

RMO GENERAL MEDICINE HANDBOOK

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WELCOME FROM THE MEU

Please read this handbook in conjunction with the RMO Orientation Handbook which is accessible on the MEU website via Zenworks or <http://mededu.matereducation.qld.edu.au/handbooks/>

MEU Contact Details

If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or PVMEO as early as possible.

Director of Clinical Training (DCT)	Ph. 8229
Medical Education Officer (MEO)	Ph. 8431
Principal Medical Education Officer (PMEO)	Ph.1560
Medical Education Admin Officer	Ph. 8272
Medical Education Manager	Ph. 8114

INTRODUCTION

General Medicine

General Medicine is a foundation requirement for Intern training. In this rotation, you will acquire many new skills and gain valuable insights into the patient journey from admission to discharge. As a key team member in an inter-professional unit, you will have a pivotal role in individual patient care, interpretation of clinical symptoms and signs and investigations. You will learn to refine medical treatment, collate patient care and management and communicate vital information to all those involved in the continuum of a patient's journey.

The General Medical Units admit patients via the Emergency Department and clinics to the medical wards. The case-mix is varied and includes acute and chronic medical conditions across a spectrum of age from 16 years upwards.

UNIT OVERVIEW

The Unit Director for General Medicine is Dr Chris Corney

Term Supervisors

Medical Unit A – Dr Cara O'Callaghan (until 22 January)

Medical Unit B – Dr Malcolm King

Medical Unit C – Dr Narelle Fagermo/Dr Kylie Johnson

Medical Unit D – Dr Chris Corney/Martin Hewitt

RMO DUTIES and RESPONSIBILITIES

General Responsibilities

The major responsibility of the resident is the daily care of the unit's general medical patients in the Mater Hospital Brisbane. Responsibility for consultations from other units, outpatient clinics and care of patients in the Mater Mothers' Hospital is taken by the Unit Registrar.

Primary care of the patient is undertaken by the intern or resident, under the guidance and assistance of the Term Supervisor or clinical supervisor who is either a registrar or a consultant. A close working relationship with the nursing and allied health staff should be established.

General Responsibilities include:

- Coordinating patient care and discharge planning
- Liaising with General Practitioners, patient carers and family members
- Organising investigations and timely results acknowledgement
- Always discussing plans for each patient with the Registrar and the patient.

Discharge Summaries

A clear, concise discharge summary must be completed for all medical patients within 48hrs of discharge, and ideally prior to the patient leaving hospital. Summaries should include any relevant medical information, discharge medications, as well as clear documentation of any follow up plans, should this be required.

Casemix, Complexity and Caseload

General medical patients present from across the range of ages from 16 upwards. They often have undifferentiated illnesses, multiple comorbidities and complex disease. Each unit can care for up to 20 patients at a time.

Reporting Lines

The intern / resident reports directly to the registrar of the Unit – if he or she is unavailable (e.g., absent on sick leave), please report to the relieving registrar. If they are also unavailable, you can contact your consultant through switch. If further assistance is required, you are able to contact the Director of Medicine (Dr Chris Corney). The hospital is also serviced by a MET (Medical Emergency Team) for critical changes in condition.

Your Term Supervisor can also be contacted at any time, however you are encouraged to discuss cases with the Registrar of the Unit in the first instance.

Ward Responsibilities

Consultant ward rounds

See attached – Appendix 1. Prior to the ward round, you are required to update and print the ward round list. You should familiarise yourself with the patient's condition and progress, and ensure appropriate x-rays and investigation results are available. During the round, the intern should transcribe the ward round findings and decisions into the chart.

Unit Timetable

See Appendix 2 – note different timetables for A, B, C and D Teams.

ED and admitting rosters are attached.

Daily primary care

This includes all patients in the intern's unit. A daily ward round is to be performed, usually accompanied by the Registrar. A further review in the afternoon may be required.

DAILY RECORD

A daily chart entry with documentation of findings and management decisions is essential. It should be headed "RMO WR" or "Reg/RMO WR" if accompanied by the Registrar. ALWAYS include date, time and ward and sign your name – including your printed surname which MUST be legible.

