

STATEMENT:

- To promote safe and effective care at Bairnsdale Regional Health Service (BRHS) through the safe and supported deployment of junior medical staff in the delivery of medical services.
- To promote junior medical staff productivity, job satisfaction and occupational health & safety.
- To meet BRHS's obligations as a training organisation, and for accreditation by the Postgraduate Medical Council of Victoria and Australian Council on Healthcare Standards.
- To define the roles and responsibilities of medical students and their supervisors when students are completing their clinical placements at BRHS.
- To define the roles and responsibilities of medical observers and their supervisors when engaged in the medical observer program at BRHS.

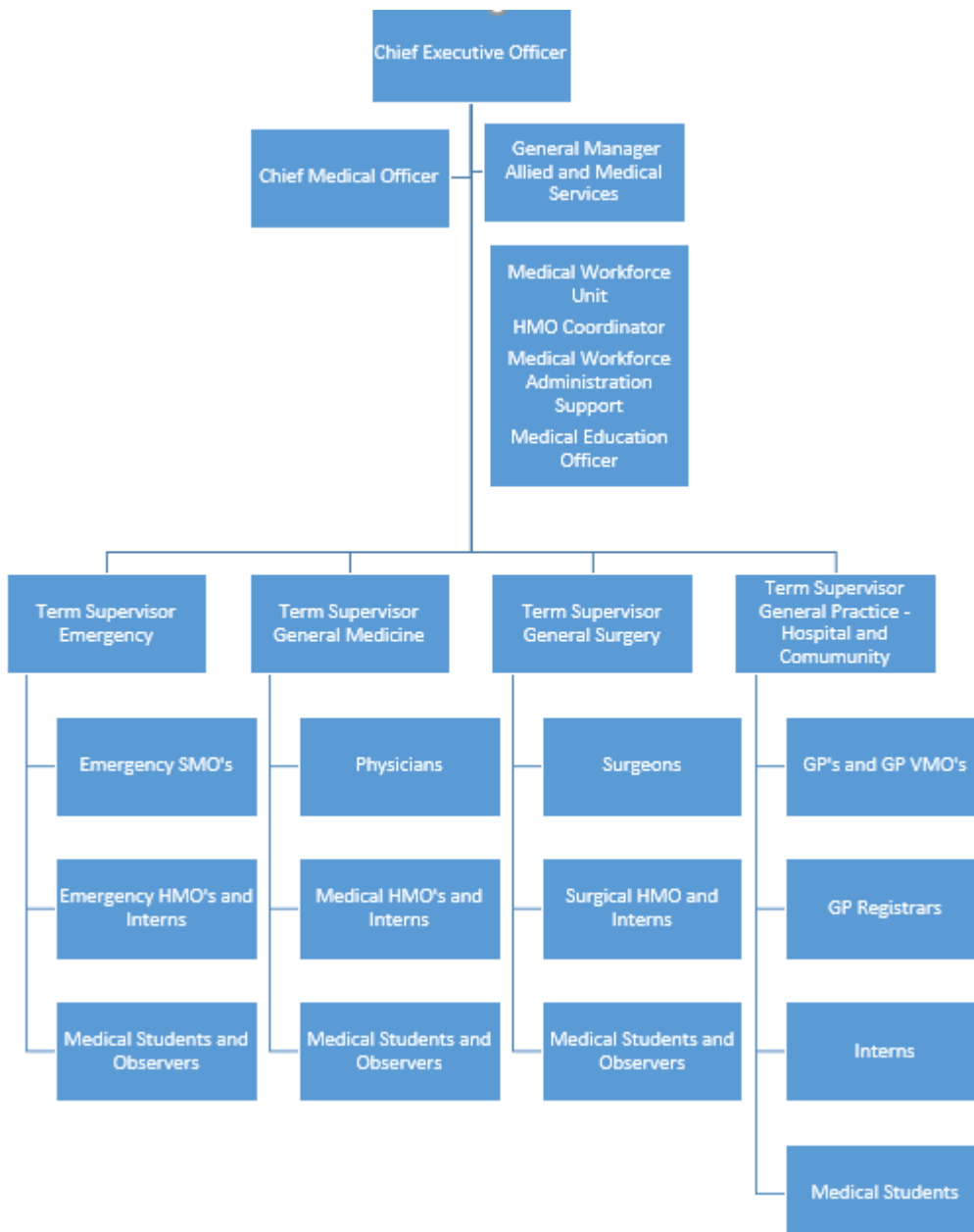
POLICY:

