

RMO Orientation Handbook

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INTRODUCTION

This handbook is for all prevocational resident medical officers (RMO) employed at Mater. At Mater the term 'RMO' is used to represent junior doctors in their prevocational years, i.e. Intern, Junior House Officers (JHOs) and Senior House Officers (SHOs) who are not yet enrolled in a college program. RMOs are often referred to as residents/ post graduate year (PGY) PGY1-3.

The Medical Board of Australia (MBA) has recognised that learning and skill development is a continuous process with different skills developing at different times. Medical training during the prevocational years is still largely based on the apprenticeship model, with much of what the RMOs learn based on their clinical exposure while caring for patients and under supervision. This training is supplemented by attending formal education activities (see later section on the formal education program).

All RMOs follow the same structured education program and expectations with a higher level of focus/compliance placed on interns. As RMOs in their first year of training, interns must complete core terms as required by their provisional registration. The higher level of focus/compliance on the intern training program and interns themselves is twofold; (1) to satisfy the standards for intern training set by the Australian Medical Council (AMC); and (2) to support Interns to meet the requirements of general registration. There is a clear expectation that during the course of the prevocational training period, RMOs will develop and consolidate their knowledge, skills and behaviours required of medical practitioners, and gradually move toward more independent medical practice. As skills increase, the intent is that SHOs will begin to take full responsibility of their continuing professional development, skills and learning.

MEDICAL EDUCATION UNIT (MEU)

As an RMO, your first contact with Mater is through the Medical Education Unit (MEU). This begins with recruitment, term preferences, allocations, rosters, and orientation, and continues with education, assessment and well-being support. The MEU includes a Director of Clinical Training (DCT- part time), the Medical Education Manager (including workforce – fulltime), two Medical Education Officers' (MEO - fulltime) and a Medical Education Administration Officer (MEAO - fulltime). You are also supported by a Term Supervisor in every unit you are allocated to. In the first instance, you are encouraged to contact your Term Supervisor and/or the MEO with any concerns/issues that impact on your education and training at Mater.

The MEU is Responsible For:

Accreditation of:

- RMO term placements in accordance with the Australian Medical Council (AMC) standards and the Prevocational Medical Accreditation Queensland (PMAQ) requirements
- Notifying PMAQ of changes that may impact the quality of training provided.

Facilitation of:

- The Prevocational Medical Education and Training Program (PMET) and quality improvements to the program
- RMO teaching and learning (e.g. orientation, education opportunities, and career guidance)
- Supervision and satisfactory clinical training in accordance with the Australian Medical Council (AMC)
- Advocacy and well-being in respect to working life, and the resolution of conflict, grievances, and bullying/harassment at work.

Assessments & Evaluations of Prevocational Education and Training:

- Collating assessment and end-of-term evaluation data, determining trends, identifying individual learning needs, and ensuring ongoing quality improvement of the Facility Education Program (FEP)
- Informing the Medical Education Committee (MEC) of RMO matters and improvement to the FEP
- Management of all RMO matters and underperformance
- Convening an assessment panel to discuss complex remediation decisions for RMOs
- Seeking feedback on the performance of the Term/ Clinical Supervisors.

Medical Recruitment and Allocations:

- Recruitment, allocations and rostering for RMO's Medical recruitment and allocations are coordinated by the Medical Education Manager and overseen by the DCT.

Director of Clinical Training (DCT)

The Director of Clinical Training oversees the MEU and is available to speak to RMOs at any time. However, since the DCT is part time, you are encouraged to seek an appointment, by calling the MEU, emailing the DCT directly, or visiting our office to discuss options (see contact details below). As a senior clinician the DCT:

- Oversees Mater Education Program for RMOs and develops teaching and learning resources
- Facilitates/encourages learning opportunities for RMOs, incl., in quality and safety processes
- Oversees requirements for ongoing accreditation of RMOs
- Provides support and advocates for and mentors RMOs, incl., guidance on career path options
- Liaises with term supervisors on remediation and RMO clinical performance
- Assists hospital management with medical recruitment.

Interviews with the DCT are organised throughout the year to give you an opportunity to provide face to face feedback on your experience at Mater and to discuss any issues of concern or interest. These meetings are coordinated by the Medical Education Administration Officer

Medical Education Manager

The Medical Education Manager coordinates the recruitment, allocations and rostering for RMO's as well as the management of the MEU positions. If you have any questions regarding rosters, allocations, leave (sick, professional development leave, etc.), careers, and/or the RMO campaign, contact the Medical Education Manager.

Medical Education Officers (MEO)

The MEOs' are available to speak to RMOs at any time and should be kept informed of all relevant issues impacting RMO performance. The MEOs are involved in:

- Development, implementation and review of medical education and training for RMOs during their prevocational years at Mater.
- Working with PHO/Registrars and Consultants to engage these more senior clinicians in the educational opportunities and expectations of the Mater as an organisation.
- Providing advocacy and support to all RMOs
- Identifying, developing, implementing and evaluating resources for the Prevocational Medical Education and Training (PMET)

- Monitoring and providing advice on management, development, implementation, evaluation and improvement of RMO training programs and education needs
- Ensuring accreditation of relevant prevocational terms
- Leading and take responsibility for the application and monitoring of the assessment framework
- Developing and implementing resources to improve supervision and the assessment processes
- Monitor and undertake report preparation of term evaluations
- Facilitating supervisor training around effective feedback to RMOs in relation to performance
- Supporting and leading the functions of the MEC regarding matters of the FEP
- Together the DCT and MEOs' support more senior medical staff with term and clinical supervisor training.

You don't need an appointment to see an MEO

RMO Wellbeing

The MEU recognises that, at various times during the RMO years, you may require assistance to address concerns. You are encouraged to be aware of your limitations and seek help early. The DCT and MEO support RMOs to address problems with training, supervision and other professional/personal issues. The process for doing so is transparent, safe and confidential, and there are clear, impartial pathways for timely resolution of professional and/or training-related disputes.

The DCT, MEO and Term Supervisors are committed to supporting you to maintain your health and wellbeing. If you are feeling poorly you can contact the MEO at any time or view a list of support resources available on the 'Wellbeing Resource for Resident Medical Officers' which is available on the MEU website, Mater Document Centre and in the Commencing Doctors Handbook. Every Mater RMO is encouraged to develop a professional relationship with their personal GP. If you are new to Brisbane and unsure how to find a Doctor friendly GP, call Queensland Doctors Health Program (QDHP) 3833 4352. QDHP manages a database of Doctor friendly GPs who have completed the necessary training to better understand the prevocational years, and to treat you as a patient with confidentiality and respect. QDHP is also a free, independent, confidential, advisory service for doctors. To access their 24hr confidential service you can search their website www.qdhp.org.au, or phone them. Each enquiry is managed by a trained physician who will provide professional assistance and support.

Mater is committed to providing professional and personal support to its staff. [Assure Programs](#) is an external service provider offering free and confidential staff counselling, and this is available to all Mater staff and immediate family members. Should you require urgent assistance or would like to talk to someone or if an immediate family member would like to talk to someone, please contact Assure on 1800 808 374 (24hrs). [Pastoral Care](#) is also available at Mater for anyone requiring assistance.

If you feel that you are being bullied, harassed or discriminated against or if you have witnessed discrimination, bullying and harassment please contact your Term Supervisor and/or the MEU for confidential support and advice. Mater has a policy and procedure to identify, address and prevent bullying, harassment and discrimination. To access this procedure, please search for 'Resolution of Workplace Bullying, Sexual Harassment and Discrimination' via the Mater Document Centre.

Contact details for the Medical Education Unit:

Name	Title	Extension No.
Dr Ryan Frazer	Director of Clinical Training (DCT) (P/T)	8229
Olivia Paton	Medical Education Manager	8114
Meegan Palmer	Medical Education Officer (MEO)	1560
Georgia Powell	Medical Education Officer (MEO)	8431
Hannah McDonald	Medical Education Administration Officer	8272
Office Location	Level 4, Duncombe Building (exit elevator, second door on the right)	
MEU email	mededu1@mater.org.au	

Prevocational Medical Education as a National Standard

The Mater Facility Education Program (FEP) is guided by the Australian Curriculum Framework for Junior Doctors (ACFJD) (http://www.cpmec.org.au/files/27112017_watermark.pdf) which means it is relevant to all RMOs. Through the FEP, the MEU aims to develop and implement a campus-wide strategy to integrate contemporary medical education across medical specialities for all Doctors-in-training; and meet the ongoing education, training and professional development needs of RMOs at Mater. This is achieved through the Prevocational Medical Education and Training (PMET) framework.