Handover

Weekend Handover- Friday afternoons it is an expectation that the medical teams will meet to handover to the designated registrars and intern who are on the weekend. Annotation of weekend plans is a standard expectation for patients remaining in hospital over the weekend.

SUPERVISION

Supervisors

The RMO reports directly to the Registrar of the Unit as the immediate clinical supervisor. Your term supervisor can also be contacted at any time, however you are encouraged to discuss cases with the Registrar of the Unit in the first instance. The hospital is also serviced by a MET (Medical Emergency Team) for patients experiencing acute deterioration.

Mater values a multidisciplinary team approach with patient care and supervision and feedback for specific areas of expertise may be sought from allied health and Nurse Unit Managers (examples might be for considerations around discharge planning, pharmacy prescribing, physio assessment considerations, and workflow management)

Scope of Practice

RMOs are not permitted to perform any clinical procedure without direct observation, at least in the first instance. The clinical supervisor will then inform you of level of supervision required with regard to whether or not direct supervision is required. This will be dependent on the skill itself and level of proficiency exhibited. Supervision of medical students is the primary responsibility of Registrars and Consultants.

UNIT ORIENTATION

All residents should take time to peruse all relevant guides or handbooks for the unit before presenting for work and discuss any concerns with the Term Supervisor.

Orientation to the Ward

RMOs participate in unit orientation together (outgoing and incoming RMOs) to receive a consistent message for the term. The following areas will be covered:

- Handover
- Weekend rosters
- Term learning objectives
- Unit policies and procedures

- How daily clinical handover is conducted and
- Miscellaneous (tour of the department, introductions to staff, location of resus trolley).
- Reporting lines

Team Orientation

Your term supervisor will conduct a face-to-face team orientation with you within the first three days of the term. The following areas will be covered:

- reporting lines
- daily roster - where to be & when, e.g., ward rounds
- discussion and documentation of your individual learning objectives for the term (see the 'term learning plan' below and start of term orientation checklist)
- assessment
- start of term orientation checklist

Start of Term Checklist

All RMOs complete the Start of Term Checklist with their Term Supervisor within the first week of a new term. The checklist is completed online and the link is available on the Medical Education Unit website (<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>).

LEARNING OBJECTIVES

Requirements of the Medical Board of Australia (MBA)

The MBA requires interns to undertake a term of at least 10 weeks providing experience in medicine. This term must provide supervised experience in caring for patients who have a broad range of medical conditions, and opportunities for the intern to participate in:

- Assessing and admitting patients with acute medical problems;
- Managing inpatients with a range of medical conditions, including chronic conditions; and
- Discharge planning, including preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

According to the MBA, the term in medicine provides important learning opportunities within the following; these represent the majority of your Term Learning Objectives.

Domain	Term Learning Objectives – MBA	Expected opportunities	Log
The intern as scientist and scholar	<ul style="list-style-type: none"> • Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life. 	Complete Admissions Attend clinics Review patients	

		Attend MET calls	
The intern as practitioner	<ul style="list-style-type: none"> Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including effective clinical handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting. 	Ward call handover Awareness of ERIC and a safety escalation processes Observe Aseptic Non Touch Technique with IVC, Hand hygiene practice	
	<ul style="list-style-type: none"> Communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals. 	Participation in breaking bad news MDT meetings Inpatient registrar referrals	
	<ul style="list-style-type: none"> Perform and document a patient assessment, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis. 	Complete Admissions Clinic attendance	
	<ul style="list-style-type: none"> Arrange common, relevant and cost-effective investigations, and interpret their results accurately. 	Daily ward work Pathology review ECG interpretation	
	<ul style="list-style-type: none"> Safely perform a range of common procedural skills required for work as an intern. 	IVC insertion; ABGs; ECGs Spirometry; IDC	
	<ul style="list-style-type: none"> Make evidence-based management decisions in conjunction with patients and others in the healthcare team. 	Ward rounds	
	<ul style="list-style-type: none"> Prescribe medications safely, effectively and economically, including fluid, electrolytes, blood products and selected inhalational agents. 	Asthma / COPD management; blood product management Iv fluid management	
	<ul style="list-style-type: none"> Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform basic emergency and life support procedures, including caring for the unconscious patient and cardiopulmonary resuscitation. 	Attendance at MET calls ALS, Simulation Education / Friday PIP attendance	
	<ul style="list-style-type: none"> Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic). 	Verdi results acknowledgement, Timely use of CH@T discharge summary program	