Governance

While the clinical governance of the BRHS junior medical staff, medical student and medical observer programs relies on a range of committees and other groupings within the health service, committee accountability for the programs is as follows:



While the operation of the BRHS junior medical staff, medical student and medical observer programs relies on all staff and Visiting Medical Officers, individual accountability for the programs is as follows:



Term Supervisors shall be credentialed Senior Medical Officers of BRHS. They shall be responsible for, and attend continuing medical education relating to, junior medical staff orientation, training, performance appraisal, supervision, welfare and workforce issues. They shall also be responsible for overseeing the supervision, support and management of medical students and medical observers.

Medical student clinical placements will be negotiated in collaboration with the Monash School of Rural Health through the Medical Education Officer, or from Universities other than Monash, the Chief Medical Officer will be final decision maker.

Orientation

All junior medical officers working at BRHS must have undertaken the health service's one-day junior medical staff orientation program. In addition, junior medical officers on secondment from Eastern Health must have attended Eastern Health's junior medical staff orientation program.

Junior medical staff orientation program shall cover the following areas:

- Introduction to BRHS, key BRHS staff and BRHS service profile (including internal and external referrals);
- Occupational health and safety (OH&S) principles and issues (including manual handling and blood & body fluid exposures);
- Emergency codes;
- Medicolegal issues (including consent, documentation and patient deaths);
- Expectations of junior doctors;
- ISBAR handover tool;
- Welfare and supports (including internal supports, Employee Assistance Program, Victorian Doctors Health Program and Australian Medical Association (AMA) Peer Support Program).
- Code of Conduct, policies, procedures, complaints handling and incident reporting;
- Roster distribution and changes, and unrostered overtime, processes;
- Orientation questionnaire, performance appraisal and end of term questionnaire;
- Production of identification badges and swipe cards;
- Distribution and use of pagers;
- Access to Information Technology systems;
- Infection Control session;
- Pathology session;
- Medical Imaging session;
- Pharmacy session;
- Health Information Services session;
- Access to interpreters;
- Tour of BRHS facilities; and
- Unit specific orientation with Nurse Unit Manager/Nurse-In-Charge, covering unit-specific activities, meetings, handovers and key staff.
- Emergency Response Training

The orientation program shall be supported by provision of a USB stick with all orientation material and also by written information if required, including: a hospital orientation manual, unit orientation handbooks, personalized stamps and the BRHS Code of Conduct.

All medical students undertaking clinical placement at BRHS must undertake orientation on their first day of placement. Students need to present current Working with Children and Police checks (or equivalent if from another state) on their first day of placement. They must also provide Medical Workforce with proof of Blood Safe Training and Hand Hygiene training that has been completed and within expiration date.

Medical student orientation will cover:

- Clinical Placement Program including learning/presentation expectations;
- Introduction to medical supervisors and specific Unit Managers;

- Environmental orientation to relevant departments;
- OH&S principles (including manual handling and blood & body fluid exposures) and incident reports;
- Emergency codes;
- Code of Conduct, policies, procedures and clinical incident reporting;
- Production of identification badges and swipe cards; and
- Complete BRHS confidentiality agreement if not already completed prior to placement.

