

FORM 06

TERM DESCRIPTION MAPU



CRMEC
CANBERRA REGION MEDICAL
EDUCATION COUNCIL

ACF
Australian Curriculum Framework
for Junior Doctors



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.

| DOCUMENT VERSION: November 2019 | | | | | | | | | | | | | | | |
|---|---|----------------------|-----------------|--|---------------|----------------------|-----------------|-------------|---|----------|----------|--------------|---|----------|----------|
| FACILITY: Calvary Public Hospital Bruce (CPBH) | | | | | | | | | | | | | | | |
| TERM NAME: Medical Assessment Planning Unit (MAPU) | | | | | | | | | | | | | | | |
| TERM SUPERVISOR: Dr Tony Kwan, Director of MAPU Dr Shaun Zhai Co-Director MAPU | | | | | | | | | | | | | | | |
| CLINICAL TEAM: <i>Include contact details of all relevant team members Term descriptions are available from CRMEC website. Provide a second copy without phone numbers.</i> | All general medicine Staff Specialists and VMO's round in MAPU with the MAPU team. Ward 5E and other clinical staff All Consultants can be contacted through the Calvary switchboard on 62016111 | | | | | | | | | | | | | | |
| ACCREDITED TERM FOR : | <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>1</td> <td>Medicine</td> <td>13 Weeks</td> </tr> <tr> <td>PGY2+</td> <td>1</td> <td>Medicine</td> <td>13 Weeks</td> </tr> </tbody> </table> | | | | Number | Core/Elective | Duration | PGY1 | 1 | Medicine | 13 Weeks | PGY2+ | 1 | Medicine | 13 Weeks |
| | Number | Core/Elective | Duration | | | | | | | | | | | | |
| PGY1 | 1 | Medicine | 13 Weeks | | | | | | | | | | | | |
| PGY2+ | 1 | Medicine | 13 Weeks | | | | | | | | | | | | |
| OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i> | There are five separate teams in General Medicine. All of the VMOs and Staff specialists in General medicine participate in the General Medicine roster and do a post-take round in MAPU. Approximately 85% of all acute admissions are admitted via the Emergency Department. MAPU patients are cared for by the Staff Specialist or VMO on call. Patient casemix is very general covering a range of common chronic conditions. As admissions | | | | | | | | | | | | | | |

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| | through Emergency can result in varying workloads for each team, the JMOs are encouraged to work as a team and assist each other as needed. |
| REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i> | There are no prerequisites for commencing this term. |
| ORIENTATION: <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>Formal orientation on Monday morning of first day, delivered by Medical Administration, which includes an Overview of MAPU including admission criteria, Criteria Led Discharge process, and general ward operations (from Director of MAPU).</p> <p>Informal orientation on ward with MAPU, CNC and Advance Trainee including work flow, Patient Journey Board, individual responsibilities of MAPU Team members, and Structured Interdisciplinary Bedside Rounds (SIBR). This usually occurs on day 2 of the term.</p> |
| JMOs CLINICAL RESPONSIBILITIES AND TASKS: <i>List routine duties and responsibilities including clinical handover</i> | <ol style="list-style-type: none"> 1) To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift. 2) To admit patients arriving through Emergency Department in consultation with the MAPU Advanced Trainee and Basic Physician Trainee. 3) To provide continuing care of all patients on your team under the supervision of your registrar. 4) 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. 5) Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within 24 hours of discharge. The referral must include a complete list of medications on discharge. 6) To attend ward rounds. 7) To attend patient conferences & to assist in careful discharge planning. 8) To ensure that all fluid charts and medication sheets are up to date. 9) To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. 10) To attend and participate in Grand Rounds with case presentations etc as requested. 11) To participate in the weekly cardioversion session in CCU with Cardiologist, time permitting. 12) To participate in the after-hours ward roster. 13) The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation. |
| SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i> | IN HOURS: <p>JMOs are supervised by the MAPU advanced trainee registrar & consultants during the day and the Medical Registrar after-hours.</p> <p>A medical registrar on call is available 24 hours a day and can be paged via switchboard. Staff Specialists and VMOs 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 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> |

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| | <p>AFTER HOURS:</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 24/7/365 for supervision. They are the immediate supervisor. The Director of Clinical Services (Medical) or delegate is available 24/7/365 as needed via switchboard.</p> |
| <p>STANDARD TERM OBJECTIVES:</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 ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p> | <p>CLINICAL MANAGEMENT:</p> <ol style="list-style-type: none"> To become proficient in history taking, ensuring all relevant information is obtained, including relevant radiological films. To perform a thorough physical examination and be able to elicit physical signs. To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis. To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind. To develop organizational skills and effective time management. To gain experience and proficiency in working in a multidisciplinary team. Understand the management of common general medicine conditions which may include: falls in the elderly, dementia and delirium, heart failure, diabetes, back pain, COPD, pneumonia & septic arthritis. Understand the management of common gastroenterology conditions which may include: gastrointestinal bleeding, gastrointestinal malignancies, ulcerative colitis & chronic liver disease. |
| | <p>COMMUNICATION:</p> <ol style="list-style-type: none"> 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. To be able to communicate with external medical and allied health staff, including the GP, about the patient and to ensure good follow up care on discharge. To communicate effectively with hospital staff involved with the patient including the Staff Specialist/VMO & the registrar. To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan. Be able to communicate with nursing staff regarding the clinical plans for each patient. |
| | <p>PROFESSIONALISM:</p> <ol style="list-style-type: none"> To show enthusiasm and initiative for learning. To be willing to teach and assist other staff. To demonstrate a desire for self directed learning. To be punctual, reliable and honest and behave in an ethical manner to patients and staff, with respect for confidentiality. To be prompt and efficient in the management of work and show good prioritisation of tasks. To be committed to good patient care and good relations with other staff. |
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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. | 0730 Handover | 0800 Handover | 0800 Handover | 0800 Handover | 0800 Handover | 0800 Handover |
| | 1030 Ward SIBR Round | 0800 Division of Medicine Clinical Meeting | 1030 Ward SIBR Round | 1030 Ward SIBR Round | 1030 Ward SIBR Round | | |
| PM | | 1330-1530 PGY PGY Education Program at Calvary | 1200 Grand Rounds | | 1500 -1600 Gen Med Journal Club | | |
| | 1600 Handover | 1600 Handover | 1600 Handover | 1600 Handover | 1600 Handover | 1600 Handover | 1600 Handover |

PATIENT LOAD:

Average number of patients looked after by the JMO per day

8 patients but high turnover (every 48-72 hours). Unit load is 24 inpatients. Complexity high number with multiple chronic co-morbidities.

OVERTIME

Average hours per week

ROSTERED: 4.3 hours

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

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.

- Ongoing education is provided during ward rounds in form of bedside teaching by Staff Specialists/Consultants.
- Tuesday morning Physician meetings: the JMO will be encouraged to present at these.
- Tuesday afternoon teaching at Calvary. This is protected time. Interns are required by CRMEC and AHPRA to attend a minimum of 80% of the teaching sessions.
- Wednesday lunchtime Grand rounds at Calvary.

ASSESSMENT AND FEEDBACK:

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

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).

It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.

ADDITIONAL INFORMATION:

Term Supervisor Signature:

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Date:

2 / 12 / 19

Term Supervisor Signature:

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Date:

2 / 12 / 19