

## TERM DESCRIPTION

Term descriptions are designed to provide important information to prevocational junior medical officers (JMOs) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the JMO.

Submissions of Term Descriptions are required to be current and as precise as possible. When submitting a Term Description for endorsement, please provide a cover sheet outlining the changes from the previous Term Description. To ensure the Term description is endorsed please provide a current date on the Term Description document so the version control can be monitored for auditing purposes, additionally please ensure the document is reviewed for content and accuracy and signed by the current supervisor.

<b>DOCUMENT VERSION: December 17</b>	
<b>FACILITY: The Canberra Hospital</b>	
<b>TERM NAME: Ophthalmology</b>	
<b>TERM SUPERVISOR: Dr Essex</b>	
<b>CLINICAL TEAM</b>	Dr. Essex, <a href="mailto:rohan.essex@act.gov.au">rohan.essex@act.gov.au</a> 0417 504 965, or EXT: 43769 Dr. Reid, EXT: 43769 Dr. Mendis, EXT: 43769 Dr. Dickson, EXT: 43769 Dr. Duncan, EXT: 43769 Dr. Okera, EXT: 43769 Dr. Tridgell, EXT: 43769 Dr Dayajeewa, EXT 43769 Dr Wells , EXT 43769 Ophthalmology Registrar, Pager No 50091

ACCREDITED TERM FOR	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>0</td><td></td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Non-Core</td><td>12-14 weeks</td></tr></table> <p>Total positions available per term: 1 maximum</p>		Number	Core/Elective	Duration	PGY1	0		12-14 weeks	PGY2+	1	Non-Core	12-14 weeks
	Number	Core/Elective	Duration										
PGY1	0		12-14 weeks										
PGY2+	1	Non-Core	12-14 weeks										
OVERVIEW OF UNIT OR SERVICE	<p>Services are provided by the ACT Health Department of Ophthalmology at both The Canberra Hospital (TCH) and Calvary Hospital.</p> <p><b>The Ophthalmology team consists of:</b></p> <ul style="list-style-type: none"><li>• One Resident (this post)</li><li>• One junior un-accredited registrar</li><li>• Two accredited registrars</li><li>• Consultant staff</li><li>• Support staff.</li></ul> <p><b>The Ophthalmology unit provides:</b></p> <ul style="list-style-type: none"><li>• Eye Out-patients clinics with sub-specialty clinics, and limited general ophthalmology clinics for the ongoing care of patients</li><li>• Delivery of most of the emergency eye care in the ACT including eye emergency surgery, and all retinal surgery</li><li>• Provision of cataract surgery performed at Calvary Hospital by the VMOs – a service that is provided independently to the eye clinics</li><li>• In-patient care at TCH provided by the registrars under the supervision of an ophthalmologist.</li></ul> <p>This term forms part of <b>Surgical Pod 2</b> which includes the following units:</p> <ul style="list-style-type: none"><li>• ENT/Maxfac/Dental</li><li>• Neurosurgery</li><li>• Plastics</li><li>• Ophthalmology</li><li>• Vascular Surgery</li><li>• Relief positions.</li></ul> <p><b>General information about Surgical Pod 2 (SP2)</b></p> <ul style="list-style-type: none"><li>• Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties’ teaching programme. All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</li><li>• Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. The weekday rostered hours for the Ophthalmology JMO are 0800 – 1700 hrs unless otherwise indicated on the roster.</li><li>• Due to the specialised nature of ophthalmology and the time it takes to be trained as the Eye JMO, it is not advisable to have the JMO away for any period of time. Therefore, there are no rostered full weeks of evenings or nights. This will allow continuity of JMO for the Ophthalmology team.</li><li>• There will be an occasional requirement to do an added late shift or sick relief late</li></ul>												

