

ORANGE HEALTH SERVICE EMERGENCY DEPARTMENT

JMO ORIENTATION PACKAGE November 2017



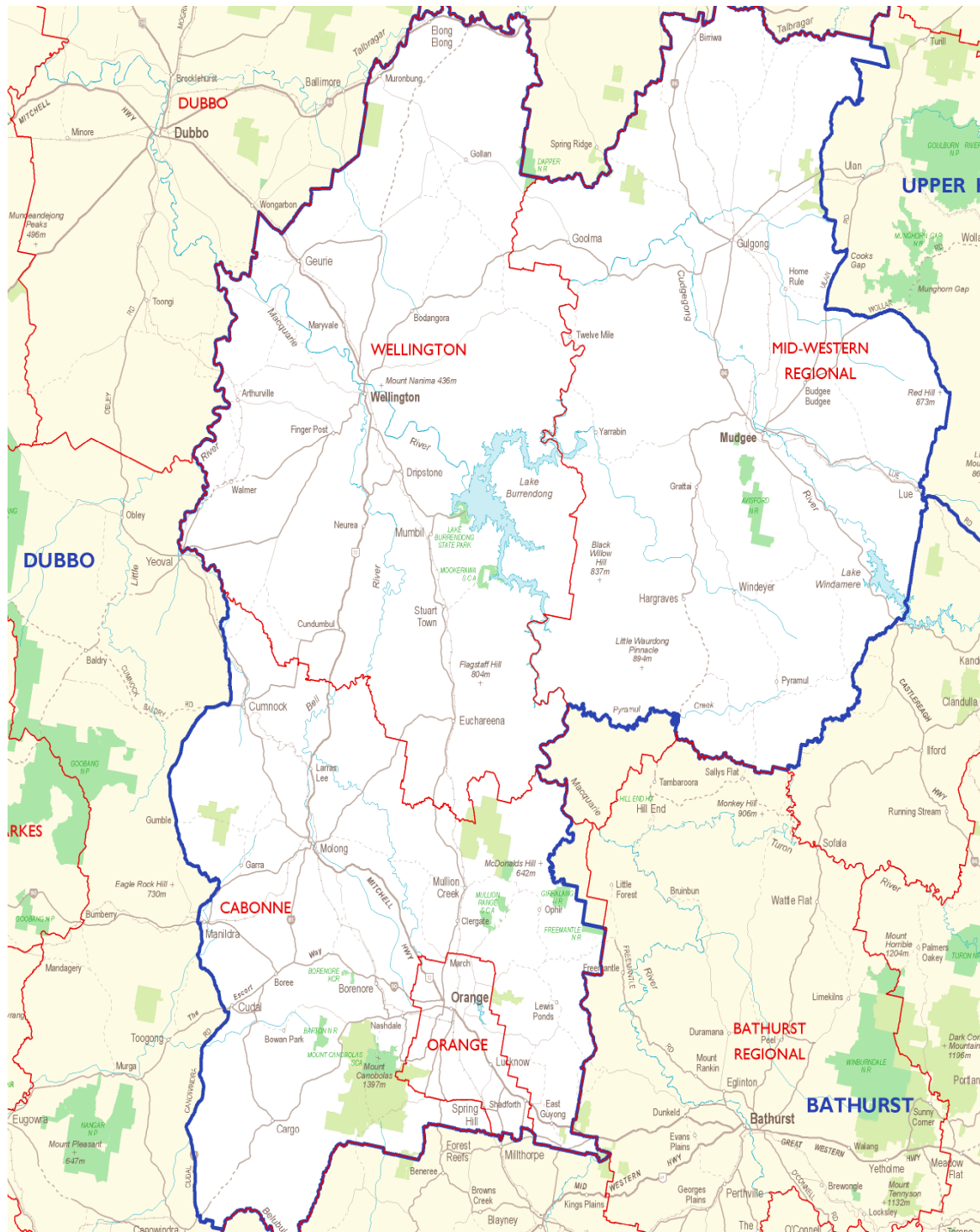
Health
Western NSW
Local Health District



TABLE OF CONTENTS

Map of Orange and Surrounding Areas	2
Welcome	3
Contacts	3
Staffing	4
Daily Schedule	5
Role of the JMO staff	8
Clinical Business Rules - Orange Base Hospital Admission Acceptance	10
AIDETS	17
ED Passport	18
ED JMO Term Feedback	23
General Comments	25

MAP OF ORANGE AND SURROUNDING AREAS



WELCOME

Welcome to the Emergency Department at Orange Health Service. During this rotation you have the opportunity of working in a new facility that has been purposely designed with both the patient's journey and yours in mind.