The intern as a health advocate	<ul style="list-style-type: none"> Apply knowledge of population health, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors. 	Consider and apply patient specific care plans and follow up needs Utilise site and phone Interpreter services	
	<ul style="list-style-type: none"> Apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. 	Utilise and engage Indigenous Liaison Officers in patient care Demonstrate awareness of specific needs of cross cultural communication Utilise avenues to enhance medical care	
	<ul style="list-style-type: none"> Demonstrate ability to screen patients for common diseases, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients. 	Undertake counselling around management of lifestyle risks for patients eg smoking / Dietary medication compliance in diabetes	
	<ul style="list-style-type: none"> Participate in quality assurance, quality improvement, risk management processes, and incident reporting. 	Utilise ERIC when required Escalate abnormal results appropriately	
The intern as a professional and leader	<ul style="list-style-type: none"> Provide care to all patients according to <i>Good Medical Practice: A Code of Conduct for Doctors in Australia</i>, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession. 	Demonstrate organisational values Participate in organisational recommended learning	
	<ul style="list-style-type: none"> Optimise their personal health and wellbeing, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice. 	Rosters feedback	
	<ul style="list-style-type: none"> Respect the roles and expertise of other healthcare professionals, learn and work effectively as a member or leader of an inter-professional team, and make appropriate referrals. 	Attend and participate in MDT meeting	
	<ul style="list-style-type: none"> Self-evaluate their professional practice, demonstrate lifelong learning behaviours, and participate in educating colleagues 	Utilise log book for reflection	
	<ul style="list-style-type: none"> Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care. 	Develop structure for assessment and management	
	<ul style="list-style-type: none"> Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions. 	Streamline approach to assessment, prioritisation of ward work Demonstrate increasing efficiency with job experience	

Individual Learning Objectives

Your Term supervisor will discuss and develop learning objectives with you at your face-to-face orientation meeting, and evaluate your progress towards these learning objectives at your mid- and end-term assessment meetings. Learning objectives are to be documented on the Start-of-Term Orientation Checklist before submitting it to MEU and evidence of completing or progress towards these learning objectives are documented in your logbook and discussed with your term supervisor at mid- and end-term assessments.

UNIT POLICIES AND PROCEDURES

Calling in Sick

Firstly, call your Registrar and make sure your team has been notified. Secondly, leave a message for Medical Education Manager 07 3163 8114 and the Internal Medicine Administration 07 3163 5606

****Please note**** If you have taken more than 2 days of sick leave a medical certificate will be required.

Protocols, Policies and Procedures

All documents are located in the Mater Document Centre on the Mater intranet home page

Be familiar with the SNAP procedure. SNAP is an acronym which refers to Sub and Non-Acute patients. A decision to SNAP is based on a change of treatment intention (admission type) from *Acute* to *Sub* or *Non Acute* (or vica versa). Search 'Data Collection for Admitted Subacute and Non-acute Patients Procedure' on the Document Centre.

It is important to understand SNAPing due to its funding implication. Below is a diagram showing the financial benefit of SNAPing throughout the patient's journey as opposed to not SNAPing.

SNAPed episodes				TOTAL funding
7 Days Acute Hip replacement DRG 103B \$19,035	5 days Sub-acute Rehab ongoing: Physio - \$6,692	7 days Acute stroke DRG B70B \$5271	12 days Sub-acute: Palliative stable \$10, 157	\$41,155
No SNAP – all acute for DRG 103B – 31 days				\$28,013

Multidisciplinary Team Meetings

- 9A Daily at 10:30 am
- 10A Daily 10:00 am,
- You will receive a pager reminder. All members of the team will need to attend.

