

# TERM DESCRIPTION

## General Medicine Team 4

<b>DOCUMENT VERSION:</b> 9 July 2018															
<b>FACILITY:</b> Calvary Public Hospital Bruce (CPHB)															
<b>TERM NAME:</b> General Medicine (Team 4)															
<b>TERM SUPERVISOR:</b> Dr Saidul Ansary															
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>	Dr Saidul Ansary (Respiratory) Dr Terence Ting (Respiratory) Dr Nak Jin Choi (Gastroenterology) Ward 4E, 5W and other clinical staff All Consultants can be contacted through the Calvary switchboard on 62016111.														
<b>ACCREDITED TERM FOR:</b>	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> </thead> <tbody> <tr> <td><b>PGY1</b></td><td>1</td><td>Medicine</td><td>13 Weeks</td></tr> <tr> <td><b>PGY2+</b></td><td>1 (This term forms part of RMO Gen Med Rotation 2)</td><td>Medicine</td><td>13 Weeks</td></tr> </tbody> </table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	<b>PGY1</b>	1	Medicine	13 Weeks	<b>PGY2+</b>	1 (This term forms part of RMO Gen Med Rotation 2)	Medicine	13 Weeks
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<b>OVERVIEW OF UNIT OR SERVICE</b>	<p>In Calvary Hospital, there are five separate teams in General Medicine. The Visiting Medical Officers (VMO) and Staff Specialists participate in the General Medicine roster. The VMOs and Staff Specialists have subspecialty interests and provide consultative service in these specialist areas.</p> <p>85% of all acute admissions come through Emergency and are cared for by the Consultant on call. Occasionally, a patient may be referred to a different Consultant but only with the consent of the Consultant on call. The remaining patients are admitted by a consultant under their care as elective admissions for investigation or management. Patient casemix is very general covering a range of common conditions. Neurological and cardiology admissions tend to be directly admitted under the respective subspecialty teams. As admissions through Emergency can result in significant variations in workload, the five JMOs are encouraged to work as a team and assist each other as needed.</p>														
<b>REQUIREMENTS FOR COMMENCING THE TERM:</b>	There are no prerequisites for commencing this term.														

<b>ORIENTATION:</b>	There will be a formal orientation session on the morning of the first day of term, delivered by Medical Administration and Directors of Prevocational Education and Training. The orientation session will include information relevant to the Calvary Hospital campus in Bruce and Clare Holland House in Barton. Informal orientation on the wards will be conducted by clinical team members.
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b>	<ul style="list-style-type: none"> <li>To ensure continuity of patient care by handing over relevant clinical details to the after hours JMO on the next shift and receiving handover information from the after hours JMO from the previous shift.</li> <li>To admit patients not arriving through the Emergency Department.</li> <li>To provide continuing care of all patients on the team under the supervision of the registrar.</li> <li>To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible.</li> <li>Electronic Discharge Referrals should be up to date and preferably a copy provided to the patient upon discharge to take to their GP, in other cases they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge.</li> <li>To attend ward rounds. This includes medical patients, consults, ICU and CCU patients and patients on outlying wards.</li> <li>To attend patient conferences &amp; to assist in careful discharge planning.</li> <li>To ensure that all fluid and medication charts are up to date.</li> <li>To arrange investigations and chase up results, and ensure the registrar is aware of abnormal results, as soon as practically possible.</li> <li>To attend and participate in Grand Rounds and weekly Medicine department meetings with case presentations as requested.</li> <li>Endoscopies are a useful learning situation. The JMO should attend at least one session during their term.</li> <li>To participate in the Friday cardioversion session in CCU with the Director of Cardiology.</li> <li>To participate in the after-hours ward roster.</li> <li>The JMO attends the morning handover meeting at 0800.</li> <li>The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.</li> </ul>
<b>SUPERVISION:</b>	<p><b>IN HOURS:</b></p> <p>JMOs are supervised by their registrar &amp; consultants during the day and the Medical Registrar after-hours.</p> <p>An on-call medical registrar is available 24 hours a day and can be paged via switchboard. Consultants are happy to be called if there is a problem and can be contacted via switchboard. After hours, other senior medical staff are always available in the Emergency Department, Intensive Care and Anaesthesia for acute problems.</p> <p>The hospital also operates a Medical Emergency Team. After hours Ward JMO shifts are as per the roster distributed by Medical Administration.</p>
	<p><b>AFTER HOURS:</b></p> <p>This term includes participation in the ward after-hours roster. The medical JMO is usually rostered on as the after hours medical JMO, but may sometimes be rostered on as the surgical JMO. Both medical and surgical registrars are available at all times for supervision. They are the immediate supervisor. The Director of Medical Services or delegate is available at all times as needed via switchboard on 6201 6111.</p>
<b>STANDARD TERM OBJECTIVES:</b>	<p><b>CLINICAL MANAGEMENT:</b></p> <ul style="list-style-type: none"> <li>Understand the management of common general medicine conditions which may include: COPD, pneumonia, thromboembolism, hypertension, congestive cardiac failure, atrial fibrillation, acute kidney injury, electrolyte disorders, acute pancreatitis, febrile</li> </ul>