The PMET Framework is in direct response to the ACFJD. The majority of the Australian Curriculum Framework is relevant to every rotation, with particular emphasis on infection control, medication safety, patient safety and basic life support. Your individuality and uniqueness means you are expected to take responsibility for undertaking a variety of these objectives during your term. We also recognise that RMOs start each rotation with different levels of experience and skills. Therefore, you must discuss your individual goals and objectives for the term with your supervisor and develop an individualised learning plan for each term.

Mater's FEP includes interprofessional education during Protected Teaching Time (PTT) such as simulation, tutorials, workshops, presentations and classroom style learning. PTT is delivered on Tuesday and Thursday 12.30-1.30pm and RMOs are required to attend 80% of the sessions offered. PTT attendance is mandatory for interns and encouraged for JHOs and SHOs as the topics and cases discussed are relevant to all RMOs. PTT topics are also relevant to multidisciplinary team members who share in the patient's care, so you are encouraged to invite team members to attend with you, and contribute to the learning experience and outcomes by providing a multidimensional perspective to patient care.

GOVERNANCE OF RESIDENT MEDICAL OFFICER EDUCATION

Governance of the Facility Education Program (FEP) for RMOs is undertaken by the Medical Education Committee (MEC). The MEC ensures the RMO FEP includes formal education and training on the wards, aligns with the key principles in the Australian Curriculum Framework for Junior Doctors (ACFJD), and meets the various college and PMAQ requirements. Many committee members are college representatives and contribute valuable insight to the formal education and training program, thus ensuring the foundation years align with future needs. The MEC meet quarterly and membership includes Term/ Clinical Supervisors, Unit Directors, RMO's representatives and the ME team.

Becoming a MEC member

- During PGY1 orientation you will be invited to self-nominate or to elect 2-3 intern representatives for the MEC meetings. Dates, times and Terms of Reference are available from our office.
- PGY 2-3s who are new to Mater and interested in MEC membership as a RMO representative, are encouraged to contact the MEO for the dates, times and the Terms of Reference.

SUPERVISION AND SUPERVISORS

RMOs must be appropriately supervised at all times to develop competencies required for the sustained care of patients and episodes of acute care. The RMO must be clinically supervised by a more senior clinician (i.e., ≥PGY3) who is responsible for the progress of the patient's care. Direct patient care supervision on site is usually the responsibility of the consultant or as delegated by the Term Supervisor (i.e., to a suitably experienced clinical supervisor). RMOs should have consistent supervision by the same group of supervisors throughout the term, to enable relationship building, continuity of care, and continuity of supervision.

Interns must have direct supervision at all times while JHO/SHOs are supervised at a level appropriate to their experience and demonstrated responsibilities. Supervision for JHO/SHOs is based on the individual's experience, knowledge and skill, and is determined by the Term Supervisor. For example, a JHO who has never worked in a specific unit will in the first instance have the same level of supervision as an intern until the Supervisor confirms otherwise. Supervision arrangements (i.e., who supervises you and for which activities) must be made clear to you at the Start of Term Orientation meeting with your Term Supervisor.

- 👍 **Contact the MEU (ext. 8272) if you have not had an orientation by the end of day 3 week 1 of a new rotation.**

Supervision arrangements across units vary and supervision is undertaken by a number of supervisors with different functions. Your Term Supervisors will identify and communicate the unit's supervision arrangements. He/she may delegate supervision responsibilities to a clinical or immediate supervisor. Irrespective of the delegation, your Term Supervisor is the only one who confirms you have/have not successfully completed the Term and signs the assessment form. It is your responsibility to ensure that you know who to contact in each situation:

- **The Term Supervisor**, responsible for orientation, assessments, and ensuring you are supervised at all times at a level appropriate to your experience and responsibility.
- **The Primary Clinical Supervisor**, a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. The Primary Clinical Supervisor provides clinical supervision, regular feedback on performance and may assist in completing assessments by co-signing the form.
- **Immediate supervisor**, a medical officer who has more than three years postgraduate experience in the relevant discipline, and who has direct responsibility for patient care. Your immediate supervisor provides regular, on-going feedback regarding patient care, communication, skills and procedures, and contributes to your mid/ end-term assessments.

Term Supervisors

- Are responsible for meeting with you to complete the Start of Term Checklist and discuss term learning objectives with you followed by the mid-term and end-term assessments
- Ensure that work-based learning opportunities of the unit allow you to develop the required learning outcomes, which they assess at 5 week intervals using the Term assessment form

- When completing assessments, term supervisors seek feedback from team members who contributed to supervising your work (E.g., clinical/immediate supervisors and multidisciplinary team members all provide input to your assessment)
- Promote attendance at education sessions during protected teaching time (PTT)
- Have overall responsibility for you and your colleagues in the relevant unit to ensure safe patient care and a safe learning environment, free from bullying and harassment
- Are committed to and understand their role and responsibility in assisting you to meet your learning objectives. If you are not meeting the terms learning objectives, your Term Supervisor will discuss performance with you, and with the MEO, develop an improving performance action plan (IPAP)
- Support medical education principles, including experiential opportunities which promote active learning and regular feedback on performance.

Clinical Supervisors

- Are identified by term supervisors, and are a consultant/registrar >PGY3 experience in managing patients in the relevant discipline
- Hold daily supervision responsibilities for you while you assess and manage patients
- Work directly with you on a daily basis to manage individual patients, and develop and refine clinical skills and practice appropriate to your level of experience and in accordance with the ACFJD
- Model good clinical practice, and building and maintaining professional relationships with others
- Promote active learning and learning opportunities, and provide regular feedback to your on your performance
- Promote attendance and support you to attend education during PTT.

👉 It is **your** responsibility to ensure you know who to contact at all times during your shift

GUIDELINES FOR TERMS

General

The Medical Board of Australia (MBA) requires Interns to complete five accredited training terms satisfactorily to qualify for Australian Health Practitioner Regulation Agency (AHPRA) general registration. Of the five training terms, three must be core terms: General Medicine, General Surgery and Emergency Medicine ([Click here for the details](#)). Completed assessment forms provide evidence of this success.

All terms must ensure the safety of both patients and prevocational doctors by providing appropriate levels of supervision, workload, hours and clinical practice suitable to the skills of the RMO performing them. RMOs must at all times be adequately and appropriately supervised. It is your responsibility to notify the MEU if this does not occur.

Core terms are required to be accredited, this means they will be: 10 weeks in duration; Term Supervisors in each core term will be a specialist physician responsible for patient care; RMOs will have continuous clinical supervision in the department at all times, and additional requirements in the core:

Medicine term includes:

- Appropriate caseload: considering acuity, comorbidities and patient turnover and opportunities for Interns to participate in the assessment and admission of patients with acute medical problems
- Patient management and ward rounds with the same clinical supervisor (\geq PGY3)
- Immediate senior clinical assistance available at all times (\geq PGY3)
- Supervision to continuously evaluate aspects of your history-taking and physical examination skills, discharge planning and communication skills (both written and verbal)
- Supervision ensures you prescribe therapeutic agents safely.

Surgery Term Includes:

- Appropriate caseload, considering acuity, comorbidities and patient turnover across a broad range of acute and elective surgical conditions
- Clinical exposure to a range of operative procedures, and peri-operative and post-operative care
- Immediate senior (\geq PGY3) clinical assistance at all times
- Daily surgical ward rounds conducted with the same supervisor as often as possible
- It is expected that the Interns will 'scrub in' and actively participate in operating theatre sessions during the term (minimum of four half-days). The intern should have opportunities to participate in surgical procedures common to the term.

Emergency Term Includes:

- Supervision of bedside procedural skills by direct observation
- Supervision of medical emergency skills to ensure you demonstrate satisfactory participation in a resuscitation team
- Supervision to ensure Interns demonstrate the ability to identify urgent priorities in the assessment, referral and management of an undifferentiated acute patient.

Other PGY1 terms

A range of other approved positions make up 12 months (i.e., you complete a minimum of 47 weeks full time equivalent service excluding annual leave). These terms provide experience in additional areas such as, but not limited to, palliative care, paediatrics and obstetrics/gynaecology. At least one of the remaining terms should be continuous and not be significantly interrupted by other duties. For outcomes regarding what you should achieve during your core/non-core terms, refer to the [AMC website](#).