Geriatric and Subacute Care

Older persons care team

There are two geriatricians available to help with complex geriatric issues. These are available for help by consultation with the older persons care team.

Inpatient Rehabilitation Options

Choice made based on proximity to patients home address, waiting list time delay at the time, and availability of relevant therapies.

- Mater Private Rehab Annerley Road (public and privately insured patients). Use Mater Rehab Referral form. Dr Jan Rotinen Diaz will review public patients for suitability for transfer to Rehab. Privately insured patients would be reviewed by Dr Phong Nguyen, Dr Saul Geffen, Dr Lisa Gemmell or Dr Jan Rotinen Diaz
- QEII Hospital – requires a Registrar to Registrar referral
- St Vincent's – limited Speech Pathology
- PAH – requires a Registrar to Registrar referral. Preferred for younger patients
- RBWH
- OPD (scan, don't fax)

Geriatric Evaluation and Management Unit at St Vincent's Hospital (GEM beds)

This is for patients 65 years and older who require an extended time in hospital due to conditions of ageing that would benefit from geriatric evaluation and planning. This involves transfer to St Vincent's hospital for approx. 3 to 12 days for geriatric evaluation and planning. Conditions may include dementia, delirium, urinary incontinence, polypharmacy, elder abuse, falls, unsteady gait, malnutrition, depression, memory loss or concerns.

State Medical Beds

Subacute medical care and discharge planning prior to return home, where a person is unsafe or unsuitable to be discharged directly home from acute care. This may include conditions that require a period of non-weight-bearing, IV Antibiotics, resolving delirium or a vac dressing. State Medical Beds are provided at St Vincent's Hospital and Canossa Hospital. Admission is for a predetermined period of time.

Interim Care beds

For patients not suitable for rehab, are unable to return home, and are now awaiting nursing home / permanent aged care placement.

Transition Care Program (TCP)

Package of up to 12 weeks of in-home multidisciplinary support and rehabilitation for those needing at least two disciplines of input. One of these disciplines needs to be nursing care.

Aged Care Assessment Team (ACAT)

An ACAT assessment is done in the hospital or in the community encompass approvals to go into Aged Care accommodation on a permanent or temporary (respite) basis, or receive a package of supported care at home (i.e., 6 – 10 hours per week of hygiene and domestic support). Referred to as "level 1, 2, 3 or 4" packages.

UNIT EDUCATION AND TRAINING OPPORTUNITIES

Unit Learning Opportunities

The list of learning opportunities in General Medicine are extensive however, RMOs will have the opportunity to acquire a broad general understanding of medicine, and develop skills in the diagnosis and management

of the following common disorders and conditions, medical procedures and tests, and develop confidence in interpreting the tests below:

Common and/or Serious Medical Conditions

- Acute coronary syndromes,
- Angina and heart failure,
- Asthma, COPD, pulmonary thrombo-embolism and pneumonia,
- Stroke, delirium and dementia,
- Diabetes, including ketoacidosis and hypoglycaemia,
- Acute and chronic arthropathies,
- Acute and chronic renal failure,
- Gastrointestinal disorders,
- Anaemia, thrombosis and bleeding disorders,
- Malignancies, and
- Infections, especially of the skin and urinary tract.

You will be an active team member in the resuscitation or management of acutely deteriorating patients and there is an expectation of familiarity with escalation procedures and Medical Emergency Team response roles. Hospital orientation will include ALS training and MET response.

Medical procedures and tests

Common Procedural experience:

- ECGs – 12 Lead
- Spirometry
- Urinalysis
- Intravenous cannulation
- Arterial sampling
- Blood collection

Possible procedural exposure:

- LP – always under supervision
- Ascitic tap – always under supervision
- ICC insertion – always under supervision
- Pleural Tap – always under supervision

You should be confident in interpreting the following tests:

- FBC
- LP results
- ECG
- ELFTs
- Pleural / Peritoneal fluid analysis
- Fe studies
- TFTs
- B12 / folate
- Plain CXR and CT Chest
- Blood Gas

Other Important Learning Arises From Involvement In:

- Certifying a death
- Allied Health Teams
- Consent for resuscitation and resuscitation planning

- Discharge planning and organisation

By the end of the term you should be able to demonstrate: (use logbooks to document)

- Admissions – from assisted to completing independently
- Difficult news – from participating to discussing
- Presenting cases
- Ward Rounds - from attending to leading ward rounds
- Referrals – making difficult referrals

INTERNAL MEDICINE TEACHING AND TRAINING

Grand Rounds

This takes place every Monday 1 pm -2 pm and RMOs are welcome to attend. The Program is coordinated by Hayley Bracken.

