



Fellowship program in Gastroenterology and Clinical Nutrition

The fellowship program at the Royal Children's Hospital in Gastroenterology, Clinical Nutrition and Transplantation is comprehensive and will allow the trainee access to all aspects of care of children with such problems at a tertiary and quaternary level.

Rotations will include inpatient and outpatient care plus inflammatory bowel disease [IBD]/ Day Medical Unit, Consults and Clinical nutrition. It will be mandatory that fellows attend and participate in endoscopy and gastrointestinal motility training and all our clinical meetings including Weekly ward round, Liver transplant, Clinical Nutrition, CPC [including journal club, histopathology, radiology and clinical/research] and multidisciplinary meetings for children with cystic fibrosis [CF]. We would encourage our fellows to attend Grand rounds [Wednesday 12:30 PM] and General Medicine meeting [Friday 12:30 PM]

There are weekly teaching sessions that will cover the curriculum generated by the Royal Australasian College of Physicians and all local fellows will also need to register with the Gastroenterological Society of Australia for endoscopy training.

Administrative jobs will also be allocated to fellows and these will include the following [1] Training and teaching program [2] Triage for outpatients [3] CPC coordination [4] IBD database. These will be a minimum of 6 months but could be up to the entire 12 months depending on the particular administrative portfolio.

Participation in an after-hours on-call roster will be from a Monday 5 pm till the following Monday 8 AM and the fellow will be first call with a consultant [second call] at all times after hours. The consultant roster runs from Thursday each week,

Holiday requests need to be worked into the roster so that a swap may be necessary with a colleague if the fellow plans to be away during an on-call period. We would also like to limit the maximum number of fellows away at any time to 2, so that holidays and conference leave needs to be carefully planned. Administrative staff and the Switch-board need to be notified of any changes in the roster.

At the commencement of your contract, the timesheets and on-call sheets will be explained by our administrative staff.

Research projects are mandatory for all local trainees. A supervisor and project will be allocated to you. Our expectation is that every fellow will prepare and complete at least one project during their time with us.

It is mandatory that fellows note the RCH Compact and its values when dealing with staff, patients and families.

We also encourage the use of SBAR [Situation, Background, Assessment and Response] communication model at handover and when discussing consultations.

- On-Call [week at a time Monday to Monday] – *1 in 4 to 5 depending on the number of fellows*
 - Ensure adequate handover each Monday from the outgoing fellows summary and also from the Inpatient and consult fellow each evening at 5 PM
 - Inform the on-call consultant of a phone consultation that you are concerned about and any admission to the Unit or possible transfer from another hospital
 - Always document in EPIC advice given about a patient or to a patient's family [this could have medico-legal repercussions]
 - Email transplant nurses, on-call consultant or consultant in charge of the patient that you have received a call about and instituted any change in management or planned early follow up
 - Do the weekend round at 0900 for 3 hours each Saturday and Sunday
 - Prepare a weekend summary for Monday morning summarising the relevant issues for each inpatient, summary of discharges and proposed follow up and consults that have been fielded over the phone or seen as inpatients of the RCH
- Inpatient fellow
 - Commence daily ward round after the registrar/RMO morning handover and attend huddle [for discharge planning] on our relevant wards
 - Ensure that discharge summaries are completed for discharge or within 72 hours after discharge by the RMO
 - At the completion of the ward round, if it is not attended by the on-call consultant, the inpatient fellow will need to communicate with the consultant to ensure appropriate input from the consultant on all patients and this may mean a “board round” and reviewing unwell patients to ensure that there are care plans in place for all inpatients under our bed-card
 - Check all tacrolimus levels for liver transplant patients and discuss with the on-call gastroenterologist to ensure that inpatients have evening doses of this drug charted before the end of the working day

- Work distribution should be such that all ICU/ Critical care patients should be reviewed by the ward team at the beginning of the day and at least twice daily by the fellow and junior staff
- The workflow should be arranged by the IP fellow such that there is an even distribution of work and that this work reflects the jobs of the RMO or registrar
- Oversee the preparation by the RMO/Reg for the Thursday morning ward round

➤ Outpatient fellow

[Clinics include General Gastroenterology, IBD, Liver, Gastrostomy or PEG, Clinical nutrition and CF]

- Prioritising on-call consultant clinics
- If there is no on-call consultant clinic then the fellow will be required to see patients for other consultants who are running clinics and ensuring equitability
- Seeing all urgent “drop-in “outpatients with the supervision of the consultant
- Scripts, outpatient questions and results management
- Ensure all patients are billed, files are closed after seeing a patient and ensure that letters are sent to the referring doctors and families

➤ IBD/DMU fellow

- Daily rounds of all admissions to DMU [except Saturday] and ensure that each patient is reviewed clinically and that the treatment plan is accurate
- This should be documented in EPIC
- Discuss the patient with the consultant who looks after the child to ensure that all clinical scores, medications and investigations are up to date
- Is responsible for writing up treatment plans for biological therapies and iron infusions and that future admissions reflect frequency with which these medications are required
- Attend and participate in ALL IBD clinics [held every second Friday]
- Attend and coordinate the IBD meeting after clinic
- Ensure that all newly diagnosed IBD patients are entered into the database
- All IBD outpatients with questions will contact our IBD nurse [Alex Summers] and she will then pass the details onto the IBD fellow to return the call in a timely manner [within the day] and then offer a treatment plan or assessment as an outpatient or in ED
- Attending PEG clinic – MON-AM and covering for PEG consultants leave.