Medical observer orientation will consist of:

- Introduction to BRHS, key BRHS staff (including Supervisors) and BRHS service profile (including internal and external referrals). A tour of the organisation including all clinical areas, library and safety exits;
- OH&S principles and issues (including manual handling and blood & body fluid exposures);
- Emergency codes;
- Medicolegal issues – Medical observers are not authorised to order investigations or make referrals. All documentation and assessments must be supervised and co-signed by the supervisor of the medical observer;
- Expectations of medical observers;
- ISBAR handover tool;
- Welfare and supports (including internal supports, Employee Assistance Program, Victorian Doctors Health Program and Australian Medical Association (AMA) Peer Support Program).
- Code of Conduct, policies, procedures, complaints handling and incident reporting;
- Rosters must consider the availability of appropriate Supervisors and be coordinated with the medical student roster;
- Production of identification badges and swipe cards;
- Infection Control session;
- Supervisors to provide introduction to Pathology and Radiology procedures and protocols;
- Tour of BRHS facilities; and
- The orientation program shall be supported by provision of a USB stick with all orientation material and supported by written information if required, including: a hospital orientation manual, unit orientation handbooks and the Code of Conduct.

Training and Education – Interns

BRHS plan, implement and resource a training program for its junior medical staff which is locally appropriate and informed by the Australian Curriculum Framework for Junior Doctors. Medical students and observers are welcome to access open education session.

This program shall include bi-weekly clinical tutorials delivered by BRHS Senior Medical Staff and BRHS VMO's on a full year program. These tutorials are based on the Australian Curriculum Framework for Junior Doctors. The education program schedule will be available to all medical staff electronically and is coordinated through the Medical Workforce Unit. It is also published weekly in the Medical Workforce Newsletter. All junior medical officers are encouraged to attend these tutorials.

This program includes bimonthly Grand Rounds. Grand Rounds shall be coordinated by the Term Supervisors and focused on formal case presentations. All junior medical officers, medical students

and medical observers are invited to work with the supervisors in preparing and presenting these cases and are encouraged to attend the Grand Rounds.

Education sessions are protected time for Interns. They are released of their duties where practical for the duration of education.

Training and Education – Hospital Medical Officers

BRHS plan, implement and resource a training program for its middle level medical staff which is locally appropriate and informed by the curriculum for the Australian College of Rural and Remote Medicine, The Australasian College of Physicians, and the Australasian College of Surgeons.

These education sessions are run weekly, as a breakfast session to enable maximum participation.

Sessions are run by senior BRHS salaried staff, and VMO's as required.

The education program schedule is available to all medical staff electronically via the SmartSheet online roster and app, and is also published weekly in the Medical Workforce Newsletter. It is coordinated by the Medical Workforce Unit.

Supervision

Interns, HMOs and Registrars are required to consult a Senior Medical Officer for any of the following:

- Prior to admitting, discharging or transferring a patient;
- Prior to discussing the patient with, or seeking advice from, a tertiary hospital
- Prior to referring the patient to a specialist (except from BRHS ED to a BRHS General Surgeon);
- Prior to making any significant changes to patient management;
- Prior to administering intravenous sedation;
- Prior to administering thrombolytic agents;
- Management of children under two years of age;
- Management of pregnancy related conditions in pregnant women;
- Management of fractures and/or dislocations (this can wait until daylight hours);
- Management of patients who are or are potentially critically ill, including all patients requiring Code Blue or MET calls;
- Management of patients with an unexpected Glasgow Coma Score of less than 12;
- Management of patients requiring arterial lines, central venous catheters, vasoactive drugs, ventilatory support, airway support and/or artificial airway;
- On the request of the Nurse In Charge, Hospital Coordinator or BRHS Executive; and
- When the junior medical staff is uncertain about patient management, including clinical, ethical and medicolegal dilemmas.

In addition, interns are required to consult a Senior Medical Officer for the following:

- Prior to ordering a Computerised Tomography (CT) scan; and
- Management of deteriorating patients, particularly paediatric patients.

