

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.

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.

DOCUMENT VERSION: May 2016	
FACILITY: The Canberra Hospital	
TERM NAME: Infectious Diseases	
TERM SUPERVISOR: Dr. Karina Kennedy	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	<u>Dr Nicholas Coatsworth (Director)</u> Prof Peter Collignon A/Prof Ashley Watson Prof Frank Bowden Dr. Karina Kennedy Dr. Ashwin Swaminathan A/Prof Sanjaya Senanayake

	Dr Kathryn Daveson Dr Chong Ong Contact Consultants through: Infectious Disease Administrators – Nicole Chiu & Sandra Fisher –														
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>2</td><td>Medicine</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>0</td><td>Medicine</td><td>12-14 weeks</td></tr> </tbody> </table> <p style="text-align: center;">Total Number of positions available: 2 maximum</p>				Number	Core/Elective	Duration	PGY1	2	Medicine	12-14 weeks	PGY2+	0	Medicine	12-14 weeks
	Number	Core/Elective	Duration												
PGY1	2	Medicine	12-14 weeks												
PGY2+	0	Medicine	12-14 weeks												
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<ul style="list-style-type: none"> • To care for inpatients and outpatients with suspected or proven infectious diseases. • To consult on inpatients and outpatients with suspected or proven infectious diseases • To provide advice on the management of infectious diseases • To conduct clinical research on infectious diseases • To train medical students and medical graduates in the management of infectious diseases • To teach a wide range of medical, nursing, and allied health staff on infectious diseases topics • To provide lay and professional advice on the public health aspects of infectious diseases • To prevent and control the spread of infectious organisms within the hospital and between the hospital and the community • To provide clinical support for the Microbiology Department. <p>Infectious Diseases term forms part of Medical Pod 1 – Rostered day shifts Monday – Friday are 0800-1630 All <u>rostered</u> overtime over weekends or late shifts during the week fall under Med Pod 1 and they cover all specialities in that Pod, not just ID</p> <p>Medical POD 1 encompasses:</p> <ul style="list-style-type: none"> • Gastroenterology/Hepatology (9A); • Neurology A&B; • Infectious Diseases; • Renal Medicine; and • Relief positions. <p>Please note, whilst the main wards for this POD involves 9A, 8B and 7A, it is not uncommon for all units to have outliers in other wards, including the women's and children's hospital.</p> <p>All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</p> <p>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, (the Prevocational Medical Education Officer (PMEO) Dr Carolyn Petersons), to facilitate the co-ordination of the working unit. Within your POD you may have one week of evening shifts from 1-9.30pm to facilitate a handover with the day staff and a handover with the night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm – 8.30am (8.30pm-8.30am on weekends). Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively</p>														

	<p>arrangements can be made to allow for leave provided adequate warning is given.</p> <p>Two JMOs are rostered to cover evenings. One for Gastroenterology and Hepatology and the other for Renal, Neurology and Infectious Diseases. Handover occurs at 9pm weekdays and 8.30pm weekends and public holidays.</p> <p>On the weekend there is one JMO rostered a short shift from 0800-1630 and another long shift from 0800-2100. From 0800-1630 one JMO will cover Gastroenterology/Hepatology and the other will cover Renal/Infectious Diseases/Neurology, although during busy times it is expected that the two JMOs collaborate to maximise patient care. For the purposes of continuity of care, whenever rostered, the regular Gastroenterology/Hepatology JMO should cover the Gastroenterology/Hepatology ward, regardless of whether they are rostered to the short or long weekend shift. At 1630 the short shift JMO will handover to the long shift JMO, who will then cover all four units, and will subsequently handover to the night JMO. This means that from 1630 one JMO covers all four units prior to handing over to the night JMO. Whenever possible, a JMO who routinely works on the Gastroenterology/Hepatology unit will provide the weekend Gastroenterology/Hepatology cover.</p> <p>By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your POD who you will be familiar with. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day to day basis. You will participate in more focused handover and utilise relevant electronic discharge/casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</p> <p>As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bedside teaching conducted by the other specialties within your pod where possible</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	Basic clinical training
<p>ORIENTATION:</p> <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>	Orientation is conducted by the term supervisor (currently Dr. Karina Kennedy) preferably in the week prior to commencement. You will be contacted by the term supervisor to organise a day/time. If you are unavailable, arrangements will be made to organise orientation during the first week of term. During orientation, a detailed Infectious Diseases term overview will be provided. The JMO should also organise an orientation/handover from the outgoing JMO on the Friday prior to commencement of the new term.
JMOs CLINICAL	Hours of Duty:

RESPONSIBILITIES AND TASKS:

List routine duties and responsibilities including clinical handover

One JMO will work from 0800-1630 and the other JMO from 0930-1800. The roster is to be negotiated between the JMOs, with the requirement that each JMO has roughly equal early and late shifts. A JMO should not be rostered for the late shift if they are rostered for Med POD 1 evening overtime. All JMOs are required to work weekends as dictated by the roster.

