TERM DESCRIPTION MANUAL FOR REGISTRARS, RESIDENTS AND STUDENTS IN RENAL MEDICINE, ST GEORGE HOSPITAL

DEPARTMENT HEAD: A/Prof George Mangos **Phone:** 9113 2019

TERM SUPERVISOR – Registrars: A/Prof George Mangos **Phone:** 9113 2409

TERM SUPERVISOR –JMOs : Dr Franziska Pettit **Phone:** 9113 2290

DURATION OF TERM: 10 weeks Residents, 13 weeks Registrars

1. PERSONNEL, TEAM STRUCTURE AND SUBSPECIALTIES IN THIS UNIT

Associate Professor George Mangos	Associate Professor Medicine, Staff specialist and Head of Department
Professor Mark Brown	Professor of Medicine, Staff specialist
A/Prof John Kelly	Conjoint associate Professor UNSW, staff specialist
A/Prof Ivor Katz	Conjoint associate Professor UNSW, staff specialist
A/Prof Sunil Badve	Conjoint associate Professor UNSW, staff specialist
Dr Franziska Pettit	Staff specialist, conjoint lecturer UNSW, DPE
Dr Parthasarathy Shanmugasundaram	Staff specialist SGH & TSH
Dr Brendan Smyth	Staff specialist renal
Dr Kelly Li	Staff specialist renal
Dr Cathie Lane	Staff specialist, conjoint lecturer UNSW

Dr Frank Brennan	Palliative care specialist SGH &TSH
Medical Staff Attachments (see attached timetables)	Teams are: • Pettit,Badve,Smyth, Shanmugasundaram • Brown, Mangos,Li,Lane • Katz, Kelly
Medical Students Phase 3 (Y6) Student (4 weeks/swap) Phase 3 (Y5) Student (4wks/swap)	
Nursing Unit Managers Januario Pedroche Louise Jordan Evelyn Graf **Senior Nursing Staff** Kylie Turner Yanella Martinez Elizabeth Josland & Alison Smyth	 Ward 4 South Sutherland Dialysis Unit 4 West dialysis Renal CNC Vascular Access Nurses; **pager 310** Renal supportive Care CNC

Department Secretaries	
Jodie Hendley & Nikki Jovanovski	32622
Kathy Karagiannis	32990
Maria Karagiannis	32181
Dietetics	
Maria Chan	Pager 009 x32635
Samantha Furka	Pager 006 x32752
Jessica Stevenson (for RSC)	Pager 1166 x32752
Social Work	
Dani Horne (for RSC)	Pager 1175 x32494
Natalie Sheppard (Dialysis)	Pager 5109 x32494
Siobhan Reader (Ward)	Pager 742 x32494
Pharmacist	
Ms Evelyn Boukouvalas	Pager 438 x33055

Renal Department CNC's		Extension	Page	Role
Kylie Turner	CKD	33634	843	Pre-dialysis, CKD, general enquires
Liz Josland/Alison Smyth	Renal supportive care	32854	764	Renal supportive care Mobile: 0427 147 601
Yanella Martinez/Jason	Vascular access	33818	310	Renal vascular access Mobile: 0457 756 436
Claire Cuesta	PD CNC	33775	1091	Peritoneal dialysis
Tania Burns	Transplant	34205	253	Transplant recipients, dialysis patients in workup and live donors

2. AVERAGE PATIENT LOAD

The Department of Renal Medicine cares for an average of 25 direct admission and 25 'consult' inpatients at any one time. There are about 25 outpatient clinics per week; we have a very busy in-centre haemodialysis service, home dialysis program and peritoneal dialysis program. We have a large cohort of chronic transplants and look after recently discharged acute transplants. Subspecialties include; obstetric medicine, renal supportive care, hypertension as well as a virtual CKD service.

Each team consists of a registrar and a resident. No distinction is made between the BPT and the AT, but the AT does more specialised clinics, renal biopsies and obstetric medicine. To ensure fair distribution of work new patients are distributed evenly amongst all teams. All patients known to a particular physician are readmitted under that team but otherwise we re-distribute, ensuring equal workload to you.