The Emergency Department places a strong emphasis on team work at all levels of staff and you are seen as a significant part of the team. With that in mind, everyone in the Department is there to help you and provide guidance to you in your daily work as well as your career.

Orange Health Service opened in March 2011 and is part of the Western NSW Local Health District and is a major rural referral Health Service and the regional Trauma Service for the Central West. The Hospital provides a wide range of clinical services including Emergency Services, ICU, Coronary Care, General and Specialist Medical and Surgical Services. In addition Interventional Cardiology, Maternity, Paediatric and Neonatal Services, Aged Care and Rehabilitation, Cancer Services including Radiotherapy, Oral Health, Renal Dialysis, Psychiatric Services and Advanced Imaging and Interventional Radiology are also provided.

The Emergency Department consists of 19 beds comprising of:

- 2 resuscitation/trauma bays
- 12 monitored beds (including a monitored negative/positive pressure room)
- 4 unmonitored beds
- 1 secure assessment room
- 4 fast track rooms (including ENT/plaster room)
- 3 consultation rooms

Orange is a fantastic place to work with varied pathology that will allow you to rapidly grow your clinical experience. The Consultant Group would like to welcome you. We look forward to sharing with you the adventure that is a busy clinical shift and helping you develop your emergency medicine skills. Below is some information that you should know for your transition into the Emergency Department. If there is anything missing or questions you need answered – please get in touch with Dr GREG BUTTON – JMO Supervisor.

CONTACTS

Emergency Department phone number:	6369 3156
Emergency Department fax number:	6360 2010
Dr Shamus Shepherd Director of Emergency Medicine	Ph: 6369 3861 Mob: 0412 316 737 Email: Shamus.Shepherd@health.gov.au
Dr Greg Button JMO Supervisor	Mob: 0419 040 877 Email: Gregory.Button@health.nsw.gov.au
Mim Eaton Nursing Unit Manager	Ext: 2202 Email: Miriam.Eaton@health.nsw.gov.au
Duty Emergency Officer phone:	Ext: 3862
Clinical NUM	Ext: 3860

Vicky Conyers Ext: 3094
Trauma CNC

Other useful Numbers:

Orange Base Hospital main switchboard	Ph: 6369 3000 / ext 9
Jan Worsley	Ph: 6369 3536
Medical Administration Manager	Email: Jan.Worsley@health.nsw.gov.au
Payroll Service Desk	Ph: 1800 428 283
Medical Administration	Ext: 3826
Westmead Hospital	Ph: 9845 5555

STAFFING

Emergency Physicians provide direct clinical cover during day and evening shifts, with on call cover overnight.

In addition there are four JMOs and three-four Registrars/CMO between 8:00am to 23:00pm and one Registrar, one Critical Care SRMO and one junior doctor overnight.

The on call Emergency Physician overnight is rostered on the master roster in the doctor's office. They are contacted by mobile phone on the number provided on the roster. They may also be called by the CNUM if any of the nursing staff have concerns about staff or patients' welfare.

MEDICAL STAFF

Emergency Director

Dr Shamus Shepherd (FACEM)

Emergency Consultants / VMOs

Dr Greg Button (FACEM)

Dr Nikki Grant (FACEM)

Dr Colin Dibble (FACEM)

Dr Ruby Hsu (FACEM)

Dr Fergal McCourt (FACEM)

Dr Sally Clunas (FACEM)

Dr Grant Westcott (FACEM)

Dr Melanie Berry (FACEM)

Dr Fiona Stewart (FACEM)

DAILY SCHEDULE

SHIFT ALLOCATIONS

Day Shift:	08.00 – 18.00
Bridging Shift:	10.00 – 20.00
Evening Shift:	13.30 – 23.30
Night Shift:	22.15 – 08.15

WARD ROUNDS

Ward rounds will be carried out on a daily schedule.

- 08.00 Morning ward round will be conducted with the Senior ED Physician and all medical staff. This allows appropriate handover of patients from the night to the day medical staff.
- 16.00 Afternoon ward round will be conducted with all medical staff and the NUM.
- 22.00 Evening ward round with Senior Night Doctor and all medical staff. Allows appropriate handover of patients from the day to the night medical staff.

ROSTER

Generally once the roster has been put out, you are responsible for making your own roster swaps. Dr Greg Button (ED FACEM) currently oversees the Intern/RMO roster.

All roster swaps must be discussed and confirmed with Dr Greg Button. A form needs to be filled out and sent to Jan Worsley in medical administration.