ID Unit Patients:

Under the supervision of the ID Registrar, the JMO is responsible for the day-to-day management of the patients under the ID Unit. All ID Unit patients should be seen daily until discharged. Both JMOs should have a working knowledge of each patient, with at least one JMO having detailed knowledge of the patient. There should be close, two-way communication between the JMOs and registrar for all patients. The JMO should encourage the medical student's participation in the unit.

The JMO must complete a full "ID Unit Admission Record" in the progress notes (History, Physical examination, current important results, and management plan) on ALL new patients admitted under the ID Unit. The Admission Record must be done by the ID JMO within 24 hours (48 hours after a weekend) of the patient arriving on the ward, and regardless of the documentation provided by the ED staff. The history must include a description of the patient's presenting complaint, sequence of events, associated symptoms, relevant systems review, past medical history, drug & allergy history, family history, personal & social history, and review of systems.

The management plan must state:

- Principal admission diagnosis;
- Other new diagnoses; and
- Active old diagnoses.

The purpose of this requirement is threefold:

- It ensures there is a complete record of the patient's medical condition in the patient's file;
- It ensures the JMO thoroughly knows every patient under the ID unit in preparation for ward rounds; and
- It enhances the learning experience for the JMO during this term.

Consultations:

The JMO is not directly responsible for patients on whom the ID Unit is consulted by other units.

Ward Rounds:

The JMO is responsible for presenting all new patients under the ID Unit to the consultant and updating the consultant on the progress of all old patients. Please ensure that all current results of relevant investigations are available on rounds, particularly results of microbiology tests.

ID Clinical Meeting:

The JMO will be expected to contribute frequently to the weekly clinical meetings. This will usually take the form of a PowerPoint case presentation, which will be discussed by the registrar and/or consultant.

Grand Rounds:

The JMO may be asked to present at one grand round during the term. These must be presented according to the Grand Rounds guidelines. The case will usually be presented by the JMO or registrar followed by a discussion by the registrar and/or consultant. Presentations must be rehearsed. A minimum of 20 font bold must be used on overheads and there should not be more than 30 or so words per overhead. Read the JMO Clinical Training Guidelines on *How to Give a Talk*.

ID Unit Database:

This is the responsibility of the registrar and JMO and must be kept up-to-date under the supervision of the secretary. Ensure that a patient label is available. The task is easier if the JMO and registrar do it together before the Monday Unit Meeting and as required during the rest of the week. 15 copies of the patient list are required for the meeting. Include names of microbiologically confirmed or suspected organisms. Try to keep the wards up-to-date so that the consultants can find the patients on weekends.

Reading:

The JMO should have read the current issue of Antibiotic Guidelines by the end of the first week of term, and read Infectious Diseases, A Clinical Approach (Yung et al) by the end of the first month. Both books available in the ID Unit.

See also *Reading and Resource List*

Hospital in the Home (HITH):

The ID Unit frequently manages patients through HITH. Patients managed through HITH are managed by the ID Unit as if they were inpatients. They must be seen at least weekly under the supervision of the registrar and/or consultant.

Infection Control:

The JMO must become familiar with the principles and practices of infection control and appreciate the common infection control problems that arise. An example must be set to other staff by washing hands before and after all patient contact. Patients with diseases that require isolation and/or notification must be brought to the attention of one of the infection control nurses as soon as possible. Common examples include meningococcal disease and infections due to MRSA or resistant gram negative organisms.

Consultant Roster:

There is one consultant rostered to look after all ID inpatients and a separate consultant responsible for ID consults. Generally the consultants are rostered for 2 – 3 weeks at a time. There is only one consultant rostered to cover patients on the weekend. A consultant is always on call and can be paged directly, called at home, or contacted through the hospital switchboard.

The consultant on call for a particular month supervises the management of all patients under the ID Unit. However, each patient admitted under the ID Unit will have a designated ID consultant to supervise long-term follow-up.

Weekends:

These are largely the domain of the consultants. Please ensure that all relevant tests on ID Unit patients are ordered before the weekend. Please also ensure that JMO and/or registrar review is arranged for problem patients on weekends. Please write a succinct progress note on all ID Unit patients on Friday afternoon. The progress note should summarise the patient's condition and include a management plan with particular reference to tasks required for the forthcoming weekend.

Handover:

Morning Handover should be attended every morning in the Auditorium.

At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.

Please note the Unit Timetable on the last page.