3. INVOLVEMENT IN OUTPATIENT CLINICS

Each registrar is expected to attend the outpatient clinics, as per the specific term timetable which is provided on Day 1. JMOs are encouraged to attend but should ensure ward work is completed first. In clinic, you should discuss all ***new patients*** at the time with the consultant who will then see the patient with you. All patients are discussed at the end of each clinic and you will be required to dictate a letter on each patient you see. You are expected to leave the files and dictation with the secretary by 9am the day after clinic. Please bring your files, Dictaphone and list down to our secretaries at 50 Montgomery St. This ensures that no files get 'lost' or misplaced. It is Unit policy that all letters reach the patient's GP within one week of their clinic visit. Our aim over the coming months is to move to a paperless system.

4. LEAVE, ROSTERS, ADOS

All leave must be approved by the Head of Department as well as the JMO management Unit (for JMOs) or the BPT Network manager (for BPTs) and the Medical Super (for ATs). In general, approval will be on a 'first come, first served' basis. Ideally either the registrar or the JMO should be on leave at any one time to ensure continuity of patient care. We encourage you all to take your entitled leave during your time with us here at SGH. We are happy for you to take both weeks together. BPTs will be allocated leave by the Medical registrar team and will be covered by the pool of relief registrars. This includes study leave for registrars who are sitting exams. ATs will be covered by a fellow – hence it is important to apply for leave as soon as possible so there are no unnecessary clashes. ATs are entitled to attend conferences as long as there is sufficient staff left to cover the service. Remember no leave will be approved without the appropriate form being submitted to the head of department in **advance** of the leave period.

Registrars are on-call 1 in 4 weekends. Advanced trainees (but not BPTs unless otherwise arranged) take 1st on call during this time. Consultants take 1st on call Mon-Thurs. Registrars also participate in the general medicine overtime roster.

Registrars are to do their own weekend roster in the 1st week **which needs approval by the Head of Dept**. The registrar weekend roster is held on RiscDoc.

ADOs are allocated to each resident and registrar at the beginning of the month/term. They are allocated as follows. Kelly/Katz team have fewest clinic commitments on a Monday so are allocated a Monday and the Brown/Mangos/Li & Pettit/Smyth/Badve are allocated Fridays again to accommodate clinic commitments. If the particular date does not suit please swap amongst yourselves. However please ensure one person off at any given time and a signed form MUST be submitted to medical workforce prior to the ADO. It is not seen as a permission slip as granting of ADOs is a department policy but it is 1. A reminder to your boss (we forget) and 2. A legal record of your ADO being taken.

5. LOOKING AFTER YOURSELF

This is a really important aspect of this term as unless you look after yourself you cannot look after your patients. It is important that you take the leave you are entitled to (see above). Redistributing patients helps ensure that unrostered overtime is kept to a minimum. St George Hospital will pay unrostered overtime and this does not have to be approved by your HoD. However we value your free time more so if you are doing excessive amounts of overtime please come and talk to us about this, so that we can try and fix any system issues that may be the cause of this. Equally if you are struggling with the work load we would like to know so we can help.

If you are ill, please let us know and take the time you need to recover.

Dr Pettit will help look out for you. She will meet with residents and registrars (separately) over a coffee once a month (or more often if needed) to ensue you are all getting on ok. This is where any issues you have can be discussed, including occasionally personality clashes etc that are affecting your happiness at work.

6. DEPARTMENTAL WEEKEND 'HANDOVER' ROUND

This is held **Fridays 2pm in the Radiology Department Seminar Room**. The JMO is expected to prepare a brief list of his/her patients for discussion at that meeting. This should be done under the guidance of the registrar and **each patient entry should be no longer than 3 lines**. This meeting begins with a review of radiology followed by discussion of all inpatients so that the consultant and registrar 'on-call' for the weekend will know which patients to see and what the main concerns are. **Be on time!**

At the end of the weekend on call the registrar is required to email a summary of patient progress to the on-call consultant and then distribute that to all teams.