You cannot arrange swaps which will then incur overtime for anyone – if you do, then the overtime will not be paid out. This is in contrast to extra shifts you pick up when the roster is short, in which case you will be paid overtime where it is due and is greatly appreciated by all of us.

LEAVE

Annual leave and study leave should be applied for at the beginning of the year – as early as you have an idea when you want. If you know you are having a baby, getting married, doing exams or any other important life event, then book your leave ASAP!

The process for doing this, is to fill out a FORMAL LEAVE application form and to give this to Jan Worsley in Medical Admin. If approved – a leave JMO will be assigned to cover your shifts.

Leave is NOT APPROVED until the DMS has formally approved the leave application.

Your needs and request will be balanced against the needs of others and the department. Not everyone can have leave at the same time and this goes for both study leave and annual leave. The function of the Emergency Department is reliant on appropriate staffing, which generally means no more than one JMO can be away at any one time except under exceptional circumstances. The sooner you fill out the leave form the more chance you have of getting what you want.

SICK LEAVE

You MUST call 6369 3862 and inform ED FACEM (or Night Registrar) in charge 24/7 **AND** send an email to JAN WORSLEY and DR GREG BUTTON. Give as much notice as possible, especially for night shift. It will be looked poorly upon on your term report if sick leave is not notified to the relevant people as stated above.

MENTORING PROGRAM

There is a Mentoring Program which is being run as a whole of hospital project. You should already have been allocated a mentor – if you have not, please get in touch with Dr Darryl MacKender (JMO Supervisor).

There is also an ED Mentoring Program, and each JMO will be allocated a mentor from the ED Consultant Group. Your mentor will meet with you at the start of your ED term, and also for your mid term and end of term assessments. It is YOUR RESPONSIBILITY to arrange a mutually convenient time to complete these assessments, and they are mandatory to successfully pass your ED term. In addition there is an agreed goals form attached to this guide. Please sit down with your mentor at the start of term to discuss. This is to ensure we help you achieve key skills and your own goals during this term. If you are having trouble accessing your mentor, please let Dr Greg Button know.

TEACHING

Weekly scheduled teaching for Intern/RMOs is COMPULSORY. You must attend even if working a shift in the ED. Please arrange to hand over the patients you are currently seeing (to the ED Registrar) in the ED at least 15 minutes prior to teaching commencing. The ED Consultant may not remember that you have compulsory teaching on that day – so please remind them at least one hour prior to leaving – so that they have time to catch up with you about your patients.

INTERN teaching every week: Wednesday 14.00-15.00 (Compulsory)

RMO teaching every week: Monday 14.00 -15.00 (Compulsory)

Grand Rounds Tuesday 14.00-15.00 (please attend if you are not working)

Journal Club Friday 08.00 (please attend if you are not working)

Trauma M&M – see flyer in ED for dates.

Teaching is provided every fortnight on a Thursday from 12.30 - 15.00 for the ED REGISTRARS. If you are not working (or perhaps prior to starting your evening shift) you are more than welcome to attend.

There are also weekly, short (10min) teaching sessions in ED. Please attend these if you are on shift.

Our Emergency Department also has a website which is full of departmental information, education, policies and procedures. This is a useful resource whilst you are here and further into your career. The address is orangeed.net

There is also a locked section only available to OHS ED staff. The password is emergency1. Please don't give out this password without talking to Dr Colin Dibble first.

MID TERM / END OF TERM ASSESSMENTS

INTERNS: Please arrange for your ED Mentor to do your mid term assessment in Week 5. THIS IS COMPULSORY and you must be organised and be motivated to get this done in the appropriate time frame. It is a really good chance to sit down and let us know if there are any issues with the term. ED can be a tough term at times, and if there are any issues – we need to know earlier rather than later so we can help you out – as we are all willing to do. Please don't be afraid to seek help if you are having any problems including using your mentor / other JMO to relay messages if need be.

All JMO's must have an end of term form completed. Even though it is not compulsory for RMO's to do a mid term assessment – we are more than happy to sit down with you at any time during the term to discuss your performance or any issues you may want addressed.

Take home message – is don't leave it till the end of term to speak up if there are any particular concerns or needs that you may have.

RESEARCH OPPORTUNITIES

There are always ways to improve the quality of care and delivery of service. If you are keen to perform an audit or become involved in a small study, then please raise this with either the JMO Supervisor, Dr MacKender, or any of the ED FACEMs.

They will have suggestions to help you get involved or direct you accordingly if you have ideas of your own.