Basic Physician Trainee Teaching

This takes place every Wednesday from 12:30 pm -1:30 pm and takes the format of educational sessions from specialty Consultants or Advanced Trainees, discussion of FRACP written exam questions, or long case presentations ahead of the FRACP clinical exam. Medical RMOs/Interns are welcome to attend and this can provide a valuable educational experience, particularly for those considering Basic Physician Training.

Radiology Multidisciplinary Team Meeting

This takes place on the second Thursday of every month and is located in the Queensland X-ray conference room in the Mater Private Hospital. Your unit Registrar or Consultant will be able to orientate you to the meeting location.

Interested in Basic Physician Training or a Career as a Physician?

The Chief Medical Registrar or Basic Physician trainee supervisors are good sources for advice and discussion.

RMO PROTECTED TEACHING TIME

RMO Education: Interns, JHOs and SHOs attend 80% of the Medical Education Unit (MEU) sessions (held on Tuesdays and Thursdays 12.30 pm – 1.30 pm). MEU education sessions occur during protected teaching time (PTT) – i.e., you are released from clinical duties during these times after consultation with the relevant clinical supervisor.

Interns also participate in Practice Improvement Program (PIP) every Friday 12.30 pm -1.30 pm during medical and surgical rotations. PIP is held in the Mater Medical Study Space level 4, Duncombe Building. The focus of this education will be development of a structured problem solving approach to work management difficulties, in addition to practical educational sessions usually with a skills or ward call focus. Previous outcomes of the PIP sessions have included the development of a new discharge summary program and BYO device initiative for all clinicians to access Mater email on phones.

UNIT ROSTER AND TIMETABLES

For specific rosters and timetables please see the appendices attached to this document.

Hours

RMO Hours are as per the roster templates which are issued to each doctor's Mater email address two weeks prior to the start of a new term. Generally the hours are from 8 am – 3.30 pm or 4.30 pm with a 30 minute lunch break. You will be rostered for some Saturday shifts from 8 am – 12 pm as per the weekend roster which is issued by the Medicine department. On the week you are rostered for a Saturday shift, you will be rostered for a half day 8 am – 12 pm in that same week. Your regular working hours need to add up to 76 hours / fortnight under the current Resident Medical Officers (RMO) Enterprise Agreement.

Weekends

When working on a Saturday the medical registrar and intern undertake a ward round of all the patients who have been flagged by the medical team as needing a weekend review. A concurrent MAPP ward round is undertaken by the weekend consultant and the post-take medical registrar. Depending on workload you may also be asked to assist with the MAPP ward round and jobs relating to this.

Kronos

It is the responsibility of all RMOs to ensure your hours are entered into Kronos as per the roster by the end of each fortnight.

Any unrostered overtime will need to be authorised (as per RMO Enterprise Agreement Section 5.6) by the relevant Consultant/Director on each occasion. If you need help managing tasks, speak to the team early; do not wait until your shift ends to speak up. When adding any approved unrostered overtime to your Kronos timecard, in order to be paid the overtime, you must include a COMMENT with the relevant UR Number or reason for the overtime.

Any other variances to your roster (i.e. sick leave or PDL taken) will need to be added to Kronos before the end of the fortnight.