This handover meeting is preceded by a radiology conference which is usually run by Dr Julie Stephenson. She would like a list of patient's scans emailed to her in advance of this meeting (Thursday ideally) so that she can be familiar with them. Her email address is julie.stevenson2@health.nsw.gov.au There is a loose rule that no team can present more than 3 scans – however exception will be made if your scans demonstrate AMAZING pathology!

7. REGISTRAR HANDOVER AND CLINICAL REVIEWS AND RAPID RESPONSES

Weekdays: It is very important that ongoing patient issues are handed over to the evening MOIC registrar during weekdays. A more formal hospital wide 4pm handover process is underway and is the forum at which these handovers should occur.

Weekends: ***Registrars must meet with the JMOs by 8am each Monday morning*** to discuss any change in patient condition over the weekend across the various teams.

JMOs must attend Medical handover at 8am each morning; one JMO from the Unit should attend and report back to other members any change in their patients' condition from the previous night, or any new admissions under that team. JMOs should arrange their own roster for this attendance. Registrars are not expected to attend this handover. Please create a roster that works for this!

The department Policy for BTF calls is as follows:

During normal working hours, all BTF activations will be sent to all Renal RMO and registrar pagers as a bundle as listed below.

• The Renal team will respond using the following system/ roster:

For the Dialysis Units the resident attends the call as below:

o Mondays and Wednesdays page 397 - Brown/Mangos/Li

o Tuesdays and Thursdays page 645 - Pettit/Badve/Smyth

o Friday page 643- Katz/Kelly

For ward patients:

o The above system will apply except that an RMO may recognise that the call is for their patient and then notify the 'on-call' RMO that they will attend instead

• **The resident is required to complete the following –**

o Assess the patient

o Discusses the situation with the registrar responsible for that consultant's patients as soon as the RMO has completed their review. This is true for both inpatients and dialysis patients.

• This process applies only to daytime BTF calls between 8am and 4.30pm. After hours the usual hospital BTF policy applies whereby a registrar must attend and review the patient within 30 minutes.

• Any change to the BTF calling criteria remains the responsibility of the admitting specialist or the primary care team Registrar

The PD unit which resides on South Street (cottage between mental health and the private hospital) is also covered in the event of a patient there meeting outside the BTF criteria. The same roster as above applies. There are 3 outcomes of such a call (or indeed any clinical review requested for a PD patient).

1. If they are acutely unwell requiring urgent admission then 000 must be called and an ambulance requested to transfer the patient to ED
2. If they require same day admission then a bed can be booked through the bed manager and an RFA faxed through. They can sit in the PD unit until such time as that bed becomes available.
3. If they require admission but not immediately then they can go home, bed management informed and an RFA faxed through for request of a bed.

There is NO ARREST trolley in the PD unit but they do have an AED.

8. INFORMING YOUR CONSULTANT

Consultants wish to be notified regarding changes in their patient's condition. In particular please contact at any time of day regarding the following:

1) New consultations – all requests for a consult must be seen within 24h. All consult requests must come from a consultant.
2) Renal transplant patients
3) Dialysis complications
4) Hypertensive crises
5) Pregnant women

As your experience increases your consultant may be happy for you to manage issues without daily notification. This needs to be negotiated between you and your consultant. However there are some principles that MUST BE ADHERED TO:

1. A consultant MUST BE INFORMED if there is a patient admitted under his/her care. It is not acceptable to notify of a ward admission the next day, for example.
2. Ward consults MUST BE SEEN BY A CONSULTANT. This is good practice, both for consultations we have been asked to see, and consultations we have requested. Before requesting a consult it is required to ensure that the caring renal physician actually wants it to occur.

Consultants should also be made aware of BTF calls on their patients.

Some consultants are particular about being informed about abnormal blood results phoned through by the lab. Please check with your consultant if this is the case.

9. EDUCATION AVAILABLE DURING THIS TERM

This term will provide you with an opportunity to learn a large amount of renal, general and obstetric medicine as well as renal supportive care. Therefore, always ask questions if you do not understand why the patient is being managed in a certain way.

Emphasis is placed upon **bedside learning** but more formal learning is provided as outlined below.