CONTINUING PROFESSIONAL DEVELOPMENT

ALL medical practitioners engaged in medical practice are required to participate in continuing professional development (CPD). AHPRA requires all registered medical practitioners to complete a minimum of 50 hours CPD per year. CPD must be relevant to your scope of practice to maintain, develop, update and enhance knowledge, skills and performance to deliver appropriate and safe patient care (MBA, 2016). CPD includes a range of activities to meet individuals learning needs - refer to the [Medical Board of Australia registration standards](#). Doctors submit evidence of CPD for medical registration renewal.

Requirements for each Prevocational Year (PGY1-3)

RMOs are required to meet professional expectations by completing a number of mandatory documents. For PGY1's, this is to achieve AHPRA general registration, and for PGY2-3s, this is to maintain evidence of CPD. Professionalism towards achieving these requirements is closely considered prior to future appointments at Mater and for Interns, before registration is approved by the MEU.

General Registration and On-Going CPD Require You to Complete:

SUMMARY OF ANNUAL MANDATORY REQUIREMENTS	
1. Terms X 5	Successfully complete 47 weeks of clinical placement
2. Documentation	Complete with Term Supervisor and submit by due dates: <ol style="list-style-type: none"> a. Start of Term Orientation Checklist b. Assessments and Evaluations <ul style="list-style-type: none"> - Mid-term Assessment + self-assessment - End-term Assessment + self-assessment - End-of-term Unit Evaluations c. Surgical Assist and feedback (Surgical Interns only) d. Logbook (optional- for review and discussion at assessment meetings)
3. Education Attendance	Attend 80% of medical education during protected teaching time Attend end-of-term handover
4. Presentation	Present 1 medical case/research during education
5. Online Modules	Complete mandatory online education LEAP modules by the required dates
6. ALS/PLS	Complete ALS/PLS prior to your Ward Call term (PGY2 upwards)

DETAILS BELOW

Terms

Terms for PGY1 – Interns complete ten (10) consecutive weeks in core terms (note: for ED it can be a minimum of 8 weeks), seventeen (17) weeks in non-core terms, plus five (5) weeks consecutive annual leave. General registration requires you to successfully complete 47 weeks of clinical placement and attend 80% of the PTT. Evidence of this attainment is reflected in your assessment forms. Mid-term assessment provides evidence of progress towards meeting the term learning objectives, and the end-term assessment confirms you have/have not successfully completed the term (see point 2 under Documentation).

Terms for PGY2-3 – Terms vary between 5 weeks and 6 months. A 10 week term can be ½ clinical and ½ ARL, (ii) 2 different clinical ½ terms (i.e. 5 weeks in 1 clinical unit followed by 5 weeks in a different clinical unit), (iii) a full-term in 1 location (10 weeks), (iv) up to six months in a unit, or (v) a clinical half-term with ward call/relieving. Irrespective of the rotation, you will always do assessments and an evaluation; including ward call/relieving.

It is usual for RMOs to complete 47 weeks of clinical placement and access 5 weeks of annual leave per year. At each 5 week interval, you complete either a mid- or end-term assessment. Your completed/signed mid-term assessment provides evidence of progress towards meeting term learning objectives and development towards unsupervised work. The end-term assessment confirms you have/ have not successfully completed the term. Due to some terms being incompatible with PTT (Tuesday and Thursday – 12:30-1:30), PGY2-3s who

legitimately are unable to attend PTT are encouraged to develop Personalised Education Plans and discuss these with the MEO (Appendix 1).

Submission of Documentation

RMOs (PGY1-3) are responsible for submitting completed documentation to the MEU by the due dates. All forms and checklists are completed online and are accessible on the MEU website at any time (<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>). The End-of-term Unit Evaluation link is sent to all residents via their mater email address.

If you are unable to complete the assessment or evaluation, please contact the MEU on ext 8272.

Form	Instructions
Start of Term Orientation Checklist	Complete with your Term Supervisor at the unit orientation meeting and submit to MEU within one week. If you have annual leave in the first ½ of a term (i.e., A), complete checklist within 3 days of starting the second ½ of the term (B).
Mid-term Assessment and Self-Assessment Logbook	Complete your mid-term assessment (which includes a self-assessment) with your Term Supervisor. You both sign and submit the completed assessment to MEU. Note: If it's a half term with annual leave, complete an end-term assessment. You are encouraged to present your logbook to your Term Supervisor for review and discussion.
End-term assessment and Self-Assessment Logbook	Complete your end-term assessment with your Term Supervisor. You both sign and you submit the completed assessment to MEU. Self-assessment to be emailed to MEU. Present your logbook to your Term Supervisor for review and discussion. Submit a copy of your logbook to MEU via email: mededu1@mater.org.au
End-of-term Unit Evaluation	An Evaluation survey link will be emailed at the end of each term.
Surgical Assist Form	Complete form after each shift and submit to MEU for each surgical assist.
Presentations PGY1 - Mandatory PGY2-3 - Optional	Intern presentations are allocated throughout the year based on rotations. They should be case based and approximately 10 to 15 minutes duration (around 5-10 slides).

START OF TERM ORIENTATION

Step 1

Before starting a new term read your unit's orientation handbook. Unit handbooks are accessible via the MEU website: <http://mededu.matereducation.qld.edu.au/handbooks/>. These regularly updated handbooks provide essential information about the term and term supervisor expectations.

The majority of the Australian Curriculum Framework is relevant to this rotation. There is a particular emphasis on infection control, medication safety and basic life support. You are expected to take responsibility for covering a variety of these objectives during your term. We also recognise that anaesthesia residents start the

rotation with different levels of anaesthesia experience and skill. Therefore you are encouraged to discuss your individual goals and objectives for the term with your supervisor and develop an individualised learning plan.

Be smart, and familiarise yourself with the expectations and the unit's learning objectives – your Term Supervisor wrote them, so read them before meeting your Term Supervisor. The link to your Start of Term is available on the MEU website. Please note if you wish to access your Mater email using a smartphone you will need to add your Mater email account to your mobile manually (for instructions refer to the 'Medical Orientation Handbook').

Step 2

Be proactive - actively seek an orientation with the Term Supervisor; remember even though they are busy they will be expecting **you** to approach them. Go through the checklist, discuss the core learning objectives for the term, training experience, level of competence, and timing of the placement. These discussions are documented on the checklist and you both sign.


Step 3

Submit the completed checklist before the end of the first week of Term. The checklist is completed online via survey monkey, and the assessment link can be found on the MEU website:

<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>

Step 4

At mid- / end-term assessment meetings, your Term Supervisor provides feedback on your progress towards achieving unit learning objectives (see agreed objectives on your Start of Term checklist). If you have any concerns or would like more regular feedback, speak to your Term Supervisor and/or MEO.

 If you're seconded to QCH, you must follow their assessment process. QCH will send the MEU a copy of your assessments at the end of the term.



FEEDBACK, ASSESSMENT AND EVALUATIONS

The formal mid- and end-term assessment process was established by the MBA, and the assessment document was developed and implemented by the Australian Medical Council (AMC). This means that no matter where in Australia you complete your prevocational years, the process is the same. RMOs are encouraged to take responsibility for their own performance, and regularly seek supervisor feedback on their performance. All residents complete the same assessment document.

Assessment reminders are emailed to your Mater account every 5 weeks; also accessible electronically via the Medical Education website (<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>). For terms less than 10 weeks, complete an end-term assessment. For terms equal to or greater than 10 weeks, complete a mid-term assessment halfway and end-term assessment.

The Assessment Process

The RMO assessment process is outlined in the Mater RMO Assessment & Support Process diagram (see appendix 1). Mid- and end-term assessments are completed with your Term Supervisor. This involves **you** making an appointment to formally discuss your progress towards meeting the term's learning objectives. The meeting will be more productive if you present your logbook (i.e., a list of clinical and educational activities engaged in during the term) to the supervisor at assessment meetings.

Completing the Form

All assessments are to be completed with the term supervisor. In the event that they are unavailable, they may delegate this responsibility to a suitable Clinical Supervisor. Unit handbooks clearly identify who the unit Term Supervisor is. It is your responsibility to make yourself known to them.

If your assessment is completed by your clinical supervisor, you **must** make an appointment to meet your term supervisor to discuss your assessment, logbook and self-assessment. Please contact the MEU for a copy of your online assessment for you to discuss with your term supervisor at this meeting. The Term Supervisor can then sign off on your assessment. Term supervisors will seek input from the multidisciplinary team and other clinical supervisors, review your logbook and assess your capacity to successfully pass the term.

