

## **ROVER (Rolling handOVER)**

### **Dandenong Gen Med Registrar (pre-pandemic)**

#### **UNIT STAFF MEMBERS – KEY CONTACTS**

Supervisor: Adam Mohd Idris: extremely approachable. Understands that we are not familiar with how the ward works, prolonged management of pts, and our general medicine knowledge is below that of the BPTs. His goal for the rotation is to ensure that an ED reg can run a ward round, work with nursing staff/allied health and hold family discussions, appropriately supervise interns/HMOs and that we know when to ask for specialty advice.

#### **USEFUL CONTACTS**

Adam Mohd Idris is the main contact.

Dhanya Menon is the go-to for roster changes. She's not as exuberant as Adam but equally supportive. Happily, they share the same office (Gen Med Consultant Office, ground floor next to Zouki's)

#### **WHERE TO GO ON THE FIRST DAY**

There are 3 jobs on gen med: ward registrar, intake reg, MAPs Reg (liaise with surgical teams to fix the medical issues for their pts)

Ward reg: 8am AAU handover room (adjacent to AAU). Gen med consultants and med regs meet here to allocate pts who have been admitted in the last 24 hours. You'll also pick up your pager here

Intake reg: (usually a 1400-2200 job) meet at AAU handover room (adjacent to AAU). If morning intake reg is not present, they're probably talking to a pt. Call them via switch. Take their pager and their admissions book. (morning intake reg is meant to continue working up pts alongside you. Depending on their work ethic, they may mysteriously disappear for the rest of the arvo)

MAPS reg: impossible to catch the morning MAPS reg; they're at met calls or reviewing surgical pts scattered throughout the hospital. Get switchboard to call them and arrange to meet. The morning MAPS reg will have a list of pts to review, usually there's only a handful left for you to see. Take their MAPS pager. After receiving MAPS handover, meet up with the ward regs and try to get them out on time/ask which pts they'd want you to be aware of when they clock off (you're covering all med wards after hours)

#### **WHERE TO COLLECT PAGER (If applicable)**

This is a dog's breakfast: Gen med have a billion pagers and they're adept at leaving them throughout the hospital. On the excel Roster sheet, it'll have the pager you're allocated to. Look in a small white box in AAU Handover room for it. In the likely event you can't find that pager, call switch and ask them to redirect pages to whichever pager you can find.

#### **HANDOVER**

Please fill in the following table and make a note of any specific preparation which might be required

	<b>Who?</b>	<b>Where?</b>	<b>When?</b>
<b>Day to Evening</b>			
<b>Evening to Night</b>			
<b>Night to Day</b>			

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## **ROLES / RESPONSIBILITIES & TIPS**

### **Day to day**

The most important thing is to get a gen med consultant who rounds every day, at least for the first few weeks (some gen med consultants only come to hospital mon, wed, fri). Since our medical knowledge is below BPT level, this is essential. Talk to Adam if your consultant isn't there every day, he'll easily allocate you to another gen med team

Wardround: aim to see all pts every day. Prioritise potential discharges, then new admits. Leave those awaiting RALS/rehab last – they often can be seen alternate days

For each pt: a brief reminder of their main issues (because it's gen med, they'll usually have 1 major and 4-7 minor issues). Progress each issue. Then customary r/v of bloods/imaging/meds/allied health notes.

Then a brief examination and conversation with pt.

If you have 20 pts and each pt takes 10 min, then you'll have enough time to be interrupted by met calls/allied health rounds/meetings and still accomplish all tasks

Allied health meetings: usu 15-20 min, takes place somewhere between 1-2 pm. You, your hmo/intern, ANUM and allied health team gather to update each other on medical progress and disposition. Allied health want to know basics of living situation as well as roughly when pt will be medically cleared. Allied health will tell you what black magic they've organized for the pt upon discharge (and whether its inevitably been delayed) or whether they would like your HMO/intern to request a RALS r/v (for consideration of rehab).

Sometime in the afternoon, you should check through bloods and imaging for your pt (scans take hours-days to perform, which makes it easy for us ED boffins to forget whether they've been ordered/performed/reported. Same for some blood tests).