	<p>neutropaenia, GI bleeding, chronic liver disease, falls in the elderly, dementia and delirium, diabetes, musculoskeletal back pain &amp; cellulitis.</p> <ul style="list-style-type: none"> <li>• To become proficient in history taking, ensuring all relevant information is obtained, including relevant radiological films.</li> <li>• To perform a thorough physical examination and be able to elicit physical signs.</li> <li>• To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis.</li> <li>• To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind.</li> <li>• To develop organisational skills and effective time management.</li> <li>• To gain experience and proficiency working in a multidisciplinary team.</li> </ul>
	<p><b>COMMUNICATION:</b></p> <ul style="list-style-type: none"> <li>• To be able to communicate with patients and their relatives about the patient's illness and future plans for managing that disease and the patient.</li> <li>• To be able to communicate with external medical and paramedical staff, including the GP, about the patient and to ensure good follow up care on discharge.</li> <li>• To communicate effectively with hospital staff involved with the patient including the consultant &amp; the registrar.</li> <li>• To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan.</li> <li>• Be able to communicate with nursing staff regarding the clinical plans for each patient.</li> </ul>
	<p><b>PROFESSIONALISM:</b></p> <ul style="list-style-type: none"> <li>• To show enthusiasm and initiative for learning.</li> <li>• To be willing to teach and assist other staff including medical students.</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 patients 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 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	0730 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover
	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover
		0800-0900 Division of Medicine Clinical Meeting  0900 Ward Round Dr Ting Dr Ansary		0900 Ward Round Dr Ting Dr Ansary	0800-0900 Neurology education		
	1200 Neurology Journal Club						
PM	1330 Ward Round Dr Ting  1430 Ward Round Dr Choi	1330-1530 PGY 1&2 Education	1200-1245  Grand Rounds	1400 Ward Round Dr Choi	1400 Ward Round Dr Ansary  1500-1600 Medical Journal Club  Bronchoscopy in private rooms Dr Ansary		
	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	2200 Handover	2200 Handover

**PATIENT LOAD:**

10-20 patients per day

**OVERTIME**

Average hours per week

**ROSTERED:** 3.73 hours.

**UNROSTERED:** Average of 4 hours per fortnight which can change due to seasonal changes or activity.


**EDUCATION:**

**PGYs are encouraged to attend as many educational events as possible.**

- Tuesday morning Physician meetings: the PGY will be expected to present at these.
- Tuesday afternoon teaching at Calvary. This is protected teaching time.

	<ul style="list-style-type: none"> <li>• Wednesday lunchtime Grand rounds at Calvary – registrars are expected to present as arranged.</li> <li>• Neurology education: these alternate between neuroradiology meetings and clinical case presentations every Friday 0800-0900.</li> <li>• Medical Journal Club. Friday 1500-1600. This is protected teaching time for registrars.</li> </ul>
<b>ASSESSMENT AND FEEDBACK:</b>	<p>The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).</p> <p>It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.</p>
<b>ADDITIONAL INFORMATION:</b>	<p><b>Scope of Practice:</b></p> <p><a href="http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&amp;action=default&amp;DefaultItemOpen=1">http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&amp;action=default&amp;DefaultItemOpen=1</a></p>

Term Supervisor Signature:

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Date:

17/7/18