➤ Consult fellow

- Coordinating all inpatient and phone consults [from GPs, Paediatricians and other hospitals]
- If it is a “new consult” then it will go to the on-call consultant, if not then it will need to be discussed with the consultant who has seen the patient previously

- For inpatient consults, if there is no referral on EPIC we cannot see the patient
- For “phone consults” where the patient does not have a medical record then the fellow will need to obtain a name, address, DOB and telephone number and administrative staff can then generate medical record number enabling documentation in a timely manner.
- All patients will need documentation of being seen by the fellow with final sign off not to be completed till either discussed with or seen by the consultant
- Some outside call consults will need to be seen in outpatients and this will need to be coordinated with the consultant and outpatient fellow
- A database for the 12 months next year will be created so that we can track the number of consults that we provide as a unit. The maintenance of this data will be the job of the consult fellow

➤ Clinical Nutrition fellow

- Daily ward rounds with on service clinical nutrition consultant, nurse specialist and dietitian on all IP under clinical nutrition.
- Inpatient consults for new PN starts and specific nutrition referrals. Follow-up of assigned ongoing inpatient PN consults.
- Weekly Clinical Nutrition meeting Tuesday 1300-1400 to review current inpatients, new referrals and non-standard PN prescribed in hospital.
- Pre-clinic meeting Wednesday 0815-0900 for home PN patients – then attend clinic from 9 AM-12 PM. Coordinate ongoing care for home Parenteral Nutrition /Clinical Nutrition patients.
- Neonatal Nutrition Rounds in NICU at 12:30-1330 PM Wednesday
- Attend intestinal transplant/liver transplant rounds 1330 hours Thursday at reservoir room

➤ Allocation of Endoscopy lists, and specialists clinics:

Orientation as pertaining to endoscopy/ training and recording of information will be provided by Consultant and senior Fellows.

The rotations will be published in the Fellow roster.

- Post graduate teaching via GESA is available
- Endoscopy will include instruction for diagnostic and therapeutic purposes and will also include variceal injection/banding, using argon laser therapy, injection and clipping peptic ulcers, polypectomy, placement of enteral feeding tubes and balloon dilatation of strictures.
- Liver biopsy is performed by Interventional radiologists

➤ Allocation for Motility Lab/Fibroscan TBA

➤ Gastro Fellow Pager Number

GASTRO CONTACT GROUP	57777
GASTRO FEL (IP CONS-ED-DMU)	5067
GASTRO FELL (EXT CALLS)	5061
GASTRO NOT IN USE	5060
GASTRO NOT IN USE	5062
GASTRO NOT IN USE	5083
GASTRO NSE C/O (A SUMMERS)	5082
GASTRO PARENT PAGER 3	6603
GASTRO REGISTRAR	4038
GASTRO RESIDENT	4160

➤ Gastroenterology & Clinical Nutrition meeting times/rooms table April 2021

		Room	meeting	meeting Organizer	Room and Teams invitation
Mon					
Tue	1300-1400 – every week	MR 2.001	Clinical Nutrition	Vic Evans	Vic Evans
Wed	0820 – 0900 – every week	SR 2.101	Clinical Nutrition Home PN Rapid Review	Helen Shalley	Helen Shalley
	13.30 – 14.00 Every week	Fellow corner in Gastro Department	TEAMS meeting	Shiva Aftahi	Shiva Aftahi
Thu	0900 – 1000 – every week	MR 2.716	Ward Round	Mark Safe	Mark Safe
	1000 – 1100 – every week	MR 2.716	<i>Room booking only</i>		Shiva Aftahi
	1100- 1200 – week 1,2,3 1330 – 1430 week 4	MR 2.716 MR 3.073	CPC	Fellow (Kavya Kurkal)	Mark Safe
	1200 -1330 - every week	MR 3.073	Liver Transplant	Liver team	Liver Team
	1330 – 1430 every week	MR 3.073	<i>Room booking only</i>		Shiva Aftahi
Fri	1230 -1330 Week 1 , 3	MR 3.073	IBD	Alex Summers	Alex Summers
	1230 -1330 Week 2	MR 3.073	Leadership meeting	Mark Safe	Mark Safe
	1230 – 1330 Wee 4	MR 3.073	Departmental meeting	Shiva Aftahi	Shiva Aftahi

➤ External links

Royal Australian College of Physicians (RACP):

- link to the [Gastroenterology Advanced Training Curriculum](#)
- The Gastroenterology [2019-20 handbook](#).
- Additional training program information and documents are available on the [gastroenterology webpage](#).
- There are also some learning resources for trainees listed on the [trainee support webpage](#).

- Trainees are directed to refer to the [Advanced Training Research Project Guidelines](#) for their project submission.
- Other documents, such as the project cover sheet and marking criteria, are available on the [work based assessments webpage](#) under 'Research capabilities'.

Gastroenterological Society of Australia (GESA):

<https://www.gesa.org.au/education/advanced-trainees/>

Attachments

1. **Diagnosis and management of children with suspected or confirmed IBD**
2. **Key components of the pathway for suspected IBD patients**
3. **Monthly Rotation - weekly Oncall roster Feb 2022 – Jan 2023**
4. **oncall timesheet- oncall sheet sample**
5. **Administrative duties for Fellows 2022 -TBA**
6. **Dates to remember fellowship 2022 – TBA**

*April 2021
Prof Mark Oliver
Shiva Aftahi*