👉 **If you experience difficulties with any aspect of the term, clinical or otherwise, contact your Term Supervisor or your MEO. Don't wait until the mid-/end-term assessment to raise concerns.**

At this meeting your progress towards meeting the unit learning objective and domains will be discussed. On the second last page, the term supervisor rates your overall performance during the term. There are three levels:

- Satisfactory (meets performance expectations),
- Borderline (further assessment and remediation may be required to meet performance expectations), and
- Unsatisfactory (has not met performance expectations).

A satisfactory assessment enables you to progress to the next term. Where the global rating is borderline or unsatisfactory, early remediation is essential and an improving performance action plan (IPAP) will be established with the aim of assisting you to meet the terms learning objective.

What Should You Do?

- Check your Mater email regularly - RMOs are reminded when assessments are due
- When you get the email, make appointments to meet with your term supervisor
- Before your meeting, print a copy of your logbook entries for that term, and ensure you have a link to the formal assessment form
- Meet your nominated term supervisor for your formal face to face assessment meeting
- Complete your self-assessment (located at the start of the formal assessment form) and discuss with your Term Supervisor
- If you get rating of 1 or 2 in any of the domains, you will need an IPAP – call the MEO, ext. 8431. Remember an IPAP is initiated to support you to reach your full potential.
- You and your term supervisor sign and submit the online assessment form

Mid-Term Assessment

The mid-term assessment is a formative process that focusses on the learning and development needs of the individual. Your logbook provides evidence of the various activities you have engaged in during the term and your progress towards achieving the unit learning objectives. Your progress is discussed and recorded on the assessment document. This meeting reports on your current performance, strengths and weaknesses, and highlights areas to enhance current skills and knowledge. Mid-term includes components of daily supervision, feedback, your capacity to engage with the multidisciplinary teams and supports.

A rating of 1, 2 or for some domains a low 3, means your performance (or access to opportunities) is not yet consistent with the level of your appointment. Therefore, to support you to achieve or complete unit learning objectives, an Improving Performance Action Plan (IPAP) will be implemented. The IPAP steps through the domains requiring attention, proposed actions are established to address these areas, and a reviewing timeframe documented. IPAPs are prepared by your term/clinical supervisor with the DCT/MEO. Processes are then implemented to ensure performance issues are addressed and opportunities are made available to

you to meet the learning objectives. And if required, supervisor(s) in subsequent terms are notified to garner support. (Note: the same process is followed by all RMOs/IMGs).

RMOs who are unsatisfied with an assessment outcome are encouraged to discuss/negotiate an appeal with the Term Supervisor in the first instance. If no satisfactory resolution can be achieved, you may appeal the decision. Refer to procedure: PR-MEL-040026 (Underperforming Intern – Improving performance action plan (IPAP) and Appeals) on the Mater Document Centre.

End-Term Assessment

At the end-term assessment meeting your progress is discussed and a written assessment completed. Your supervisor rates your ability to practice safely, work with increasing levels of responsibility, apply existing knowledge and skills, and learn new knowledge and skills essential for registration. The rating is based on a clear understanding of your level of appointment. E.g., interns are beginning practitioners not yet fully independent, and they rely on the accumulated knowledge and judgement of supervisors to develop their experience during the intern year.

Who Reads the Assessments?

Assessments are reviewed by the DCT and MEO. Content is synthesised and used to drive quality improvement in the Facility Education Program. For PGY1s - completed assessment are used to support application for general registration. Assessments are reviewed by the DCT for statements of service, letters of reference and for supporting applications to Training Colleges. If you don't submit your assessments we won't be able to help you with this supporting information when the time comes.

Please note that these assessments are recognised to be formative tools for the professional development for PGY1-3. This assessment process is not utilised during and remains separate to the recruitment processes that occur at Mater. Similarly this documentation is not sought by Mater from residents trained at other organisations when applying to the Mater.

TERM EVALUATION

Evaluating your experience in the unit is your opportunity to provide feedback on the term, discuss education, supervision, rosters, workload, and suggest quality improvements. At the end of term, all RMOs complete an evaluation survey on their experience in the unit. Evaluations are based on the clinical component of the rotation. The request to complete the Term Evaluation is done electronically using Survey Monkey, and the link is sent to your Mater email prior to the end of each term. Completion of the online survey is mandatory but confidential and reviewed by the MEO. All term evaluations are managed very discretely; de-identified, collated and summarised. The positives and negatives are then communicated to unit Directors and Medical Education Committee with the aim of identifying quality improvements. A report is also presented to the accreditation body at Hospital Accreditation.

Please note: if you are undertaking a secondment or going on annual leave (half-term), your evaluation should be completed before you leave.

LOGBOOKS

CPD at Mater involves **you** taking responsibility for your clinical activities by developing and maintaining a written record of these completed activities (courses, conferences, education sessions etc) during each term. Although not mandatory, logbooks are highly recommended to track your learning objectives, interesting cases, procedural skills and overall progress.

Logbook Template

The layout of the RMO Logbook depends on your needs and the report you generate from Verdi. If you would like a template, one is available and has been refined by the junior doctors for you. This template is available on the Medical Education Site, <http://mededu.matereducation.qld.edu.au/cpd-requirements/> This is only one example, there are various other templates available online.

A good logbook layout should include:

- A list of the various clinical activities for each term i.e., cases, skills /procedural tasks, consults, and number and types of patients seen during the term. Clinical activities per term are guided by the MBA's Standards for Terms, AMC domains (on the assessment form) and ACFJD
- Relevant term learning objectives and progress toward meeting term objectives (e.g., observe, practice with direct supervision, complete with minimal supervision, independent practice)
- A record of attendance at education i.e., both MEU and non-MEU-education, e.g., O&G and QCH
- For those PGY2-3s who are rostered to clinic during PTT – please include all education and research activities relevant to your scope of practice.

Submitting Logbooks

We encourage you bring to your logbook along to mid term and end of term assessment meetings for discussion and to highlight areas where additional learning may be required. You are welcome to submit your logbook to the MEU for review if you wish. It is important that logbooks are maintained as some colleges may wish to see this as evidence of your skills, progress and commitment to professional development.

REMOTE CALL

RMOs rostered to work remote call shifts are considered to be on remote call and can be paged to return to the hospital to assist.

More specifically, PGY1 doctors on surgical rotations and PGY2+ can be recalled to provide surgical assistance when after-hours workloads require it.

PGY2+ can be recalled to cover Ward Call if the ward call resident calls in sick.

PGY2+ can also be recalled if Ward Call is too busy, and the Director of Clinical Training decides to recall the remote resident to help ensure the hospital continues to provide safe patient care. This is rare, but possible.

Details regarding surgical assist expectations, location, purpose, specific technical requirements, operating theatre behaviour and feedback are discussed at orientation, and reminded of the process each term when completing the *Start of Term Orientation*.

The following information outlines the roles and responsibilities for RMO's when rostered to Remote Call:

- Remote Call shifts are highlighted on your individual term rosters and the Remote Call Roster.
- If you are rostered to work Remote Call you can be called back to the hospital by a Senior Medical Officer anytime during your Remote Call period.
- Surgical Interns may be called back to surgically assist in Theatre, but not to cover Ward Call.
- Residents (PGY2+) may be called back to surgically assist in Theatre or cover Ward Call.
- Remote Call commences at the end of your shift and continues until the beginning of the next day's shift. Weekend shifts will be either AM (8 am to 10 pm) or PM (10 pm to 8 am).
- You must remain contactable and available at all times during your rostered Remote Call shift and available to return to the hospital within 30 minutes of being recalled.
- You must remain in a fit state to work at all times when on call.
- It is your responsibility to notify Telecommunications, MEU and HR of any change to your mobile number.
- Remote Call shifts may be swapped amongst residents but it is imperative that you notify the Medical Education Manager (07 3163 8114) of any changes to the Remote Call roster prior to the shift change. Teleservices will then be notified.
- Residents are paid an 'On Call Allowance' per hour for on call shifts. You will also need to ensure you have recorded any recall on Kronos (start time and finish time, and a comment with the reason) in order to be paid.
- If you are recalled to surgically assist or to cover Ward Call (PGY2+only) you must ensure you have a 10 hour break before returning to work for your next rostered shift in line with the 'Resident medical officers—safe working environment including safe working hours'.
- At the completion of each surgical assist recall shift you must complete the Surgical Assist Feedback and Fatigue Management Form with your supervisor and email the completed form to MEU mededu@mater.org.au

- If you are not feeling safe to drive home after being recalled please collect the key from switchboard office on Level 2 MHB and utilise the RMO sleeping/rest room in Kelly Building until you are fit to drive home, or collect a taxi voucher from the NUM.
- For more information please refer to the Procedure – 'RMO Surgical Assist (Ward Remote Call)'.

