

## TERM DESCRIPTION

### Emergency

#### TERM DESCRIPTION TEMPLATE

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.

When filling out the ACF please only tick boxes that are encountered commonly in this term where the Junior Doctor will clearly have gained knowledge and skills.

<b>DOCUMENT VERSION:</b> 08 August 2018															
<b>FACILITY:</b> Calvary Public Hospital Bruce (CPHB)															
<b>TERM NAME:</b> Emergency Department															
<b>TERM SUPERVISOR:</b> Dr David Caldicott and Dr Harith Al-Rawi															
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>		Dr Stuart Stapleton (Critical Care Specialist Stream Director) Dr David Caldicott Dr Jamie Christie Dr David Banfield Dr Brendan Smith Dr John Gardiner Dr Rajun Rajupathi Dr Michael Wu Dr Mechelle Smith Mr Matt Luther (Co-director) Ms Kenna Laidlaw (Acting CNC) Emergency Clinical Staff  All emergency physicians can be contacted through the Calvary switchboard on (02) 6201 6111.  We engage experienced VMO's from interstate who regularly work in the ED. There is negligible use of consultant locum staff.													
<b>ACCREDITED TERM FOR :</b>		<table border="1"> <thead> <tr> <th></th> <th><b>Number</b></th> <th><b>Core/Elective</b></th> <th><b>Duration</b></th> </tr> </thead> <tbody> <tr> <td><b>PGY1</b></td> <td>10</td> <td>Medicine</td> <td>13 Weeks</td> </tr> <tr> <td><b>PGY2+</b></td> <td>13</td> <td>Medicine</td> <td>13 Weeks</td> </tr> </tbody> </table>			<b>Number</b>	<b>Core/Elective</b>	<b>Duration</b>	<b>PGY1</b>	10	Medicine	13 Weeks	<b>PGY2+</b>	13	Medicine	13 Weeks
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<b>OVERVIEW OF UNIT OR SERVICE</b> <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		The Emergency Department (ED) is a mid-range suburban department on trauma bypass. Following assessment, stabilisation and initial treatment patients requiring, admission for acute orthopaedics, plastic, paediatrics, neurosurgery, ENT, involuntary psychiatric admission and urgent interventional angiographic procedures are transferred to CHHS.  An extensive range of minor trauma, community paediatrics, psychiatry, gynaecology, general surgical and general medical patients are seen in the department reflecting the prevalence of these conditions in the community.  We see approximately 60,000 presentations per year of which 25 % are paediatric. Our overall admission rate is between 20 – 25%.													
<b>REQUIREMENTS FOR COMMENCING THE TERM:</b> <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency.</i>		No specific requirements.													
<b>ORIENTATION:</b>		The Department specific orientation is over 2 half days plus half a day as a													

<p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i></p>	<p>supernumerary buddy shift.</p> <p>Topics covered include.</p> <ul style="list-style-type: none"> <li>• The Supervision structure.</li> <li>• Rounding Schedule</li> <li>• Starting times</li> <li>• Responsibilities</li> <li>• Weekly schedule</li> </ul>
<p><b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b></p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>JMO responsibilities and daily tasks:</p> <ul style="list-style-type: none"> <li>• JMO's are expected to take histories, examine, and determine a provisional management plan for patients presenting to the Department with the assistance of the Physician or registrar.</li> <li>• All cases should be discussed with the Physician or registrar prior to discharge</li> <li>• Patients for admission should be discussed with the Team Leader prior to calling the appropriate registrar.</li> <li>• JMO's are encouraged to take their patients through the entire process themselves but supervision is always available via a team based model of care.</li> <li>• It is the JMO's responsibility to ensure all paper work, letters to GP's, referrals etc are written.</li> <li>• The ED information system (EDIS) must be kept up to date and all cases cleared prior to going home. This is regarded as part of the medical record handover of remaining patients and must therefore be performed and documented.</li> <li>• The JMO is required to attend the handover rounds to ensure a continuance of quality care.</li> <li>• Required documentation completed such as Med charts and medication review</li> <li>• Medical rounds at 2230hrs, 0230hrs and 0530hrs rest of the time will be situated in ED as per normal.</li> <li>• Respond to requests to review patients.</li> <li>• Regarding education: PGY-1/Intern JMOs are expected to attend the whole-of-hospital JMO education sessions on Tuesday afternoon. PGY2/Resident JMOs are expected to attend some teaching sessions during the week. This may be either the Tuesday afternoon session, or another formal teaching meeting run within the hospital, attendance to be negotiated with the Admitting Officer.</li> <li>• Basic resuscitation skills will be taught as part of your term.</li> <li>• The ED is a rich learning environment and JMOs are expected to have some self-directed learning whilst in the ED.</li> <li>• All members of the ED team are able to teach e.g. Plastering &amp; dressings are often done by the nursing staff, it is expected JMOs will be able to learn to do these tasks from the nurses and become competent in them.</li> <li>• Flexibility of role is an important asset in a busy ED.</li> </ul>
<p><b>SUPERVISION:</b></p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS:</b></p> <ul style="list-style-type: none"> <li>• There is a consultant on duty from 0800-2300 hrs. Daily hours on call thereafter.</li> <li>• Overnight there is always a senior registrar on-site. These positions are usually filled by our regular staff.</li> <li>• There are always at least two senior doctors on each shift-one on each area.</li> </ul>