PROCEDURES

ED is a great place to get exposure to a lot of hands on procedures. Make sure you tick off the ones on your ED Passport.

We expect you to be able to gown and glove (without putting your hands through the sleeve cuffs) prior to starting your term with us. If you don't know how to, please ask!

NIGHT SHIFT

Night shift presents its own challenges for doctors working in ED. You have to deal with the mental and physical stresses of working a night shift while working with less resources than are usually immediately available. The consultants have all been there before and understand the difficulties – do not be put off by 20 questions in the morning at handover time – it's all part of a process. If there are difficulties or issues overnight please pull aside the day consultant and have a chat to them, they are there to support you.

NIGHT SHIFT RADIOLOGY

The Radiographer is on call after 11pm. You should not hesitate to call them in if there is imaging that you require that will change your management. Morbidity and Mortality meetings frequently feature patients where night shift conditions create a bias in decision making (delay in or decision not to image) and our threshold for recalling radiographers overnight is decreasing as the department gets busier.

NIGHT SHIFT REFERRALS

A common cause of anxiety amongst ED doctors is disturbing on call doctors sleep and the sometimes difficult interaction that can follow. To minimise this, please group your phone calls so they have the least interruptions– speak to the registrar prior to calling anyone and make sure it is an appropriate referral.

ROLE OF THE JMO STAFF

- Responsible for initial assessment of patients;
- Establishing initial management plan and clear documentation of clinical notes on FirstNet;
- Referral to the relevant admitting team and documentation of time of referral;
- Take responsibility to the ongoing management of the patient whilst they are in the Emergency Department;
- Following up investigation results;
- Being part of trauma and resuscitation teams;
- Ensuring that the duty consultant or senior medical officer is aware of your patients, their management plan and disposition plans;
- Maintaining and improving your knowledge and skills through attending formal education and handover sessions;
- Contribute to the teaching of medical students.

RAPID RESPONSE CALLS (MEDICAL EMERGENCY TEAM)

The Emergency Department is not primarily involved in Rapid Response calls.

If there are two medical emergencies at the same time – then the Emergency Department will be responsible for attending the second medical emergency.

The Emergency Department rapid response call team – should consist of a senior Emergency Doctor and Nurse. They should take the resuscitation pack with them which consists of airway / breathing and circulation equipment and resuscitation drugs.

To make a Rapid Response Call dial # 888

TRAUMA CALLS

Trauma calls will be initiated according to the established “Trauma Call Criteria” in ED, which can be ‘Adult Trauma Call’ or ‘Paediatric Trauma Call’.

The aim of trauma calls is to provide critical care interventions to acutely injured patients caused by major trauma. This can only be achieved by all members working as a cohesive multidisciplinary ‘trauma team’.

An ED Senior Doctor will be the designated ‘team leader’ who is solely responsible for coordinating the patient’s care and monitoring progress after assigning every individual team member to a

different role with specific tasks. (Please refer to the chart of 'trauma team members: roles & responsibility'.)

ED JMOs are encouraged to participate as a team member in managing major trauma patients. This will be beneficial for developing clinical/resuscitative skills as any specific trauma team member and skills of team work.

ONSITE SUPPORT

There is 24 hour on site registrar cover for the following services:

- General Medicine
- ICU/HDU resident cover
- Anaesthetics

There are subspecialist registrars on call outside normal working hours for:

- General surgery (who also covers ENT/urology/vascular after hours)
- Orthopaedics
- Paediatrics
- Obstetrics and Gynaecology

Pathology services are available 24 hours

Radiology services are available till midnight (U/S & MRI till 5pm Mon – Fri). On call radiology cover is from 11pm till 8am (excluding MRI). Ultrasound is on call from 6pm and all weekend. There is a separate radiographer and ultrasonographer on call after hours.

Reporting of radiology will be done routinely during working hours and verbal reports are accessed via the MERLIN system located in the Doctor's Office in ED or on FirstNet.

Patients that are seen after midnight that need non-urgent imaging may be discharged and advised to return in the morning for imaging.

Westmead Hospital is able to access our radiology images. Instructions for doing this are located on the MERLIN radiology computer in the doctors' room.

Note

Orange Base Hospital has no neurosurgical cover, cardiothoracic cover or plastics/burns cover. See Sub-Speciality section.

There are copies of daily 'On-Call List' printed out and available in the Doctors' writing room. The list is also available on the intranet.

CLINICAL BUSINESS RULES - ORANGE BASE HOSPITAL ADMISSION ACCEPTANCE

PROCEDURE FOR ADMISSION OF PATIENTS

General – “one way referral”

After ED assessment - discussion with ED Senior Doctor and formulation of a management plan for a patient who requires admission and referral to the appropriate admitting team.

