	Learning objectives updated due to change in Unit case mix	01/08/19
V1.1	Dr Mem Inem	Supervisors and registrars updated due to change in staffing	15/12/18
V1.0	Dr Watt The	Booklet developed	03/01/18