Accessing Theatre Out Of Hours:

- Go to MAH, level 6. Walk down the hallway to the west (the opposite direction to pathology) for 10 metres.
- Turn to your right and there is a glass door (swipe card to get in) which leads to an enclosed outdoor area.
- Walk the 20 metres to the door on the far side – as you enter this door, turn right down the corridor and walk 10 metres long.
- Take the door on the left – as you enter there are two doors on the left: first is female dressing room (need swipe card access), the second is male dressing room (need swipe card access).
- To enter theatres, go out the other side of the dressing rooms.

FATIGUE MANAGEMENT

All doctors should be aware of and familiar with management of fatigue and working safe hours in line with the [Mater Resident Medical Officers' Enterprise Agreement 2018 - 2021](#) and the 'Resident medical officers— safe working environment including safe working hours safe hour's' procedure (available on the Mater Document Centre).

If you are not feeling safe to drive home following a shift, please utilise the private sleeping room which is reserved strictly for RMOs. This room is located in the Kelly building and has one bed. Fresh linen is available in the foyer outside of the bedroom. The room is locked and the key can be collected from switchboard (Level 2, MHB) at any time.

RMOs who do not want to sleep or rest onsite, who are fatigued and/or not feeling safe to drive home, can obtain taxi vouchers from the NUM that is on at the time. You can contact the NUM via switchboard.

RMO EDUCATION – ATTENDANCE AT PROTECTED TEACHING TIME

AHPRA requires RMOs to demonstrate 50 hours of formal education per annum. To ensure you are released from ward work to participate in the hospital's education program, Unit Directors at Mater agree to support Protected Teaching Time (PTT) and have rostered theatre times to enable you to attend. MEU education during PTT is mapped to the Australian Curriculum Framework for Junior Doctors and aligns with AHPRA and MBA which helps you meet requirements. This means supervisors are aware of the PTT education sessions (Tuesday and Thursday) and support your attendance. Attendance is recorded and term supervisors are emailed every 5/6 weeks with attendance reports.

This means:

- RMOs participate in 80% of Protected Teaching Time (PTT) Education Sessions
- PTT is on Tuesday and Thursday from 12.30-1.30pm
- Before leaving the ward, remind supervisors and relevant team members you will be away from clinical duties for the hour. This means pagers and calls are directed up to the Registrar on duty.
- MEU records all attendance at education and saves it to LEAP for you to print

The accuracy of these reports depends on you personally signing in at each session. For those **arriving after 12.45 or leaving before the session ends, attendance will NOT be recorded on LEAP**. The exception is for those who are paged and required to return to the ward/theatre/birthing suite for a patient. In this case, the UR number needs to be provided.

Expectations (see Appendix 2: Golden Rules)

- 15 minutes prior to PTT, you need to handover your pager/DECT phone to your Registrar where possible
- Advise your multidisciplinary team, incl. Registrar and NUM, you are leaving for Medical Education
- Only if there is no one on the ward to hand your pager to, bring it with you and the Medical Education Administration Officer, will take messages
- Demonstrate respectful professionalism - arrive on time and turn your mobile phone volume off

Attendance Records (sign-on sheets)

AHPRA requires you to demonstrate 50 hours of CPD. To help you achieve this, attendance at PTT is recorded by you signing the attendance register at the door. **Rule of Thumb: If you did not sign in - you did not attend** (this applies to all education sessions). Term supervisors are informed of your attendance twice per term to discuss with you at the mid- /end-term meetings. Some term allocations/ rosters impact on PTT attendance, MEU is cognisant of these challenges therefore, 80% attendance variations include:

TERM	WHAT YOU SHOULD DO
O&G	During this term you should aim to attend RMO education on Tuesdays and unit education on Thursdays. If unit education is not offered on the Thursday, you must attend RMO education to enable you to have 2 hours of CPD. For attendance to count in O&G, you must sign a sign-on sheet.
ED	You should aim to attend two unit education sessions per week, particularly the Thursday morning education session which is tailored to Interns, JHOs and SHOs.

	For attendance to count in ED, you must sign a sign-on sheet.
QCH	At QCH, you should aim to attend 2 education sessions per week (i.e., 20 per term). Education sessions are arranged by QCH and delivered during their PTT. Attendance is recorded and you must sign to show you attended.
All Other Terms	If you have difficulties attending PTT, ring MEO ext. 8431. Possibly your clinical supervisor or Registrar is new and is unaware of PTT.
Theatre Lists	If you are on a theatre list, remind your supervisor early about PTT. Theatre lists at Mater are usually planned to accommodate your release.
Ward Call	Attend CC SHO teaching and/or access RMO Education session recordings and PowerPoints made available on the RMO Teams APP. Access to teams is granted by the MEU Admin officer, please contact them if you require assistance.
End-of-term Handover	One education session per term is dedicated to clinical handover - this is usually the last Friday of term 12.30 – 13.30. Attendance is recorded. It is the responsibility of the incoming resident to seek handover from the outgoing resident, and together discuss clinical handover of patients (where relevant) and ward specific information. To assist with handover, you may use the ROVER handover form accessible on the MEU website http://mededu.matereducation.qld.edu.au/orientation/handover/
PIP – Core Medical and Surgical Terms	Interns in core Medical and Surgical terms attend the Practice Improvement Program (PIP) sessions on Friday – 12.30-1.30pm. There is one core medical term exempt from PIP, and that is Respiratory. Interns on Respiratory will attend department teaching. During PIP, you may engage in process improvement which you may like to handover to the next PIP team or complete so that you can submit an abstract to the National Medical Education Conference. Attendance at PIP is recorded.

External Education Opportunities

RMOs frequently participate in external education opportunities – these are known as non-MEU-education. Attendance at non-MEU-education should never replace PTT. Every attempt should be made to attend PTT. If you have difficulties being released to attend, call me on ext. 8431. Attendance at PTT and external education is discussed with your Term Supervisor at your mid- and end-term assessment meetings. Therefore, you should keep a record of all education attended using logbook entries: including the date, topic and length of the session.

PRESENTATION

PGY1 – all interns are required to present at least 1 interactive 10 to 15 minute presentations per annum. Dates have been allocated to best match clinical terms and availability to attend MEU PTT. Your presentation provides you with an opportunity to present to your peers and receive feedback. When preparing a presentation, consult the Australian Curriculum Framework for Junior Doctors for ideas and content. Your presentation is peer evaluated (i.e., by your colleagues and MEU) and you are provided with feedback. These presentations form part of the formal Prevocational Education and Training Program. Consider the following formats:

1. Cases based presentation:

- case presentation (situation, history, assessment and risks)
- questions – ask the audience if any additional information is needed
- discuss the diagnosis, what you did and learnt about the patient
- take home message
- Cases must be interactive and can include relevant x-rays, bloods, charts, ADDS, discharge summary, death certificate - resources can be simulated or de-identified Mater patients

2. Research topics: select and present a relevant topic or research project

PGY2-3 – you are encouraged to present at education during the year. Topics must align with the Australian Curriculum Framework. For more complex topics, PGY2s can be linked with a more senior practitioner (>PGY3) to ensure you are well supported for the content. Please contact the MEO to discuss options. Presentations can also be added to your Personalised Education Plan.

If you are interested in doing a mini-research project and present the findings at education or at the annual Prevocational Medical Education Conference please discuss options with MEU. Topics you may like to consider include: designing, testing and implementing a tool; Education for PGY2's; Impact of social media on education; etc.

LEAP - MANDATORY EDUCATION

Complete mandatory online education LEAP modules by the required dates.

Refer to the Medical Orientation Handbook for further information on the MEU website.
<http://mededu.matereducation.qld.edu.au/handbooks/>

HANDOVER

There are 3 types of handover for ALL RMOs: daily handover of patients within the units, daily handover to Ward Call (after hour's team), and end-of-term handover – i.e., changing terms.