Once ED referral for admission is made to a specialist team, it will be the specialist team to decide one of these three paths: 1) admit; 2) discharge; 3) refer to a second specialist team if it is decided that the admission under the first specialist team is not appropriate.

It is the responsibility of the Emergency Doctor that has arranged the admission to:

- Notify nurse in charge of admission;
- Ensure documentation on FirstNet;
- Medication and fluid charts completed;
- Results documented, outstanding results handed over to the admitting team to follow up;
- Complete the medical admission checklist form.

Medical Admissions

All medical patients including all sub-speciality referrals are made to the medical registrar. There is a Medical Registrar on site 24hrs.

Surgical Admissions

The Surgical Registrar is on site from 8.00 to 17.00 and on call from home after hours. They cover all Sub-Specialities overnight – including ENT/urology.

They have usually worked a day shift – so this often means that they are tired. However they are on call to provide 24 hour surgical cover and should be called for all admissions regardless of time of day. They may or may not come and see the patient.

If they decide not to see the patient overnight, and are happy to admit, interim orders should be agreed to and the conversation documented.

If the admission is accepted by the surgical team – then the patient should be moved to a ward bed when available.

Orthopaedic Admissions

All Orthopaedic patients are referred to the Orthopaedic Registrar (on site till 17.30 / on call thereafter). Same rules apply as for the Surgical Registrar.

SUB SPECIALITY COVER AND REFERRALS

Cardiology

Patient's presenting with chest pain / cardiology problems are reviewed by and admitted under the Cardiology team. Afterhours, your point of call for Cardiology admissions is the Medical Registrar.

The advanced cardiology trainee is on call during working hours. They should be notified of patients during working hours that present with STEMI, unstable cardiac rhythm or other cardiological complaints.

Afterhours STEMI patients: Afterhours there is a LIFENET ECG (Lifepak 15) available in the ED. All concerning ECG's for STEMI should be sent via this service to the on call Cardiologist/Advanced Trainee. The Cardiologist will review the ECG and determine if Cath Lab or thrombolysis is required.

Cardiology Secretary: call 3560 during working hours to obtain patient's past cardiology investigations and letters.

Paediatrics

There is a Paediatric Registrar on site during working hours and on call after hours. All patients that are admitted – including out of working hours must be discussed with the Paediatric Registrar prior to transfer to the ward. Note if patients are being admitted to the Paediatric Ward, under a sub speciality team (i.e. surgery) the Paediatric Registrar does not need to be called overnight, unless specific paediatric input is required.

Interns should discuss all paediatric patients with a Senior Emergency Doctor.

JMO's should discuss all infants < 3/12 of age with a Senior Emergency Doctor.

PACS unit and referrals: There is a paediatric short stay ward, which may be used for children requiring short periods of observation / management i.e. head injury / gastroenteritis etc. Patients that are suitable for PACS – need to be referred to the Paediatric Registrar and a PACS referral form filled out (forms are in the doctor's room). This ward operates only during working hours.

Discharged patients may also be referred for review by the Paediatric team in the PACS unit. You should call the Paediatric Ward for an appointment time, or if after hours – fax a referral form and ask the patient to call for an appointment time the following day.

Dr Jo Rainbow also runs a walk-in PACS clinic Mon to Fri (9am – 3pm) for non-critically ill patients presenting from their GP or direct presentations to ED. This is a fantastic service that provides children with easily accessible specialist care and eases pressures on the ED. Please call Dr Rainbow on 2924 to see if a particular patient is suitable.

Paediatric guidelines are available on the desktop located in the Emergency Department for certain paediatric conditions.

Obstetrics and Gynaecology

There is an O&G Registrar on site during working hours (0800-1700). After hours on call is provided by the O&G Registrar. All admissions including after hours must be referred to the O&G Registrar.

Remember there are two patients to consider when assessing a pregnant patient. Always document foetal heart rate.

All patients >20 weeks gestation MUST be reviewed by labour ward staff – in ED if there are problems for ED to sort out – in delivery if the problem is clearly actively obstetric.

All private pregnant patients must have their private obstetrician contacted regardless of hour and presentation type (unless it really is just a splinter in a finger or rolled ankle) – particularly Dr Katrina Green's patients.

EPAS: Early Pregnancy Assessment Service is available for CLINICALLY STABLE emergency patient referrals only on Monday / Wednesday / Friday – for three appointments 0800 / 0840 / 0920.