	<p>shift after a day shift as SP2 'evening' during the week. In addition, SP 2 weekend shifts will be rostered as per any JMO on SP 2.</p> <ul style="list-style-type: none"> <li>Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 *A&amp;D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case). *A&amp;D Admissions and Discharges SP 2.2</li> </ul>
<b>REQUIREMENTS FOR COMMENCING THE TERM</b>	<p><b>General skills - Be able to assess/perform</b></p> <ul style="list-style-type: none"> <li>Medical management of the acutely unwell patient</li> <li>Basic life support skills</li> <li>Gloving and gowning techniques</li> <li>Familiarity with medication and fluid charts.</li> </ul> <p><b>Ophthalmic knowledge</b></p> <ul style="list-style-type: none"> <li>Basic eye anatomy</li> <li>Understanding of common eye diseases</li> <li>Recognise ophthalmic emergencies such as: <ul style="list-style-type: none"> <li>➤ Unilateral red eye/eye pain</li> <li>➤ Sudden loss of vision</li> <li>➤ Flashes and floaters</li> <li>➤ Post-operative complications</li> </ul> </li> </ul> <p><b>Ophthalmic skills - Be able to assess/perform</b></p> <ul style="list-style-type: none"> <li>Best corrected (glasses and pin hole) visual acuity</li> <li>Fields to confrontation</li> <li>Pupillary reflexes</li> <li>Extraocular movements</li> <li>Corneal sensation</li> <li>Drop instillation</li> <li>Basics of Slit lamp examination and fundus examination with direct ophthalmoscope</li> <li>Consent for fluorescein angiogram</li> <li>Fluorescein staining of corneal ulcer</li> <li>Lid eversion</li> <li>Intravenous cannulation for retinal angiography patients</li> </ul>
<b>ORIENTATION</b>	<p>JMO should contact the department of Ophthalmology one week prior to beginning term to ensure quality handover with registrar and/or outgoing JMO.</p> <p>On first day of term please report to the rostered teaching activity (at 0700), or to the eye clinic at 0800 - 0830 hrs, as communicated by the outgoing JMO.</p>
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS</b>	<p><b>Ward Rounds and Ward work</b></p> <ul style="list-style-type: none"> <li>There are very few eye inpatients at Canberra Hospital, however, it is expected that the JMO see each patient at least once a day from 0800-0830 hrs</li> <li>A written note should be entered into the inpatient notes and must be timed dated and signed</li> <li>Other general ward work as required eg medication and fluid charts</li> <li>First contact point for ward staff regarding ophthalmology inpatients;</li> <li>Chase up investigations results and take responsibility for incoming clinical communications in the eye clinic</li> <li>Attend Eye Clinic when ward duties are complete, to participate actively in the Emergency Clinic (0830 – 1700 hrs), and to support the activity of other clinics if necessary</li> <li>Attend theatre when possible to observe eye operations such as vitrectomy (at TCH) and cataract removal (Calvary)</li> </ul>

	<ul style="list-style-type: none"> <li>• To step-up and relieve the unaccredited registrar when they are on leave or are themselves relieving one of the more senior registrars. This may at times include triaging telephone referrals from outside, and assessing patients independently</li> <li>• Medical students are an integral part of the unit and should participate as a Pre-Intern including ward rounds, clinics and theatre. Every medical student entry or test must be supervised and countersigned by a medical qualified team member</li> <li>• Consultation to other inpatient units can only be made after discussion with the Registrar who will inform the consultant of the problems for which additional opinions are being sought</li> <li>• Attend Dept teaching – see timetable, and RMO teaching when possible</li> <li>• Present case at angiogram meeting once a month</li> <li>• Handover to evening SP2 each day</li> <li>• End of term - contact incoming JMO for orientation and handover</li> <li>• Comply with Medical Record Department guidelines re discharge documentation for inpatients.</li> </ul> <p><b>NOTE: No Surg Pod 2 nights due to disruption of continuity of care of OPD</b></p> <p><b>Outpatients Department</b></p> <ul style="list-style-type: none"> <li>• Attend OPD and learn about acute and chronic eye conditions, review patients and liaise with other team members</li> <li>• See term objectives for specifics.</li> </ul>
<b>SUPERVISION</b>	<p><b>IN HOURS</b></p> <p>The senior registrars and Unit Director, Dr. Essex will provide in-hours supervision at all times. Dr Essex is available via EXT: 43769 or 0417 504 965 which the switch will be able to connect you to. The Ophthalmology registrar pager is also available through switch on 50091.</p>
	<p><b>AFTER HOURS</b></p> <p>Minimal after hours work will be required in Ophthalmology, other than unrostered overtime if an afternoon clinic runs over. After-hours supervision is provided by the surgical and/or medical registrar on call.</p>
<b>STANDARD TERM OBJECTIVES UNIT SPECIFIC</b>	<p><b>CLINICAL MANAGEMENT:</b></p> <ul style="list-style-type: none"> <li>• To gain an understanding of common and important ophthalmic presentations and diseases</li> <li>• To develop the ability to examine an eye including: <ul style="list-style-type: none"> <li>➢ Slit-lamp assessment</li> <li>➢ Retinal examination</li> <li>➢ Neuro-ophthalmic assessment</li> <li>➢ Intraocular pressure measurement</li> <li>➢ Assessment of ocular inflammation (anterior chamber cells)</li> </ul> </li> <li>• Familiarity with ophthalmic diagnostic equipment, such as: <ul style="list-style-type: none"> <li>➢ Humphrey Visual field assessment</li> <li>➢ OCT examination of the retina</li> </ul> </li> <li>• Basic knowledge of management of common conditions including ability to carry out procedures for removal of corneal foreign body</li> <li>• Observation of more advanced techniques including ocular regional blocks, cataract surgery, retinal angiography and surgery, intravitreal injection, OCT and fields</li> <li>• Able to lead MET calls until team arrives.</li> </ul>
	<p><b>COMMUNICATION</b></p> <p>The JMO should strive to have improved on:</p> <ul style="list-style-type: none"> <li>• Patient interaction</li> <li>• Patient information note taking</li> <li>• Liaising with patient family members</li> </ul>