	<p>Problems should be referred to them at all times and cases presented prior to discharge. The registrars are marked on the roster and it is preferable that junior doctors consult with either the ED consultant or the registrars.</p> <ul style="list-style-type: none"> <li>• Overnight the department and the JMOs are supervised by senior registrar. An intern is added to the shift as an additional staff member from 2nd term.</li> <li>• The ED is accredited for 12 months of training with ACEM and have several accredited registrars. There is a stable group of experienced CMO's, some of whom are able to provide useful supervision for the RMO's.</li> <li>• PGY2's do some night shifts and are supervised by the senior registrar or locum.</li> </ul>
	<p><b>AFTER HOURS:</b></p> <ul style="list-style-type: none"> <li>• The term includes participation in the after-hours roster in ED. The ED JMO is usually rostered to work in the ED after hours.</li> </ul>
<p><b>STANDARD TERM OBJECTIVES:</b></p> <p><i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFID. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p><b>CLINICAL MANAGEMENT:</b></p> <p>By completion of this term the JMO may expect to acquire the following knowledge:</p> <ul style="list-style-type: none"> <li>• To be able to assess and manage a variety of minor medical, surgical, orthopaedic, paediatric and gynaecological conditions with safety and confidence.</li> <li>• To be able to clinically assess, and give immediate management for a variety of serious medical, surgical, paediatric, and gynaecological conditions under appropriate supervision.</li> <li>• To be able to play an effective role in a resuscitation situation and to initiate basic life support until assistance arrives.</li> <li>• To have an understanding of the role of the ED in delivering healthcare during and outside of regular business hours or similar.</li> </ul>
	<p><b>COMMUNICATION:</b></p> <ul style="list-style-type: none"> <li>• To be able to communicate effectively with patients and their relatives regardless of their backgrounds, clinical condition or level of anxiety.</li> <li>• To be able to communicate in a verbal and written manner with all members of the emergency team concerning patient management including other medical staff, nursing and clerical staff as needed</li> <li>• To communicate effectively with external medical and paramedical personnel, including GPs both pre and post discharge.</li> </ul>
	<p><b>PROFESSIONALISM:</b></p> <ul style="list-style-type: none"> <li>• To show enthusiasm and initiative for learning and research.</li> <li>• To be willing to assist other staff.</li> <li>• To demonstrate a desire for self directed learning.</li> <li>• To be punctual, reliable and honest and behave in an ethical manner to patient and staff, with respect for confidentiality.</li> <li>• To be prompt and efficient in the management of work and show good prioritisation of tasks.</li> <li>• To be committed to good patient care and good relations with other staff.</li> </ul>

**INSERT TIMETABLE** (the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover
PM		1330-1530 Education Program at Calvary	12.00 Grand Rounds				
	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover
	2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover	2230 Handover

**PATIENT LOAD:**

Average number of patients looked after by the JMO per day

JMO's work a 10 hour shift and see between 4-8 patients.

**OVERTIME**

Average hours per week

**ROSTERED:** 0 Hours

**UNROSTERED:** 0 Hours

Overtime is not generally required The consultants generally ensure the JMO's finish their shift on-time. Overtime requests where this relates to direct patient care and handing over the patient would be less than ideal.

**EDUCATION:**

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.

- JMOs are encouraged to attend as many educational events as possible.
- ED specific teaching for JMO's takes place most weeks on a Wednesday for an hour in duration.
- Tuesday afternoon Education Session at Calvary. This is protected time.
- Wednesday lunchtime Grand rounds at Calvary.
- JMO's have opportunities for research/audit.
- JMO's have the opportunity to supervise medical students.
- Bed side teaching opportunities.

**ASSESSMENT AND FEEDBACK:**

Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term.

The ED physicians will provide formal assessment and feedback, using MET assessment forms at midterm and at the end of term. In completing the Assessment Form the ED physician will consult with other members of the team (AMO's, registrars, nurses and other professional staff). Non clinical staff are also consulted as part of the assesement using the

Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.	360 degree methodology. It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.
<b>ADDITIONAL INFORMATION:</b>	<b>Scope of Practice:</b> <a href="http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentiallin g%20policy.docm&amp;action=default&amp;DefaultItemOpen=1">http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee / layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyC ommittee/Shared%20Documents/Health%20Professional%20Credentiallin g%20policy.docm&amp;action=default&amp;DefaultItemOpen=1</a>

Term supervisor:

Dr. David G.E. Caldicott, FCEM  
Emergency Specialist  
MED0001781726

David Caldicott



Date:

14/8/2015