Patients with first trimester PV bleeding or < 16 weeks with pregnancy related issues may be referred to EPAS. During working hours the patient should be discussed with the O&G Registrar and EPAS contacted for an appointment time on 3270.

After hours referrals may be made with or without calling the O&G Registrar. Call the Maternity Ward after hours on 3261 – and they will arrange an appointment time.

Psychiatry

There is a Mental Health CNC in ED/on call for psychiatric referrals during working hours.

If MH CNC is not available, for ED patients with psychiatric concerns after medical clearance - mental health hotline provides 24 hour on call support.

If required, admission to Bloomfield Hospital will be arranged by Mental Health workers.

Referrals for admission to Bloomfield Hospital from outlying areas should not present to ED unless there are urgent medical concerns, since these patients should have been seen and scheduled by health professionals.

The Psychiatry Registrar works closely with MH CNC and reviews in-patients who have psychiatric issues within OHS.

Ophthalmology

There is no Ophthalmology Registrar or Eye Clinic at OBH.

Options for eye emergencies:

- *Orange Ophthalmologists*
 - Dr Crayford: (Kite Street Specialist Centre) 126-130 Kite St, Orange.
Phone number: 6361 2960
 - Dr Tang: 109 Sale St, Orange
Phone number 6361 0188

The mobile number can be found in the phone directory in the doctor's write up room

Please provide the patient with a referral letter that must include your provider number before sending the patient to the ophthalmologist's rooms.

- Westmead Hospital Ophthalmology Registrar – call Westmead Hospital or Sydney Eye Hospital.

ENT

During working hours (0800-1700) there is an ENT Registrar on call for providing assistance with patients in ED and for referral for admissions.

Call 7405. After hours cover is provided by the General Surgical Registrar.

On some occasions, there will be no ENT specialist cover within OHS (the on-call list will state 'NO COVER'). Patients should be managed in ED with consultation by the General Surgical Registrar, then further referral can be arranged accordingly.

Urology

During working hours (0800-1700) there is a Urology Registrar on call for providing assistance with patients in ED and for referral for admissions.

Call 7412. After hours cover is provided by the General Surgical Registrar.

As with ENT, there are times when the Urology Service is not available here at Orange and in those cases these patients should be managed as detailed in the ENT section.

Dental

There is a dental clinic located at OBH which is open during working hours, but the care is only accessible to children or patients who are on pensions or hold "Health Benefit Cards".

If they are unable to see patient – referral to private dentist in Orange is required.

Neurosurgery

Neurosurgical patients – with ICH / skull # etc if not suitable for admission to OBH – will need to be referred to Sydney for neurosurgical management. Westmead Hospital is our primary referral centre for traumatic head injury. If they are unable to accept patient due to bed shortages – then other hospitals may need to be contacted.

Non-traumatic neurosurgical patients can be discussed with RPA.

Note: Trauma patients with spinal injuries should be transferred to Royal North Shore Hospital.

Plastics / Maxillofacial

Maxillofacial injuries - should be referred to Westmead hospital plastics team.

Burns

Burns patients should be reviewed by the Surgical Registrar. If the patient needs admission with minor burns – they should be admitted under the general surgical team at OBH.

If patient is not suitable for admission to OBH – they will need to be transferred to Sydney for ongoing burns management.

Concord Hospital is our primary referral centre for patients with burns injuries only. If there is any other associated trauma then referral is made to RNSH Burns Team. You should contact the Burns Registrar on call at Concord Hospital to discuss referral and transfer.

The telephone number for Concord Hospital Switchboard is 9767 5000.

Children's Hospital at Westmead is the referral centre for paediatric patients with burns.

POLICY FOR ACCEPTING ADMISSIONS/REFERRALS TO THE EMERGENCY DEPARTMENT

Referrals to OHS ED are usually made by other health professionals who have had a certain level of involvement in the patient's clinical care. These referrals can be local but the majority of them are from a varying distance within our catchment area.

The referrals to ED can be clinically complicated and patients can be quite unstable, or they can be simply for a specialist's opinions. Therefore, the duty of accepting these admissions/referrals should belong to ED Senior Doctors, who are more equipped to give clinical advice, allocate resources and link up to specialist's care, as well as manage ED.

Please refer the OHS ED Referral/Admission Policy.

SUPPORT SERVICES

Clinical Initiatives Nurse (CIN Nurse)

The CIN Nurse works in the fast track area and is there to initiate basic investigations and treatment of patients presenting after triage. The CIN Nurse is also available to carry out basic procedures such as an ECG, cannulation, drug administration etc. that you may require. Please ask the CIN Nurse to assist with treating your patient to ensure they are comfortable with what is required.