Senior Medical Officers are required (as rostered) to provide on-site supervision of junior medical officers during business hours, through co-attendance, instructions and bedside teaching during:

- Ward rounds;
- Working hours in the Emergency Department;
- Outpatient clinics;
- Operating theatres;
- Clinical handover times;
- Family meetings; and
- Multidisciplinary team meetings (inpatient subacute services).

Senior Medical Officers are required (as rostered) to provide off-site supervision of junior medical officers after hours, through telephone consultation and availability to attend on-site as required.

Interns shall always be rostered on with one of more of the following on-site: Hospital Medical Officers and Senior Medical Officers.

Medical Student Responsibilities:

A medical student is not an independent practitioner, but rather completing their undergraduate/graduate curriculum, which will lead them into independent practice and, as such, requires supervision in the performance of their clinical duties. The medical student should:

- Complete any compulsory preparation for a placement;
- Attend 100% of placement activities, and be punctual and professionally presented;
- Meet prerequisite theoretical learning and skills for each placement;
- Know the learning objectives and assessment requirements for each placement;
- Be proactive in seeking out learning opportunities related to the specific objectives for the placement;
- Recognise and practice within the permitted scope of practice;
- Comply with Professional Behaviour Intervention Procedure
http://www.med.monash.edu.au/policies/docs/professional_behaviour_procedure.doc
- Adhere to workplace conditions and guidelines;
- Maintain staff and patient confidentiality;
- Ensure external work commitments do not conflict with placements;
- Be aware of Monash policy in relation to clinical practice;
- Be fit for practice and undertake shift work where required within a placement;
- Notify staff in a timely manner if unable to attend an allocated placement;
- Comply with professional code of conduct of a student;
- Comply with the Faculty Clinical Placement Procedure and Behavior Guidelines
http://www.med.monash.edu.au/policies/docs/clinical_fieldwork_placement_procedures_behav_guidelines_v1_2013.pdf; and
- Communicate all relevant patient information to their Supervisor, and ensure that all documentation in the medical record, and referrals (including pathology and radiology requests), are countersigned by a registered medical practitioner at BRHS.

Medical Observer Responsibilities:

A medical observer is not recognised as an independent practitioner within BRHS, but a medical observer for the purpose of gaining experience within the Australian healthcare system and as such should not complete any clinical activities while at BRHS. The medical observers should:

- Provide clear learning objectives for the observership as the basis for assessment and providing future employment references, prior to commencing the placement;
- Work through the learning objectives with the Supervisor to ensure adequate progress and revising of the objectives as necessary;
- Recognise and practice within the permitted scope of practice;
- Adhere to workplace conditions and guidelines;
- Maintain staff and patient confidentiality;
- Be fit for practice and undertake shift work where required within a placement;
- Notify allocated supervisor or the Medical Workforce Unit in a timely manner if unable to attend a placement.

Supervising Doctor Responsibilities:

The supervising doctor has the dual responsibility of providing patient care and providing medical education and supervision to medical students and medical observers. They are supported by senior nursing staff in achieving this. The supervising doctor should:

- Maintain a professional relationship with the medical student/medical observer;
- Introduce the medical student/medical observer to the patient so the status of the medical student/medical observer is clear;
- Obtain consent from the patient if the patient is to be examined solely for educational purposes;
- Communicate effectively with the medical student/medical observer;
- Identify and assist medical students/medical observers to experience relevant learning opportunities in a safe, supportive and appropriate environment;
- Assist medical students/medical observers to reflect on experiences to facilitate learning;
- Provide constructive guidance and direction for medical students/medical observers;
- Provide constructive, objective and timely feedback to medical students/medical observers to foster the professional behaviours specified in unit objectives/learning objectives;
- Provide conscientious and fair assessment of medical student/medical observer performance and complete timely assessment documentation associated with the placement; Including the Mid-term and end of term assessment forms.
- Remove medical students/medical observers from placement who, despite guidance, are considered unsafe, or who have an unsatisfactory knowledge base for safe practice or are deemed unfit to practice; such actions should be undertaken following consultation with the relevant unit coordinator and Director of Medical Services;
- Ensure the student works within the curriculum standards of the Monash Faculty of Medicine;
- Provide appropriate supervision to the medical student/medical observer based on their level of training and ability, ensuring all patient assessment and care activities are supervised activities. This includes ensuring that all medical student/medical observer documentation in the medical record, and referrals (including pathology and radiology requests), are countersigned by a registered medical practitioner of BRHS;
- Model professional, ethical and appropriate patient care;