Effective and appropriate clinical handover of patients is essential to patient safety. However, it is often poorly performed by doctors and as a result the MBA and AMC require MEUs to monitor attendance at handover. This is particularly important when clinical errors or a patient safety issues arise.

Daily Handover

Daily handover of patients within the units is essential to continuity of care. You will hand patients over to the multidisciplinary team and to other medical officers. If you leave the unit and have not handed the patient over to someone in the unit, **the patient remains your responsibility**. If you are going off-site, hand the patient over with clear instructions.

Daily Handover to Ward Call

Handover to Ward Call is *essential* at the completion of every shift. This includes listing any acutely unwell patient and their current treatment plan, jobs that need to be completed later during the night such as bloods/x-rays that need to be taken at specific times or have not returned and need reviewing. Every ward has a time assigned for daily handover. It is not always possible to handover every patient to ward call therefore, for efficiency, each unit identifies and selects those patients who are unwell, had a MET call recently, or who are specifically waiting to be reviewed, and hands these over prior to leaving.

- Call the appropriate Ward Call 'Dect' Phone to Handover or Handover in person:
- Adult Ward Call DECT: 7681 PAGER: #0146 and CCSHO DECT: 8713 PAGER: #4795
- Present patients verbally to the RMO on ward call so that they can take their own notes. You can also provide a list with patient details to support handover.
- Provide details of what you expect might happen, with instructions on what to do next.

All attempts should be made to avoid handing over incomplete tasks for the day. Ward call is busy enough without taking on extra work you did not complete. Try to have your regular work done in regular hours... blood tests, results checking, drug orders etc.


End-of-Term Handover

If you are rotating to a new term or going on leave attend the end-of-term you must do a handover. To identify who you handover to, check L Drive, ALLUSERS, and in the folder called 'docrost' locate the relevant rotation. You are encouraged to use the ROVER handover form to prompt discussions. Call switch to contact the person, and if by chance the details provided are incorrect (i.e., because of a recent roster amendment) it remains your responsibility to find out who the correct person is to handover.

End-of-term handover is usually the last Friday of the term: 12.30 pm – 1.30 pm. Details will be emailed to you, and attendance is recorded. It is the responsibility of the incoming RMO to seek handover from the outgoing RMO. Together, discuss clinical handover of patients (where relevant) using the SHARED mnemonic. The outgoing RMO provides the incoming RMO with ward specific information, i.e., where, what and when to do things.

End-of-Term Handover - ARL

If you are going on ARL, remember to handover to the next RMO. This may be at mid- or end-of-term. Irrespective, if you are going on leave, it is your responsibility to arrange a handover to the next RMO. If the RMO taking over from you is on ARL until the Sunday and you are leaving Sunday, please prepare a written handover e.g., use the ROVER handover sheet to let them know where to go, what is expected of them, routine activities, and tips and tricks to make the transition as easy as possible. If they are not on ARL, contact them by the Friday before your ARL starts.

 **Remember - leave your pager at work and let someone in the department know where the pager and the handover sheet can be found**

A simple mnemonic can act as a prompt on what relevant information to include in the handover. The SHARED mnemonic is widely used throughout Mater.



An example might be:

Situation	I'm John, currently doing respiratory medicine and I've got a couple of patients I think you should know about for handover.
History	First one is Trevor Smith, a 68 year old man admitted under the respiratory team, for an infective exacerbation of COAD that we've been treating with IV antibiotics.
Assessment	He's been in 2 days and was improving till this afternoon when his saturations dropped and he became more SOB. Clinical examination showed lots of widespread wheeze, nothing focal. CXR shows no pneumothorax or pneumonia. He has settled now with some more nebs, and his vital signs are back to normal.
Risks	He might get more short of breath this evening and need to be reviewed.
Expectations	If you have to see him for increasing SOB, check for a pneumothorax, give him back to back salbutamol nebs for 20 mins. This should settle things. If it doesn't, call the med reg, or Dr "XYZ" to discuss plan B. He's not for intubation, and this has been discussed with him and his family.

Documentation	All his med charts and notes are up to date. You can read more about his SOB this afternoon if you need to.
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While this document is primarily focused on the handover, the mnemonic works well for any time when clinical information is being exchanged, e.g. phone referrals, discussing patients with unit consultants, etc.

ALLOCATION TO TERMS

The DCT is responsible for overseeing medical recruitment with the Medical Education Manager who also manages allocations, rosters, holidays and PDL, and can be contacted between office hours (Monday to Friday). For an appointment with the DCT call ext. 8272.

PGY1s are allocated to units/terms according to the Intern Training and Accreditation guidelines (to maintain the focus of this handbook refer to the [AMC website](#) for detailed PGY1 Core Terms (i.e., Medicine, Surgery, and Emergency Medicine). PGY2-3 terms are assigned according to career preference and workforce planning needs. While every attempt is made to meet your preferences and requests, this is not always possible.

Term Dates

Please refer to the MEU website outlining the 'term dates and assessment due dates'.

<http://mededu.matereducation.qld.edu.au/cpd-requirements/all-forms/>

HOLIDAY REQUESTS

Interns – holiday requests are considered and you will be notified of your 5 weeks annual leave dates prior to starting. Interns do not have access to PDL.

JHO/SHOs – Medical Education Manager manages rotational RMO annual leave. For minor holiday requests and changes in the first instance discuss these with unit secretaries/directors.

SICK LEAVE

All sick leave is to be called in as soon as practicable. Please notify:

- Your team, including your supervisor
- Your department secretary/admin officer
- The Medical Education Unit (MEU) 3163 8114

Of note, if you are away sick for more than two days you will be required to produce a medical certificate and Relievers are expected to cover any appropriate shift including Ward Call and Remote Call shifts.

Sick Leave Process for Ward Call:

- If you are calling in sick outside of business hours for an after-hours ward call shift you must notify switchboard so the remote on call resident can be recalled to cover, and then notify the MEU the following day
- If calling in sick during business hours for an after-hours ward call shift you must notify MEU so the remote on call resident can be recalled to cover

Sick Leave Process for Remote Call:


- If you are rostered on for Remote Call and require to calling in sick outside of business hours you must notify the Adult Surgical Registrar on-call, switchboard and MEU
- If a resident rostered on for Remote Call is sick **during business hours** they must notify MEU

Sick leave during ED and O&G Rotations:

- If working in ED or O&G you will also need to contact the Senior Medical Officer to notify them you are calling in sick

TIMESHEETS

Timesheets are completed electronically using Kronos (<http://kronos.mater.org.au/wfc/logon>). Training is provided at orientation. Timesheets must be kept up to date using Kronos. You are responsible for completing and submitting your timesheet to payroll by 10 am on the Monday of pay week.

 **Rule of thumb:** if you did not submit your timesheet by this time, you will need to **wait** an extra fortnight before you get your salary

If your timesheet automatically allocates a 60 minute lunchbreak, but you only take 30 minutes, you need to amend the timesheet. There are instructions on how to do this on Mater intranet. The document is called "Add a Missed Meal Break".

QCH – RMOs seconded to QCH use manual timesheets. Follow the instructions provided by QCH MEU at orientation. **TIP:** fill in the form correctly with actual hours worked; ask your supervisor to sign; overtime is to be approved with a UR numbers included; hand the form to the correct office, and keep a copy. Remember, you are responsible for completing and submit your timesheets so that QCH can get them signed and to payroll by 10 am on the Monday of pay week.

PROVIDER & PRESCRIBER NUMBERS

All doctors apply for their own Provider Number whilst working for Mater. This is done prior to commencing work in the wards – details of how to do this is included in your email from HR. If this is the first time you have applied for a Provider Number you will be issued with a Prescriber Number as well. For Interns, usually receive their number by week 2 of ward work if submitted correctly/timely. A Health Insurance Commission (HIC) form will be in your commencement paperwork from HR.

INFECTION CONTROL

Infection control is the use of a variety of methods to place a barrier between infected and non-infected people to reduce the transmission of infection. It is not possible to stress strongly enough the importance Mater places on adequate hand hygiene. It is **MANDATORY** that you wash your hands before, between and after seeing patients using the readily available hand hygiene resources. The quality of, and the compliance with hand hygiene, is a source of considerable concern to MHB and is therefore audited regularly.

Please refer to Mater Infection Control Manual for detailed information. A hard copy of the manual (yellow folder) is located in all clinical areas and the electronic manual is on Mater Hospital Intranet under "Mater Document Centre" (to find it, type in: Infection Control Manual).