	<ul style="list-style-type: none"> <li>Working as member of a team</li> <li>Communicating with senior consultants</li> <li>Communicating with other health care professionals regarding longer term patient management.</li> </ul>
	<p><b>PROFESSIONALISM – is expected as standard</b></p> <p><b>The JMO should strive to improve to:</b></p> <ul style="list-style-type: none"> <li>Communicate and participate effectively in a multidisciplinary clinical team</li> <li>Develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice</li> <li>Update skills in information technology relevant to clinical practice</li> <li>Gain more knowledge in the collection and interpretation of clinical data</li> <li>Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques</li> <li>Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.</li> </ul>

## INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>0700-0800</b>	Angiogram meeting				
<b>AM 0800-1200</b>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Teaching session (0830-0900 hrs)</li> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>
<b>PM 1300-1700</b>	<ul style="list-style-type: none"> <li>Dr Reid teaching at 1300 hrs</li> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> <li>Teaching 1500-1700 hrs</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>	<ul style="list-style-type: none"> <li>Ward tasks</li> <li>Ward rounds and clinical work</li> <li>Eye clinic</li> <li>Relief of other registrars if away</li> </ul>
		<ul style="list-style-type: none"> <li>JMO Teaching 1500-1630 hrs</li> <li>Monthly meeting 1800-1900 hrs</li> </ul>		RMO teaching 2-3pm Conf Rm 1, Lev1 3, Bld 2	

Please note: All JMOs are required to work weekends as dictated by the roster.

<b>PATIENT LOAD</b>	<p>Inpatient: average 2.</p> <p>Outpatient: average 10-15, depending on competence.</p>
<p><b>OVERTIME</b></p> <p>Average hours per week    <b>ROSTERED:</b>    8    <b>UNROSTERED:</b> 0</p>	
<b>EDUCATION</b>	<ul style="list-style-type: none"> <li>Dept teaching every Monday morning at 0700 hrs - this time is protected.</li> <li>Friday Morning teaching at 0830, at commencement of clinic.</li> <li>Monthly Canberra Eye Group meeting, Tuesdays at 6pm</li> </ul>

	<ul style="list-style-type: none"> <li>• Wed afternoon Unit teaching to commence in Jun/Jul 15 (1500-1700 hrs)</li> <li>• PGY2+ teaching is on Wednesday afternoon from 1300-1400 hrs.</li> <li>• JMOs are welcome to attend the final year ANU medical student programme if not a graduate of ANU.</li> </ul> <p><b>Educational resources:</b></p> <ul style="list-style-type: none"> <li>• TCH Library has an excellent selection of ophthalmic texts</li> <li>• Handy comprehensive ophthalmic text in OPD</li> <li>• Website of RANZCO</li> <li>• Website of AAO</li> </ul> <p><b>Dept's</b> master roster has details about the ANUMS student teaching program.</p>
<b>RESEARCH</b>	The term supervisor will identify opportunities for research or audits throughout the term should they become available. For example, retrospective data entry for surgical outcomes
<b>ASSESSMENT AND FEEDBACK</b>	Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website for PGY1 or 2s. In completing the assessments, the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.
<b>ADDITIONAL INFORMATION</b>	<p><b>Medical Record Documentation</b> All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p><b><i>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</i></b></p> <ul style="list-style-type: none"> <li>• All entries must be legible, clear, relevant and objective</li> <li>• Every entry must include date, time, signature, designation and printed name</li> <li>• All entries must be written within the boundaries of the form. Do not write in the margins</li> <li>• Only approved, bar-coded forms should be used</li> <li>• Use black ballpoint pen only. Do not use blue pen, Pentel, rollerball, felt pens, highlighter pens or liquid paper</li> <li>• Only approved hospital abbreviations should be used</li> <li>• Student entries must be countersigned by their supervisor</li> <li>• Entries written in error must have only one line ruled through the incorrect entry and must have "Written in Error" entered above or beside the incorrect entry must be dated, timed, signed and designated.</li> </ul> <p><b>Care Type Change</b> Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient's admission, for example from Acute Care to Rehab. In some situations a patient may have several Care Type changes during the course of their admission.</p> <p>For each Care Type change the JMO must:</p> <ul style="list-style-type: none"> <li>• Assess the patient</li> <li>• Document patient history, status and expected goals on the <i>Notification of Care Type Change form</i>; and</li> <li>• Document the new care type, the reason for care type change, and goals of current treatment and patient's current status in the progress notes.</li> </ul> <p>Once all sections of the form have been completed, it should then be signed and handed to the Ward Clerk for action on CareSys.</p>

	<p><b>Discharge Summary - Communication with General Practitioners</b></p> <ul style="list-style-type: none"><li>• A Discharge Summary must be completed for all Inpatient discharges (usually by the JMO) within 48 hours of discharge/separation</li><li>• All deceased patients must have a Discharge Summary completed</li><li>• In either case, if you have never seen the patient please make a note of this on the Discharge Summary</li><li>• Discharge Summaries not completed by the end of each financial quarter will be brought to the attention of the Unit Directors and, potentially, to Executive Directors</li><li>• In accordance with relevant policies, the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Summaries for which you are responsible.</li></ul>
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Term Supervisor Signature:



December 17

Dr Rohan Essex