- Where applicable, conduct tutorials and debriefing sessions during placement; and
- Provide feedback to Monash staff on the quality of the preparation of the student for clinical placement and to the Medical Workforce & Education Unit on the appropriateness of the selection of medical observers.

Junior Medical Staff Handover

"Good handover does not happen by chance. It requires work by all those involved, including organisations and individuals, and in some cases a change in culture."

Australian Medical Association, 2006.

All junior medical officer shifts at BRHS will handover to an equal or more senior staff member at the end of each shift. When possible it is preferable to have face to face handover complemented with a written document highlighting important clinical information, and a list of patients for handover in priority order. BRHS advocates the use of I.S.B.A.R. as a communication tool for all handovers.

All information to be handed over must be documented in the patient notes.

Patients prioritised for handover should include:

- All patients who are currently clinically unstable;
- All patients who have significant risk factors that could rapidly render them unstable;
- All patients who require follow up by next shift in terms of management;
- All patients who require follow up by next shift in terms of investigations/findings;
- All patients who require review by Senior Medical Staff; and
- All new admissions.

Information to be handed over includes:

- The patient's clinical history and immediate issues;
- All relevant test findings pertinent to the concerns about the patient's current condition;
- Test results pending;
- Management of patients instituted on your shift;
- Management plan for next shift; and
- Any Senior Medical Staff communication/instruction – this should include decisions such as Limitation of Medical Treatment/Not for Resuscitation status.

Junior Medical Staff Rostering

Junior medical officer rostering at BRHS shall adhere to the AMA (Victoria) Doctors in Training Agreement: 2008-2012 and subsequent endorsed Agreements.

In addition, BRHS shall not roster junior medical officers to rapidly alternating day and night shifts OR roster Interns to overnight shifts solo.

Roster changes initiated by BRHS shall be done in accordance with the AMA (Victoria) Doctors in Training Agreement: 2008-2012 and subsequent endorsed agreements.

Roster changes initiated by junior medical officers require the consent of all junior medical officers involved, as well as the BRHS Medical Workforce Unit. This is documented in the BRHS Roster Change Request Form. Where possible, the BRHS Medical Workforce Unit will facilitate roster change requests. Where this is not possible, the BRHS Medical Workforce Unit will provide the junior medical officer(s) involved of the reasons for the rejection of the request.

Unrostered overtime requires the prior approval of the Hospital Patient Services Coordinator BEFORE commencing the overtime.

Junior Medical Staff Performance Appraisal

Each junior medical officer shall complete a performance appraisal with her/his Term Supervisor, in the middle and at the end of each of their rotations.

During these performance appraisals, the junior medical officer and her/his Term Supervisor are required to discuss the appraisal, focusing on any areas where the Junior Medical Officer and the Term Supervisor's assessments are significantly divergent.

Completed performance appraisals are retained by the junior medical officer, the Medical Workforce Unit, and for the Eastern Health Interns on secondment, by Eastern Health.

Notwithstanding the formal performance appraisals, a process of informal appraisal and feedback shall continuously operate as part of each junior medical officer's supervision. Any concerns shall be reported to the Term Supervisor in the first instance. If these concerns are unable to be resolved by the Term Supervisor, the Medical Workforce Unit should be notified.