MEDICATION

The most common causes of adverse events in clinical practice result from medication errors. It's important to know how to correctly use medication charts. If you are unsure, there are 3 resources available for you: (1) Contact the ward pharmacist, he/she is experienced in appropriate prescribing and will be willing to provide medications advice; (2) Visit the website: <http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/support-material/> ; and (3) complete the 7 **NPS on-line Modules** for CPD. These can be completed before you start. I.e., click link: <http://learn.nps.org.au/> and follow the prompts to sign-up (email certificates to mededu1@mater.org.au).

MEDICAL RECORD KEEPING

Patient Medical Record

Patient records are available in 2 ways: (1) an electronic health record, and (2) an electronic record plus a manual historical file. The patient's medical record provides accurate chronological notes regarding the patient's health and is used to promote communication between the health care team.

It is your and the health care team's responsibility to ensure entries in the medical record are accurate, legible and coded correctly. This is particularly important for those doing out of hours shift, when asked to review a patient they have not met before. The medical team rely on the patient's notes and records to provide a clear account of the patient's admission and course of actions taken.

Remember:

If you wish to add comments that are out of chronological sequence, ensure you date the entry with the current date with a note that you are adding a comment and the reason why it was necessary

This is a legal document; only use standardised abbreviations and never remove/delete information.

GENERAL INFORMATION

Mater Junior Doctor Society

Mater Junior Doctor Society is run by RMOs. Information regarding the current society members can be found on the MEU website. The Society has a Chair, Treasurer and a Social Convenor and use the common room for activities. The Society is responsible for ensuring that after each function, the Common Room is returned to a satisfactory clean and tidy state. Membership is \$5.00 which is deducted from your payroll each fortnight. To become a member, sign the deduction form are available from MEU or from Mater Junior Doctor Society Members and send this signed form to Payroll or MEU. There is also a Mater JDS Facebook page which can be found by searching 'Mater JDS' on Facebook.

RMO Amenities

As a Mater RMO, you have access to variety of workspaces within the hospital. A list outlining common spaces and the resources available is located in Appendix 5. RMOs have exclusive access to the 'RMO Common Room' which is a large, code protected room which contains kitchen facilities, a computer, toilets and showers. The common room is located near the Potter building across from Aubigny place. **The access code is: C (to clear) then 8431**

If you are looking for a quiet study space, the Mater Medical Study Space (MMSS) is situated in the Mater Education Centre in the Duncombe Building, close to the Medical Education Unit office. This is a doctor study space which has 6 computers, a photocopier/printer and a meeting room off to the side, with a kitchen and bathroom facilities nearby. There is also an onsite UQ/Mater MacAuley Library which is accessible to all Mater staff, with opening hours from 8 am – 5 pm Monday to Friday. The library has approximately 32 computers,

including 5 with Mater intranet access. There are 2 meeting rooms; a reading room; a deck area; many private study spaces; along with print, scan and copy facilities; toilets and a water fountain.

Mail

Mail is generally sent to you directly. However, it can end up in the MEU. You will receive an email message from the MEU asking you to collect your mail should any arrive addressed to you.

Award Agreement

The RMO Enterprise Agreement: [Mater Resident Medical Officers' Enterprise Agreement 2018 - 2021](#) – is available on the Mater intranet. If you need a copy contact the MEO on ext 8431.

Policies

All mater policies, including resident education and assessment policies are housed on Mater Document Centre. Once you are at Mater, you can access Mater Document Centre via the Novell ZENworks Window. Contact the MEU if you need more information ext: 8431.

Professional Indemnity (Surgical Assisting Out Of Rostered Hours)

In the case of surgical assisting in operations, indemnity cover is not required if the procedures are undertaken during rostered working hours or out of hours where Mater is paying. If you receive payment other than through Mater payroll, e.g. for off-site surgical assisting, Mater's indemnity **does not** cover you. Doctors on provisional registration (Interns, International Medical Graduates) are not permitted to work outside of the conditions stipulated by Mater as it is a breach of registration conditions.

INTERNATIONAL MEDICAL GRADUATES (IMGS)

- A primary contact for IMGs is usually with the IMG Officer – Human Resources
- The Director of Clinical Training is the primary supervisor and oversees registration and training needs, and provides support as required.
- All IMGs complete mid- and end-term assessments. These are forwarded to MEU and used to inform quarterly reports which are submitted to AHPRA.
- The AHPRA quarterly assessments are coordinated through the MEU
- The IMG Officer manages IMG appointments, orientation, AHPRA assessments and ensure IMGs are informed of any changes
- All enquiries regarding IMG paperwork must be directed to the IMG Officer
- Clinical enquiries are directed to the Term Supervisor or Clinical Supervisor

USEFUL WEBSITES AND APPS:

AMA junior advocacy	Onthewards
NPS - Medicine List (for patients) – keep an updated list with you, and schedule reminders	St John's - Find a defibrillator Paramedic in your pocket
Therapeutic guidelines - Mini TG App includes topics in an offline format	<i>UpToDate</i> : available at Mater - you need to log in and register from a Mater computer

LINKS TO NATIONAL STANDARDS FOR PREVOCATIONAL DOCTORS:

National Framework for Medical Internship	http://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-prevocational-phase-medical-education/national-internship-framework/
1. Outcome Statements	http://www.amc.org.au/images/intern-training/intern-training-intern-outcome-statements-2014-09-24.pdf
2. National Standards for Programs	http://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern-training-National-standards-for-programs.pdf
3. Guidelines for terms	http://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/Intern_training-Guidelines for terms 2013_12_18.pdf
4. Domains for assessing accreditation authorities	http://mededu.matereducation.qld.edu.au/wp-content/uploads/2020/12/Medical-Board-Training-Domains-for-assessing-accreditation-authorities-4.pdf
5. Term Assessment Form	http://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-term-assessment-form-2014-09-24-colour.pdf
6. Assessing and certifying completion	http://www.amc.org.au/wp-content/uploads/accreditation_recognition/prevocational_standards_accreditation/national_internship_framework/intern-training-assessing-and-certifying-2014-09-24.pdf
7. Guide to Intern Training	http://www.amc.org.au/wp-content/uploads/2018/12/Guide-to-Intern-Training.pdf

APPENDIX 1: PGY2/3 PERSONALISED EDUCATION PLAN

PGY2-3 residents working a roster that hampers education attendance may prefer to prepare a personalised education plan for the period they are unable to attend PTT. Please note, all mandatory requirements including attendance at education must be met prior to applying for the professional support subsidy or PDL, refer to the Resident Medical Officer Enterprise Agreement 2015 Section 6.2.3. In all instances, education at PTT is your first option, if this is not feasible the following options will be considered:

All PGY2-3 Residents Complete:

- Online LEAP modules (available 24/7 through the internet)
- Handover
- Start of Term Orientation Checklist
- Mid-Term Assessments
- End-Term Assessments
- End-of Term Evaluations (online)
- 2 hours a week of education at PTT or a Personalised Education Plan
 - Grand Rounds
 - In-house specific education, e.g., O&G, Neonates, Urology and Cardiology
 - Self-directed education at recognised Regional Training Organisation (RTO), e.g., postgrad uni courses, courses run by institutions other than universities
 - Conference presentation and attendance
 - Publication
 - Online courses - with certificates of verification of attainment
- Other – please discuss your activities with the MEO and document activities in a logbook

Example of content required for your Personalised Education Plan might be:

Category – Type of activity	Date	Length of activity	Topic Title and Location	Assessment	Evidence attached	Your involvement	MEO
Conference	11/01/	2 days	Health & Leadership	Not assessed	Proof of registration	Delegate	
Conference Presentation	11/01/	30min	Health & Leadership	Presentation	Program	Presenter	
Course	12/02/	7hrs	Radiology Skills, Lightbox Radiology	Online module	Certificate of completion	Participant	
Grand Rounds	24/03/	1hr	Upper GI bleed MHB	Not assessed	Sign-in sheet/ self documented attendance	Participant	
Neonates – in-house education	3/04/	.45mins	New born assessment MMH	Not assessed	Include in mid- /end-term assessment form	Participant	
Total # of hours/mins		Calculate hours/mins					

Example only

APPENDIX 2: GOLDEN RULES

Professional Golden Rules

1. Be on time!
2. Check your Mater email at a minimum once a day when completing an on-site rotation
3. If you are running late - ring your ward and let them know the situation
4. If you are sick, call your registrar/unit and MEU as early as possible before your shift
5. Be available if you are on-call/ remote call
6. Attend handovers at the relevant times
7. Carry the DECT phone if relevant and be contactable at all times. Record your phone number on the phone directory. If you don't remember how to do this, call MEU
8. Wear appropriate attire and your name badge at all times
9. Remember - bare below the elbows
10. Let your team know when you go on breaks, leave the Department or go to education
11. When you are released to attend education during PTT, attend
12. Document diligently – use clear handwriting, be concise and be timely
13. Respond to all reasonable requests
14. Communicate appropriately – if you anticipate a situation is going to be difficult, ask your supervisor for assistance
15. Be courteous at all times – this includes being open to others perspectives
16. Communicate clearly and frequently with team members caring for your patients.