On the Monday after each fortnight the department secretary will check and approve your Kronos timecard. For any questions please contact Ren Allard ext. 5606

ASSESSMENT AND FEEDBACK

Assessment

It is the responsibility of the RMOs to seek a mid-term and end-of-term assessment with their term supervisor. If you're experiencing difficulty with any aspect of the term, clinical or otherwise, please contact the term supervisor and/or medical education, early. The MEU will send out a reminder email with instructions to all RMOs one week prior to all due dates. The assessment form can be accessed at any time from the Medical Education Unit website via Zenworks or <http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>

There is also an optional self-assessment section located at the beginning of the assessment form, which you are encouraged to complete and discuss with your supervisor. However if you wish to complete this separately you can complete the RMO form Self-Assessment Form which is located on the Medical Education Unit Website under 'Assessment Forms'.

Feedback

Your clinical supervisor/s will provide regular written feedback regarding your progress via your assessment forms, and verbal feedback on a daily basis. If you have concerns or would like more regular feedback,

Speak to your supervisor in the first instance and the MEU if required. At the end of your rotation, you are required to complete the end-of-term unit evaluation survey and provide valuable feedback on your supervision.

For more information regarding assessment and feedback, please refer to the RMO Orientation Handbook.

APPENDIX 1: CONSULTANT WARD ROUNDS

MAPP rounds start at 8 am each day in MAPP (Level 10). Each team (A, B, C and D) is rostered on throughout the week according to the attached schedule. It is important for RMOs to try and admit at least one patient during the 'on-take days' and present that patient on the MAPP ward round the following day. The teams rotate through Monday MAPP ward rounds on a four-week schedule which is available in Appendix 4.

Medical Unit A

MAPP rounds as per schedule- every Friday and every fourth Monday
Regular inpatient ward rounds Monday, Wednesday and Friday at 8:00 or after MAPP rounds

Medical Unit B

MAPP rounds as per schedule – every Tuesday and every fourth Monday
Regular inpatient ward rounds Tuesday and Thursday at 8:00 or after MAPP rounds

Medical Unit C

MAPP rounds as per schedule – every Thursday and every fourth Monday
Regular inpatient ward rounds Monday, Wednesday and Friday at 8:00 or after MAPP rounds

Medical Unit D

MAPP rounds as per schedule – every Wednesday and every fourth Monday
Regular inpatient ward rounds Monday with Dr Corney, Tuesday and Thursday with Dr Hewitt at 8:00 or after MAPP rounds

APPENDIX 2: INTERN DAILY TIMETABLES

Medical Unit A

Daily timetable	Time and activity
Monday	<p>8 am: MAPP Round (1 in 4) with consultant and/or Consultant Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>1 pm: Grand Rounds (Cronin Room, Ground Floor, Whitty Building)</p> <p>pm: ward work</p> <p>pm-: Registrar and Consultant outpatients</p>
Tuesday	<p>am: Registrar-led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>12.30 pm-1.30 pm: RMO Education – Protected Teaching Time [Interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p>
Wednesday	<p>8 am: Ward Round with Consultant</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>Afternoon: ward work</p>
Thursday	<p>AM: Registrar led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>12.30 pm-1.30 pm: RMO Education – Protected Teaching Time [Interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p>
Friday	<p>8 am: Mapp Round with consultant and Consultant Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>12.30 pm-1.30 pm: Practice Improvement Program [all Medicine interns] – Duncombe Building, level 4, MMSS.</p> <p>pm: ward work</p>

Medical Unit B

Daily timetable	Time and activity
Monday	<p>AM: Mapp Round (1 in 4) with consultant or Registrar-led Ward Round</p> <p>AM: Registrar led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 1 pm: Grand Rounds (Cronin Room, Ground Floor, Whitty Building)</p> <p>pm: ward work</p>
Tuesday	<p>8 am: MAPP Round with Consultant and Consultant Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm-1.30 pm: RMO Education – Protected Teaching Time [Interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p>
Wednesday	<p>8 am: Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>Afternoon: ward work</p>
Thursday	<p>AM Consultant Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm-1.30 pm: RMO Education – Protected Teaching Time [Interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p> <p>pm: Registrar and Consultant outpatients</p>
Friday	<p>8 am: Registrar-led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm-1.30 pm: Practice Improvement Program [all Medicine interns] – Duncombe Building, level 4, MMSS.</p> <p>pm: ward work</p>