If an Intern receives a score of 1 or 2 on the performance appraisal documentation, an Improving Performance Action Plan needs to be developed and implemented. Established underperformance shall be managed according to the BRHS Management of Underperformance Policy. This may include referral to support services, which may be internal (e.g. a senior medical officer mentor, the BRHS Employee Assistance Program) and/or external (e.g. the Victorian Doctors Health Program, the AMA Peer Support Program). In addition, for junior medical officers on secondment, following discussion with the junior medical officer concerned, information relating to the junior medical officer's performance may be shared with Eastern Health. The junior medical officer shall be informed of what information relating to her/his performance has been shared with Eastern Health.

Dispute Resolution and Grievances

Disputes and grievances regarding the junior medical staff program shall be directed in the first instance to:

- The Junior Medical Workforce Coordinator for orientation, training, rostering, ward and facilities issues; and
- The Term Supervisors for clinical supervision and performance appraisal/management issues, and concerns about individual staff members or Visiting Medical Officers.

If the dispute or grievance is unable to be resolved by the above staff members, or involve the above staff members, it shall be referred to the Director of Medical Services/Director of Medical Education.

If the dispute or grievance is unable to be resolved by the Director of Medical Services, or involves the Director of Medical Services, it shall be referred to the Chief Executive Officer.

The dispute or grievance shall be managed according to the BRHS Grievance Policy.

Quality Improvement

The BRHS junior medical staff program is evaluated, using formal tools of evaluation such as Education Session Evaluations and BRHS Junior Medical Staff End of Term Questionnaire.

Information obtained from the above formal evaluations, and informal feedback, shall be used to plan improvements to the BRHS junior medical staff, medical student and medical observer programs.

BRHS shall work collaboratively with Eastern Health, the Monash University School of Rural Health and other organisations to improve its junior medical staff, medical student and medical observer programs.

ASSOCIATED DOCUMENTATION:

BRHS [Employee Assistance Program](#)

BRHS [Escalation of Care Policy](#)

BRHS [Grievance Resolution Policy](#)

BRHS Junior Medical Staff Emergency Department ROVER

BRHS Junior Medical Staff Flanagan ROVER

BRHS Junior Medical Staff Fraser ROVER

BRHS Junior Medical Staff Gabo ROVER

BRHS Junior Medical Staff Hospital Orientation Manual and Powerpoint Presentation

BRHS Junior Medical Staff Rotamah ROVER

BRHS Junior Medical Staff Rosters (Smartsheet)

BRHS Junior Medical Staff Education schedule (Smartsheet)

BRHS Junior Medical Staff End of Term Questionnaire

BRHS Junior Medical Staff Orientation Questionnaire

BRHS Junior Medical Staff Education Evaluations

BRHS Junior Medical Staff Mid-Term Evaluation

BRHS Junior Medical Staff End-Term Evaluation

BRHS [Disciplinary Process](#)

ISBAR Handover Tool

KEY LEGISLATION, ACTS and STANDARDS:

REFERENCES:

Australian Medical Association. Safe Handover – Safe Patients. Australian Medical Association; Canberra (2006).

Australian Medical Association (Victoria). Doctors in training agreement: 2008-2012. Australian Medical Association (Victoria); Melbourne (2012).

Kelly C, Noonan CLF and Monagle JP. Preparedness for internship: A survey of new interns in a large Victorian health service. Australian Health Review 2011;35:146-51.

Medical Practitioners Board of Victoria. A guide for interns in Victoria. Medical Practitioners Board of Victoria; Melbourne (2009).

Postgraduate Medical Council of Victoria. Accreditation Survey Instruments. Postgraduate Medical Council of Victoria; Melbourne (2012).

Postgraduate Medical Council of Victoria. Junior doctor orientation guidelines. Postgraduate Medical Council of Victoria; Melbourne (2011).

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DEFINITIONS:

Word	Definition
Junior Medical Officers	Includes interns, Hospital Medical Officers and Registrars
Senior Medical Officers	Includes salaried Senior Medical Officers, salaried General Surgeons and Physicians, and all Visiting Medical Officers