1. Tuesday 8-9 Prof Brown/Dr Pettit/CNC tutorial 4s. Coffee mandatory.
2. Wednesday 8-9 Dr Brennan 4s tutorial room – coffee optional.
3. Thursday 8-9 Grand rounds held in research and education building. This is MANDATORY for all hospital clinicians. No one is expected to be on the wards other than in the event of an emergency.
4. Thursday 1-2 Department meeting in Jenny Short room level 2 Research and Education building – lunch is usually provided. PLEASE REFER to roster by Dr Cathie Lane as to topic and timing of registrar presentation. Once a month there will be a biopsy meeting in place of this on level 3 in the labs. No lunch provided. The registrar doing biopsies must forward a list of biopsies for review (essentially done since last meeting) to one or other of the pathologists in advance of this meeting.
5. Friday 2 pm - radiology meeting – as outlined above.
6. Professor Katz will also take you for a session on dialysis and will go through RISC on the Thursday or Friday of week 1.

Advanced Trainees will be expected to present on a regular basis at the clinical meeting. The roster is done by Dr Cathie Lane and is saved on RISCDOC. It is your responsibility to know when you are rostered to present and to be prepared. If you are on leave during a week you are presenting please swap with your colleague in advance. This roster is subject to change so please check this now and again and your email where changes will be communicated.

Additional teaching includes PROTECTED BPT teaching Thursday 3-5. The resident on the BPT team will hold the pager for this period.

Resident teaching is encouraged so all residents should attend 12-1 Tuesdays.

ATs will also attend Kidney School when held.

10. DISCHARGE SUMMARIES

These have a standard format and can be accessed at ***\\Sesahs\chn\STG\Renal RISCDOC\Renal Resident Folder\Discharge Summary Template MASTER.***
The summary should be no more than 2-3 pages. Please no 'copy and pasting' of results and scans etc. At the start of the term you will be provided with a short education session (within your first days) from the CKD CNC who will show you how discharge summaries are completed within our department.
The use of discharge medication reconciliation is important in eMR and we expect it. The medication changes and list on discharge is critical so please ensure that this is correct.
The most important issue is to ensure these actually get to the appropriate GP and consultants, whose names should be listed on the bottom of the discharge summary. **JMOs are required to ring the GP once the patient has been in hospital for >7days to notify them of the admission. For patients who have had a prolonged or complex admission it may also be beneficial to call at the time of discharge.**
Outstanding pathology and radiology must be documented on the discharge summary along with a date that the admitting team will be following this up.
A copy of the discharge summary must go to the patient's **primary** nephrologist. Not necessarily the same person who looked after them in hospital.
The discharge summary will automatically be sent to the GP as long as it has met the criteria within EMR. The secretary in the renal ward will fax these to the **patient's primary nephrologist** for patients treated in that ward and the secretary in 4 West will fax the remainder for you; the list of consultant fax numbers is held by the secretaries and is on the District intranet.
All patients who are for ongoing follow up MUST have an appointment date and time given to them before they leave. This applies to patients of ours admitted under other teams also. Please organise this through the ward clerk or directly with the Clinic Coordinator on 4w on 34534. Make sure it is made for the primary nephrologist – or if new/consult the consultant who first saw the patient.

11. OTHER DOCUMENTATION

Please remember that patient's notes are legal documents and so be careful what you write. Please state clearly who is on each ward round seeing the patient. It is not sufficient to write 'renal round'. It must state who saw the patient.

Similarly in clinic if the consultant sees the patient this should be made clear in the notes and letter.

If you request a consult – ensure it has been requested by the consultant. Equally when taking consults please ensure it has been requested by a consultant.

12. PROTOCOLS & POLICIES

An extensive list of protocols for the management of renal disorders is kept on the Unit's website **(http://stgrenal.org.au/)** and the Intranet. These cover a wide range of topics from hypertensive crises to urinary tract infection to dialysis and transplantation. You should familiarise yourself with these and consult them whenever necessary.

Some of these are protocols that are due for review and we will allocate one protocol/policy to each AT and fellow each 6 months. This will be a good opportunity to review the relevant literature. We will ask you to present your updated protocol at the end of your 6 month rotation at our Thursday meeting.