Medical Unit C

Daily timetable	Time and activity
Monday	<p>8 am: MAPP Round with consultant (1 in 4) and/or Consultant Ward Round</p> <p>AM: Registrar led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 1 pm: Grand Rounds (Cronin Room, Ground Floor, Whitty Building)</p> <p>pm: Ward work</p> <p>pm: Registrar and Consultant outpatients</p>
Tuesday	<p>AM: Registrar-led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm -1.30 pm: Medical Education Session – Protected Teaching Time [all interns and RMOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p>
Wednesday	<p>AM: Registrar-led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>Afternoon: ward work</p>
Thursday	<p>8 am: MAPP Round with consultant and Consultant Ward Round</p> <p>AM: Registrar led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm -1.30 pm: Medical Education Session – Protected Teaching Time [all interns and RMOs] – Duncombe Building, level 4.</p> <p>pm: ward work</p>
Friday	<p>AM: Registrar led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>12.30 pm-1.30 pm: Practice Improvement Program [all Medicine interns] – Duncombe Building, level 4, MMSS.</p> <p>pm: ward work</p>

Medical Unit D

Daily timetable	Time and activity
Monday	<p>8 am: MAPP Round with consultant (1 in 4) and/or Consultant Ward Round with Dr Corney</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 1 pm: Grand Rounds (Cronin Room, Ground Floor, Whitty Building)</p> <p>pm: Ward work</p> <p>PM: Registrar and Consultant outpatients for General Medicine</p> <p>PM: Intern outpatient clinic- Rheumatology with Dr Cummins</p>
Tuesday	<p>AM: Registrar-led Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting</p> <p>12.30 pm-1.30 pm: Medical Education Session – Protected Teaching Time [all interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: Ward work and assisting Registrar with medical admissions</p>
Wednesday	<p>AM: MAPP Round with consultant and Consultant Ward Round with Dr Hewitt</p> <p>10.00 am: 10A Multidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting Afternoon: Rheumatology Ward Round with Dr Cummins</p>
Thursday	<p>8 am: Registrar Ward Round</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm-1.30 pm: Medical Education Session – Protected Teaching Time [all interns, JHOs and SHOs] – Duncombe Building, level 4.</p> <p>pm: Ward work</p>
Friday	<p>8 am: Consultant Ward Round with Dr Hewitt</p> <p>10.00 am: 10AMultidisciplinary Team Meeting</p> <p>10.30am: 9A Multidisciplinary Team Meeting 12.30 pm -1.30 pm: Practice Improvement Program [all Medicine interns] – Duncombe Building, level 4, MMSS.</p> <p>pm: Ward work</p>

APPENDIX 3: WARD MANAGEMENT TIPS FROM PREVIOUS RMOS

Day to Day

- Patient lists will either be done in confluence or manually in a word document
- Ward round usually start at 8am
- On post take day, rounds start in MAPU
- Work 1 in 4 Saturdays – decide between yourselves who takes what day

Organising Imaging

- If required urgently ask the Radiologists in the reporting room directly.

USS

- Need to go down to Radiology on level 4 and ask the ultrasonographer if you want this done the same day or fax simple Ix requests to #1517
- Carotid USS – if urgent can also contact cardiovascular investigations unit

o

CT

- Need to obtain Radiologists approval
- Go to reporting room on level 4 and explain why you want Ix, be prepared with patient details

MRI

- They will want an extensive Hx and reason for Ix – know the patient well!
- If you are unable to answer these questions, tell the person you will page the Registrar and return

Plain Films

- Fax requests to #1517
- After Hours
- Call Radiology extension and ask for imaging, #8182
- Cardiology Ix
- All need to go to Level 7 Cardiovascular Ix (Echo – thoracic and oesophageal, Exercise stress test)
- If urgent and the front desk says that it will not be done that day, actually go out the back and speak to the technicians – they will usually do it for you

Bone Scan/MPS

- Need to fax off general request form to Mater Private QSCAN
- Ward Receptionist should fax this for you

PICC Lines

- These go through Radiology
- Need to go and obtain Radiologist approval, the same as for CT