Clinical Golden Rules

1. If you don't know - ask someone who does
2. Ask earlier rather than later for all sorts of reasons – your supervisor can often plan things before results are back
3. Be accurate and timely when consulting and following up test results that were ordered – Don't report that tests are normal when **clearly** on double checking they are abnormal, have not been ordered or are not back
4. Don't ask for an opinion minutes prior to handover, especially if you have been considering things for a number of hours. You should have discussed this earlier
5. When handover is approaching it is better to have a clear handover plan for the patients you are currently caring for than to take on new patients
6. Make your own plan and diagnosis before you ask questions. You won't learn anything if you have not tried to formulate an understanding or plan yourself first
7. Prioritise patient needs

8. Always give the patient the benefit of the doubt
9. Know your limits and the number of patients you can manage efficiently at one time. When you reach this level of management, ask for help and concentrate on the patient's condition
10. Don't accept discharge advice from a person on the end of a phone if they have not seen the patient
11. If a Registrar refuses an investigation or a request to see a patient, document this in the patient's notes, and discuss with your Term Supervisor
12. If you don't put your finger in it, you'll most likely put your foot in it – so don't fly under the radar – if it wasn't done it is because you did not do it!
13. Don't forget discharge planning and discharge documents

APPENDIX 3: ROVER FORM



ROVER - ROLLING TERM HANDOVER FORM

Register:

**REG. Contact
Number:**

Term

NUM:

Supervisor:

Introductions and Practicalities

- Reg, NUM, Ward Clerk etc.
- Completing discharge summaries and path/radiology requests
- Ward tour, where to find equipment

Roles and Responsibilities

- Start times, daily routine
- Role of the registrar and consultant
- How ward rounds are run
- Clinical / multi-disciplinary meetings
- Pre-admission / outpatient clinics
- Roles of Allied Health
- General expectations

Resources

- Unit orientation booklet
- Useful protocols

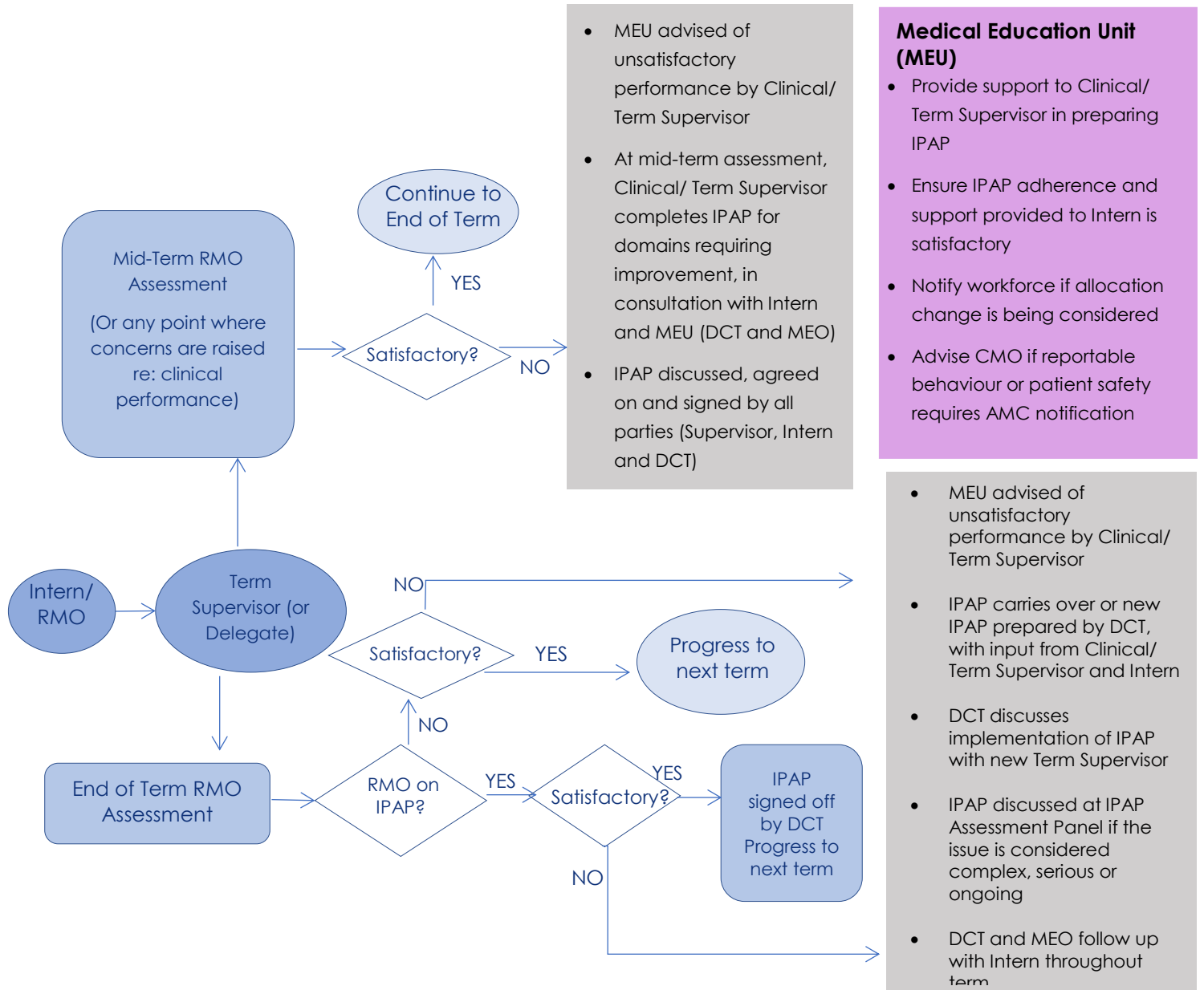
Common Conditions / Medications

- Routine management
- What sets off alarm bells

Miscellaneous

- Consultant Preferences

APPENDIX 4: MATER RMO ASSESSMENT AND SUPPORT PROCESS



IPAP Appeal Process

- Intern to discuss with Term Supervisor in first instance
- If no satisfactory outcome, Intern appeals in writing to DCT, with reasons and details
- Appeal considered in alignment with Mater's Managing Performance and Conduct Policy, as well as the appeals process outlined in the Underperforming Intern – Improving Performance Action Plan (IPAP) and Appeals Procedure
- The Appeals panel comprises of medical supervisor representatives, the Director of Clinical Training, the Director of Practice Development, the Term Supervisor and a representative

APPENDIX 5: RMO WORK AND COMMON SPACES

Please see below a summary of the work spaces and facilities available to rotational RMOs at Mater, South Brisbane.

Location	Facilities
Level 8A Communal Doctors and Allied Health Room MHB	5 computers
Level 8B Doctors Room MHB	7 computers
Level 9 Registrar Room MHB	2 computers
Level 9A Communal Doctors and Allied Health Room MHB	7 computers
Level 10A Communal Doctors and Allied Health Room MHB	5 computers
Level 10B Doctor's Room MHB	3 computers
Level 10B Allied Health Room MHB	3 computers
Level 5, Registrar Room, Birthing Suites MMH	2 computers
Level 5, Pregnancy Assessment Centre Common Space MMH	4 computers
Level 8, Midwifery and Allied Health Space MMH	8 computers
Level 9, Residents Room MMH	2 computers and 1 Workstation on Wheels
Level 9, Midwifery and Allied Health Space MMH	8 computers
Mater Medical Study Space, Duncombe Building	6 computers, a nearby kitchen and bathroom (with shower facilities)
RMO Common Room, Kelly Building	1 computer, kitchen, lounge facilities and table tennis table available. The door code to access this space is 1678 or 6718 .