RESIDENTS PLEASE REMEMBER THIS WEBSITE CAN BE ACCESSED IN ANY TERM YOU DO WHERE EVER YOU ARE!

13. RESIDENT RESPONSIBILITIES

Renal residents get an opportunity to see consults, round on and manage patients independently as well as seeing patients in ED. This is done with supervision by the consultant and registrar but is excellent experience.

Residents have a unique opportunity to attend patients in dialysis. The nurses there are very experienced and will not call you unless necessary. They do keep a list of routine jobs that are to be done such as re-charting medication etc. Please go on a regular basis so that these jobs don't build up and so that you don't get hassled unnecessarily. We encourage nursing staff NOT to ask you to write patients prescriptions in dialysis but occasionally this happens. Please introduce yourselves to the 4w staff early in the term so they can put a face to the resident.

On 4s the white board is there for recording routine jobs to be completed. Please check this regularly.

Tuesday and Thursday at 11 there will be a white board meeting in 4s for renal. Please be on time.

14. ADVANCED AND BASIC TRAINEE SUPERVISION

This will be provided by Dr Mangos and Dr Pettit. Please make arrangements to meet him in the first 2 weeks of commencement of your term (ext 32409, page 706).

Renal advanced trainees must now register their training program with RACP; www.racp.edu.au/traineeregistration; this should be discussed with Prof Mangos in the first 2 weeks of term.

As per the college you will be required to complete a project while at St George Hospital. We will help you decide on one ideally prior to the start of term. A/Prof Badve will assist in running this program.

The BPT will be supervised by their respective consultants, one of whom should complete mid and end of term assessments.

15. FEEDBACK

Progress will be assessed both formally and informally, through discussion with consultants. This should be discussed with you during your term (mid-term assessment) and at the end of term when your appraisal form (for JMOs and for registrars) is completed. Dr Pettit is the resident supervisor however your term assessments will be completed by one of the consultants you work for and then reviewed by Dr Pettit on completion, prior to submission.

As per above Dr Pettit is always available to discuss any issues you are having throughout the term.

16. TEACHING RESPONSIBILITIES

You will have students attached to your team at various stages during your term. Please include them in your day-to-day work. Teach them and encourage them to help and participate.

ATs participation in physician training is mandatory at St George. We have a large network of BPTs who rely on a strong culture of teaching to get them through their exams. You will be asked to act as a mentor to one of the BPTs and partake in the formal teaching program. Our NEPs will hold a session soon after the written exam is completed to guide you in how to examine a short and long case correctly. Ms Jennifer Simmons is the BPT Network Manager here at SGH and will be in contact with you regarding this.

Dr Aneesha Gill is our Medical Clinical Superintendent. She writes the general medical overtime roster. This is not an enviable job and she does her very best to ensure it is fair. Please take this into consideration before writing the renal overtime roster to avoid clashes. If you cannot work a shift you are rostered for please ask one of you colleagues to swap.

Print students in particular need to be seen as interns who can document but not prescribe or sign off notes.

17. RENAL BIOPSIES

Elective renal biopsies generally take place each Tuesday 9am in Ambulatory Care Unit, done under ultrasound guidance. Some inpatient biopsies are done by the Radiologists using CT. Consultants or advanced trainee registrars do the biopsies. Please see the Renal Biopsy information sheet for patients on the website (**http://stgrenal.org.au/**), which summarises the procedure and complication rates. The biopsy service is overseen by Dr Partha Sundaram. He will take new registrars through the biopsy process and there will be a formal credentialing of skills before you will be allowed to undertake biopsies unsupervised. The registrar on for biopsies will forward the list to pathology prior to our monthly biopsy meetings. The registrar will also be responsible for the upkeep of the database.

18. PATHOLOGY ORDERING POLICY

In general, renal inpatients should have their biochemistry and haematology checked only **twice weekly, Mondays and Thursdays**. Occasional patients may need more tests (e.g. transplants, acute renal failure, treatment of acute hyperkalaemia etc) – you should discuss ordering of these tests with your registrar or consultant. Test results should be recorded in the pathology results progress sheets, held in folders in the RMO/registrar room. Please refer to the STOP document attached.