Around 330pm, do a paper round with the interns/HMOs to check how they're progressing with their jobs lists. The quality of HMOs/interns varies (and often there are IMGs who aren't familiar with the computer systems) so this is a necessary huddle. (you should also keep an eye on whether they're keeping up with their discharge summaries... the ANUM/Adam Idris have a list of outstanding discharge summaries)

### **Cover shifts/After hours work**

If you're working on the weekend, it can be quite disorganized. Hopefully you've been working on the preceding Friday and received the weekday reg's pt list and who they'd like you to r/v over the weekend. Realistically, you can only see at most 5 of their pts on Saturday and 5 on Sunday... some regs will ask you to do the impossible and see most/all their pts.

On the weekend, meet at 8am in AAU handover room, get new pts allocated to you, then see those new pts with the weekend gen med consultant. Then see the pts earmarked for weekend r/v by the weekday reg.

Depending on the roster, you might be allocated to afternoon intake reg from 2pm til 10pm. These 14 hour days are long and quite chaotic.

### **Discharge Summaries**

Unit specific information only – what is expected of the unit?

## **UNIT MEETINGS / INTERN TEACHING / SCHEDULE**

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Day	Time	Meeting Location	Specific preparation required

### Things I struggled with:

Having been a mediocre medical student, my gen med knowledge was lacking. ED regs can manage all pts for the first 24 hours, but after that we're not experienced in tailoring therapy once the more detailed investigations return (BNP, antibody screens etc). I had UpToDate constantly open on my phone to answer any questions I had.

The other med regs know that this rotation is quite foreign to us, whereas they've often done at least 2 previous gen med rotations before. They're very helpful in preparing you to work well with your gen med consultant, and for navigating the ANUM/disposition aspects of the job. Getting to know the med regs was one of the most satisfying parts of the job for me.

If you're doing the rotation at the beginning of the year, you'll be supervising a fresh intern. This often means neither of you will be very good at the non-medical aspects of the job (which allied health team to liaise with, how to organize discharges etc). I found doing 2 paper rounds per day helped keep things on track.

Having an updated and comprehensive pt list was essential for me. Each pt usually has 4-5 issues, and ED regs usually only manage the 1 life-threatening illness, so its easy to fix the pneumonia and then forget about the incidental nodule/ vitamin D deficiency. Its also very easy to get pts confused with each other since many pts are of a similar demographic. My handover list had columns for:

- Medical issues (all issues regardless of importance eg incidental liver lesion)
- pHx eg CKD 25ml/min
- living situation and Activities of Daily Living
- bloods/imaging pending (essential for ED regs used to having CXRs within 3 hours, not 2 days)
- Goal of Care
- Outstanding tasks/disposition

A detailed patient list helped me make referrals on the fly, gave the consultant an overview of the situation and confidence in you, and helps the HMOs clarify their tasks. Its well worth taking 30-60min at the end of the day to update this.

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## **WORKPLACE GEOGRAPHY**

Unit specific information

<b>Location of doctors' room</b>	
<b>Printer location and number</b>	
<b>Fax number</b>	
<b>Consultants' Offices</b>	
<b>Main meeting room</b>	
<b>Radiology meeting room</b>	
<b>Outpatient clinics</b>	
<b>Theatre passwords/codes</b>	
<b>Other important locations</b>	

## **RURAL ROTATION SPECIFIC**

Accommodation – location, what to expect

Other important information – local restaurants etc.

## **COMMON CONDITIONS MANAGED BY UNIT/KNOW THE BASICS OF...**

List common conditions managed by the unit in order to facilitate self-study. You may wish to include any tips that you may have learned.

## **COMMON MEDICATIONS USED SPECIFICALLY BY UNIT**

List commonly used medications within the unit

## **PROCEDURES**

Expected procedures to know about and opportunity to do

## **ANYTHING EXTRA THAT MAY BE NECESSARY TO KNOW**

Please detail

## **USEFUL RESOURCES**

Attach links or attachment of PROMPT protocols or other resources which are useful for this rotation