Other ward management tips

Bloods

- On weekdays, do bloods for the next morning before you leave and put them in the blood request tray
- On stable patients, do routine bloods once a week on Friday morning so they are sorted before the weekend
- On Fridays, do bloods for Saturday, Sunday (only really urgent ones because Ward Call will have to review them) and Monday
- Write important results in the chart so they are on hand for Ward Rounds.
- Phlebotomy daily until 11am and after 5pm.
- Evening staff do cannulas

Other Investigations

- Advise the nurses when you do an MSU, wound swab or sputum slip so they can take the specimen
- Put the slip in the front of the bed chart so it is seen by the nurses
- Also let the nurses know when you write up stat drug orders so they actually look and give them
- Discharge planning
- If a patient is going home the following day, ensure their discharge medications are done the night before and give script to pharmacy.
- Make sure all MDT members involved are in agreement with discharge (for example, is the patient safe to go home from Physio/ OT perspective?);
- Speak with the Team Leader (TL) to inform them of the proposed date of discharge;
- A draft discharge summary will be required for the referral if the patient is being transferred to rehab/GEMS/interim care/State Medical or other hospital (such as St Vincent's).
- Nursing home patients need a discharge summary prior to discharge, as well as any new medications written up on a fresh med chart

Gen Med Out Patients Appointments

- For follow up appointments of general medicine patients in the [gen med clinic](#), ask the ward clerk for the appointments book/sheet to make a booking (do not use the Verdi "Internal Specialist Referral" form)
- For follow up appointments of general medicine patients in another specialty clinic, refer via the "Internal Specialist Referral" form available on Verdi

APPENDIX 4: MAPP ROUNDS 2021

General Medicine MAPP Round Roster: 1 February 2021 to 16 January 2022

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week Beginning	MAPP Round	MAPP Round	MAPP Round	MAPP Round	MAPP Round	MAPP Round	MAPP Round
01-Feb	A	B	D	C	A	AS PER WEEKEND ROSTER	AS PER WEEKEND ROSTER
08-Feb	B	B	D	C	A		
15-Feb	C	B	D	C	A		
22-Feb	D	B	D	C	A		
01-Mar	A	B	D	C	A		
08-Mar	B	B	D	C	A		
15-Mar	C	B	D	C	A		
22-Mar	D	B	D	C	A		
29-Mar	A	B	D	C	A		
05-Apr	B	B	D	C	A		
12-Apr	C	B	D	C	A		
19-Apr	D	B	D	C	A		
26-Apr	A	B	D	C	A		
03-May	B	B	D	C	A		
10-May	C	B	D	C	A		
17-May	D	B	D	C	A		
24-May	A	B	D	C	A		
31-May	B	B	D	C	A		
07-Jun	C	B	D	C	A		
14-Jun	D	B	D	C	A		
21-Jun	A	B	D	C	A		
28-Jun	B	B	D	C	A		
05-Jul	C	B	D	C	A		
12-Jul	D	B	D	C	A		
19-Jul	A	B	D	C	A		
26-Jul	B	B	D	C	A		
02-Aug	C	B	D	C	A		
09-Aug	D	B	D	C	A		
16-Aug	A	B	D	C	A		
23-Aug	B	B	D	C	A		
30-Aug	C	B	D	C	A		
06-Sep	D	B	D	C	A		
13-Sep	A	B	D	C	A		
20-Sep	B	B	D	C	A		
27-Sep	C	B	D	C	A		
04-Oct	D	B	D	C	A		
11-Oct	A	B	D	C	A		
18-Oct	B	B	D	C	A		
25-Oct	C	B	D	C	A		
01-Nov	D	B	D	C	A		
08-Nov	A	B	D	C	A		
15-Nov	B	B	D	C	A		
22-Nov	C	B	D	C	A		
29-Nov	D	B	D	C	A		
06-Dec	A	B	D	C	A		
13-Dec	B	B	D	C	A		
20-Dec	C	B	D	C	A		
27-Dec	D	B	D	C	A		
03-Jan	A	B	D	C	A		
10-Jan	B	B	D	C	A		