Haemodialysis patients get bloods done on dialysis so please attach the request to their notes and the bloods will be taken. Not all dialysis patients need bloods at each treatment.

Outpatient pathology should be ordered on an electronic form – not hand written.

		Ward Rounds & Teaching	Clinics
Monday			
	7.45am	weekend registrar & JMO handover in 4 south	
	8.30am	Obstetric Medicine WR	Acute transplant clinic
	9:00 AM	WR - Smyth/Pettit team	
		WR - Brown /Mangos team	
	12 md		DAU
	12 -2pm		Obstetric Medicine clinic - Prof Brown/Pettit
	2-5pm		Renal & Hypertension clinic - Prof Brown
	2-4pm	WR - Kelly/Katz team	
	1-4pm		General nephrology clinic - Dr Badve
Tuesday	8am	**Teaching - Prof Brown**	
	8.30am	Renal Biopsies (ACU)	
			Dialysis & transplant clinic - Prof Brown
	11am	4 south discharge planning meeting	
	12 - 1pm		
	1-4pm		Dialysis & transplant clinic - Prof Katz
			Renal Supportive Care - Dr Brennan
Wednesday	8am	**Teaching - Dr Brennan**	
	8.30am	Obstetric Medicine WR	Acute transplant clinic
	9am	WR - Smyth/Pettit team	
	9am	WR - Brown/Mangos team	
	9am -1pm		general nephrology - Prof Katz
	12 Md		DAU
	1-4.30pm		General nephrology - Dr Pettit
	2-4pm	WR - Kelly/Katz team	

Thursday	8am	**Grand Rounds**	
	9.30 - 12md		Donor assessment/general nephrology - Dr Lane
			Dialysis & transplant clinic - Dr Badve
	1-2pm	**Renal meeting**	
	2pm -5pm		Dialysis & transplant & general clinic - Prof Mangos
			Dialysis & transplant & general clinic - Dr Pettit
Friday			
	8.30am	Obstetric Medicine WR	Acute transplant clinic
	9am	WR - Smyth /Pettit team	
	9am	WR - Brown/Mangos team	
	9am - 12 md		General nephrology - Prof Kelly
	12 md	WR - Kelly/Katz team	DAU
	2pm	Handover & Xray meeting	

Notes:

Times for WR may vary slightly - consultants will notify

Registrars allocated to clinics at beginning of each term - may vary from term to term

DAU times may vary - usually decided at end of 8.30am maternity round M/W/F

Renal fellow will do 2 clinics per week

STOP – sensible test ordering.

2016 Pathology Test Cost Sheet

Pathology Test	Cost
Admin Fee	**$17.15**
EUC	$20.56
Single Electrolyte	$10.12
CMP	$14.24
Single (Ca/Mg/Ph)	$10.12
LFT	$22.65
Bilirubin	$10.12
FBC	$17.69
Single Hb	$8.19
ESR	$8.19
Coagulation Profile	$21.24
Single APTT or INR	$14.30
CRP	$10.12
Glucose/ Lipase	$10.12
Troponin	$20.92
HDLC (HDL Chol)	$11.53
CK	$20.92
ABG/VBG	$35.17
POC GAS	$52.32
Group & Hold	$42.79
Cross Match	$113.65
NT-proBNP	$72.03
Anti-Xa	$39.55
MRO Single swabs (MRSA/VRE)	$18.51
UMCS	$21.45
Sputum MCS	$35.22
Stool MCS	$55.41
Skin/Wound/ Nasal swabs	$22.96
Blood Cultures	$32.09
Urine Osmolarity	$25.78
Serum Osmolarity	$25.78
Histology	$101.38
Iron Studies	$34.09
B12	$24.63
Folate	$24.63
Serum B12 & Red Cell Folate	$44.67
Vitamin D	$31.36
Drug Level Monitoring	$18.94
PSA	$21.03
TSH	$26.14
TFT	$36.32