Nurse Practitioner

The department has a Nurse Practitioner who is an independent practitioner and will see Fast Track patients. If a number of low acuity and fast track patients are present please go and assist the Nurse Practitioner in getting through these patients.

Physiotherapist

We have a department physio whose prime role is to see patients who present with a musculoskeletal injuries, perform mobility assessments, provide physiotherapy advice and apply casting and strapping. The physiotherapist is there to assist you in the management of your patients with musculoskeletal injuries.

ASET Nurse

There is an ASET Nurse available during working hours and weekends. The ASET Nurse provides a comprehensive geriatric assessment of any elderly patient that presents to the Emergency Department.

This assists in determining need for admission, suitability for discharge and the need of adequate home supports. They provide home support services and access to relevant aged care services – such as respite / community aged care packages / residential care accommodation / memory clinics / DVA services and aged care assessment teams.

Social Worker

There is a Social Worker available during working hours, as well as 24 hour on call support.

Aboriginal Liaison Officer

Please involve the ALO for all ATSI patients during normal office hours.

SAFETY AND SECURITY

Security Access Cards

Access Cards are issued to all ED staff and should be carried at all times. Please see Jan Worsley for the form that needs to be signed and given to security for you to obtain your own personal ID and security care. This should have been part of your employment package.

Valuable and Belongings

The nature of the Emergency Department is to be an open area that multiple members of hospital staff and the general public have access to. It is important to ensure that all your valuables and belongings are kept in the lockers provided or at least in the doctor's workstation. We also rely on you to keep an eye out to any suspicious behaviour or persons that you feel do not belong in the department and to raise it with senior ED staff or security.

Zero tolerance policy

We have a zero tolerance policy towards abuse both verbal and physical towards any staff member. If you feel your safety is being threatened remove yourself from the situation and bring it to the attention of senior staff.

Psychotic or drug affected patients

Ensure you are not alone with these patients if their behaviour is violent or unpredictable.

Doctors' Office

This area is used by all ED and non ED Doctors to write up notes, phone calls, etc. Please ensure that you keep the area clean and tidy by throwing away rubbish, and packing away forms, books, etc.

Provider and Prescriber Numbers

You are all required to have individual provider and prescriber numbers during your employment at Orange Hospital. There is no generic provider or prescriber number and it is not appropriate to use anyone else's if that person has not been involved with care of the patient (and you have sought their permission to use it as there are legal considerations and repercussions). The appropriate forms should have been provided as part of your employment package and should have been supplied to you by Medicare by the start of your employment. If you have sent in the form and still have not received these numbers please call Medicare on 132 150. If you require the form then please see Dr Greg Button who will supply the form to you.

APPENDICES



Health
Western NSW
Local Health District



AIDETS

AIDETS is an acronym used to remind us about how to effectively communicate with our patient in the ED.

AIDETS stands for Acknowledge / Introduce / Duration / Expectation / Thank / Summarise.

- A: Acknowledge the patient by name. Make eye contact. Smile. Acknowledge everyone in the room (patient and family). If appropriate thank them for their patience in waiting to see you.
- I: Introduce yourself by name, including your position and level of experience
- D: Give an accurate time expectation for tests, and communicate the next steps. If in doubt over estimate the wait time. Also give a time in which you update patient on progress.
- E: Explain step by step what will happen. Ask them if they have any questions, answer them in a language a patient can understand.
- T: Thank the patient again for their co-operation and the family for being there to support the patient. Thank them again for their patience.
- S: Make sure all discharged patients have a summary. Sit down and explain to them what their management plan and follow up is. Ask them before they leave to explain the plan back to you, including any appointments they have to make.

ED PASSPORT

In addition to your engagement in patient history taking/examination, and participation in referral and handover, you should also attempt to gain the following skills:

Task	Completed?
Participate in a resuscitation team to gain an appreciation task prioritisation and perform the following skills: (1) Vascular access (2) CPR (3) Defibrillation (4) Assistance with procedures e.g. chest tubes	<input type="checkbox"/> Participate <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
OBSERVATION and participation when able in (1) RSI (2) Trauma Team – including observing an E-FAST (3) Procedural sedation	
Understand the emergency indications for a range of common procedures performed in the Emergency Department, when they should be attempted, their indications, and their contraindications Observe and, if able, attempt a range of common procedures commonly performed in the Emergency Department	<input type="checkbox"/> LP <input type="checkbox"/> Ascitic tap / drain <input type="checkbox"/> Pleural drain <input type="checkbox"/> Arterial blood gas <input type="checkbox"/> Joint aspirate <input type="checkbox"/> Paediatric cannulation
Develop an approach for history taking, examination and investigation of the undifferentiated patient and present the case to a senior colleague (including paediatric patients)	<input type="checkbox"/> Focused history <input type="checkbox"/> Appropriate investigations <input type="checkbox"/> Differential diagnoses <input type="checkbox"/> Initial management plan
Develop an ability to interpret commonly ordered investigations	
Develop appropriate communications skills for a range of situations with patients	<input type="checkbox"/> Delivering bad news <input type="checkbox"/> Defusing a situation
Develop appropriate referral skills, including recognising where to refer patients and providing concise verbal referrals	
Demonstrate appropriate management of minor injuries	<input type="checkbox"/> Suturing <input type="checkbox"/> Basic fracture / POP <input type="checkbox"/> Closed reduction of # <input type="checkbox"/> Joint relocation
Demonstrate appropriate assessment & management of pain, including analgesia for severe acute pain and regional blocks where appropriate	<input type="checkbox"/> PO analgesia <input type="checkbox"/> IV analgesia <input type="checkbox"/> Regional analgesia
Learn how to administer fluid resuscitation for adult and paediatric patients	<input type="checkbox"/> Adult <input type="checkbox"/> Paediatric

Task	Completed?
Develop an approach to the assessment and management of common medical presentations	<input type="checkbox"/> CP /ACS pathway / PE <input type="checkbox"/> Sepsis <input type="checkbox"/> Asthma / CAL
Develop an approach the assessment and management of common sub-speciality presentations	<input type="checkbox"/> O& G cases - 1 st trimester PV bleed <input type="checkbox"/> ENT & ophthalmology - Epistaxis - Slit lamp exam <input type="checkbox"/> Mental Health
Develop an approach to the assessment and management of common surgical presentations	<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Trauma <input type="checkbox"/> Wound / Abscess / Mx.

Intern Training – Start of Term Form



About this form:	Intern Details	Term Details
This form is designed to help facilitate orientation and the first discussion between an Intern and Supervisor (or supervisor’s representative). It should be completed in the first week of commencing a new term.	Intern Surname <input type="text"/>	From: <input type="text"/>
	Intern First Name <input type="text"/>	To: <input type="text"/>
	AHPRA Registration: <input type="text"/>	Term Number: <input type="text"/>

Term Name: <input type="text"/>	Term Supervisor: <input type="text"/>
---------------------------------	---------------------------------------

I have received a HETI Term Description and the Intern Guide

Discussion of Expectations: <input type="checkbox"/> Roles and responsibilities <input type="checkbox"/> Expected daily tasks <input type="checkbox"/> Team and consultant preferences regarding patient management <input type="checkbox"/> Routine procedures for management, investigations or consults	Supervisor’s Comments:
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Administrative Information: <input type="checkbox"/> Consultants, Registrars, NUM, Nursing Staff and key personnel <input type="checkbox"/> Rounds, meetings and handover times <input type="checkbox"/> Bookings <input type="checkbox"/> Cover to attend protected intern teaching <input type="checkbox"/> Locations eg equipment, facilities <input type="checkbox"/> Overtime arrangements and claiming <input type="checkbox"/> Calling in sick and taking ADOs <input type="checkbox"/> Provisional date/time for Mid-term and End-term Reviews	Supervisor’s Comments:
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Learning Opportunities: <input type="checkbox"/> Knowledge <input type="checkbox"/> Clinical skills <input type="checkbox"/> Procedural skills <input type="checkbox"/> Patient management	Supervisor’s Comments:
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Sign Off:	Intern	_____	Date: _____
	Term Supervisor	_____	Date: _____

Personal Learning for this term	(Intern to complete prior to first meeting)
What are you looking forward to this term?	
During this term, which attributes, knowledge and skills do you already possess that will be useful?	
What challenges do you expect to face this term?	

Learning Plan
 List five personal learning goals you would like to achieve this term (Intern to complete prior to first meeting)

Personal Learning Goals	Map these to the Intern Guide Learning Outcomes

Learning Strategies to achieve these goals

How will you demonstrate achievement of your goals?

GENERAL COMMENTS

FIX (WHAT ISN'T WORKING AND NEEDS TO BE CHANGED):

IMPROVE (WHAT IS WORKING BUT COULD BE IMPROVED):

SUSTAIN (WHAT IS WORKING WELL AND NEEDS TO BE KEPT AND ENCOURAGED):