	Patient load: 10 – 20
SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	IN HOURS: A/ Prof Watson, Prof Collignon, A/Prof Senanayake, Prof Frank Bowden, Dr Karina Kennedy, Dr Ashwin Swaminathan, Dr Kathryn Daveson, Dr Nicholas Coatsworth
	AFTER HOURS: After Hours – Medical Registrar, Surgical Registrar and On-call Infectious Diseases Physician
STANDARD TERM OBJECTIVES: <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>	CLINICAL MANAGEMENT: By the completion of this term the JMO may expect to acquire the following knowledge: <p>Clinical: Diagnose and manage the following common and/or important problems: Pneumonia (Community acquired, Hospital acquired), Cellulitis, Urinary tract infections, Osteomyelitis, Septic arthritis, Meningitis, Encephalitis, Meningococcaemia, Endocarditis, Gastroenteritis, Antibiotic-associated diarrhoea, Intravenous cannula infections, Wound infections, HIV infection & AIDS, Fever in the returned traveller, Tuberculosis, Infectious mononucleosis, Pharyngitis, Septicaemia, Febrile neutropenia, Diabetic foot infections. Antibiotic Guidelines, Major antibiotic classes: Penicillins, Cephalosporins, Aminoglycosides, Macrolides, vancomycin, metronidazole, ciprofloxacin; hand hygiene and infection control</p> <p>Procedural: Perform a lumbar puncture (if available)</p> <p>Interpretative: Understand the processing and interpretation of the following specimens: blood, CSF, urine, stool, sputum, wound swabs, fluid specimens. Understand the interpretation of serological and molecular tests.</p>
	COMMUNICATION: * Complete a full medical admission and physical examination, document it in the notes and include a differential and management plan <ul style="list-style-type: none"> • Accurately document ward rounds, summarising the significant findings, problem list and management plan • Succinctly document requests for consultation, indicating the reason for the request • Document any aberrant/significant pathology or radiology results in the medical records, with the appropriate management plan as a consequence of the results. • Complete discharge summaries in a timely and accurate manner without excessive unnecessary information. • Demonstrate the ability to communicate well verbally with patients and family and the range of healthcare staff. Summarising patient conditions on ward rounds or requesting consultations is an excellent way to hone communication skills and demonstrate clinical knowledge and reasoning. •
	PROFESSIONALISM: Use the core values of Canberra Hospital & Health Services – Care, Integrity, Excellence and Collaboration – to guide your practice and reflect on your professional behaviour during the rotation.

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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	8.00 Handover	8.00 Handover	8.00 Handover	8.00 Handover	8.00 Handover		
	08.30 ID Unit Weekend handover 7A JMO room 0900 Consultant Ward Round	9.00 7A Multidiscip Meeting	8.00 HIV Clinical Care Meeting (4 th week of Month) (Radiology Conference Room)	9.00 7A Multidiscip Meeting 09.30 Consultant Ward Round			
		10.30 Infection Control Meeting (L4 Pathology)					
PM	1300 ID Unit Meeting (L4 Pathology)		12.00 Grand Rounds & ACP	12.00 Radiology Meeting	1400 ID Consultant Ward Round		
		15.00 JMO Teaching Session		12.45 ID Grand Rounds			

PATIENT LOAD:

Average number of patients looked after by the JMO per day

15

OVERTIME

Average hours per week

ROSTERED: 8

UNROSTERED: 0

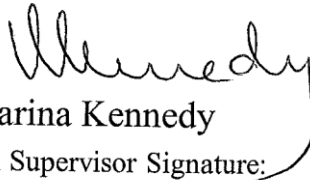
EDUCATION:

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

All JMOs are expected to participate in the Tuesday afternoon teaching program, from 3.00pm to 5.00pm, and is considered to be protected time for JMOs. Unitspecific clinical meetings are held on Thursday at 12.45. Infection control meetings are held on Tuesday at 10.30 and X-ray meetings at held on Thursday as 12.00.

You are encouraged to attend any teaching sessions conducted by other specialities within

<p><i>in the unit timetable.</i></p>	<p><i>your Pod, time permitting</i></p> <p>Educational Resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet. Commonly use Protocols and Clinical Pathways: NIL</p> <p>Reading and Resource List: <i>Essential:</i></p> <ul style="list-style-type: none"> • Antibiotic Guidelines (latest education) • Infectious Diseases, A Clinical Approach: Yung et al (available in the ID Unit) <p><i>Recommended:</i></p> <ul style="list-style-type: none"> • Principles and Practice of Infectious Diseases: Mandell, Bennett, Dolin • HIV Management in Australia. ASHM (available in the Canberra Sexual Health Centre)
<p>ASSESSMENT AND FEEDBACK:</p> <p><i>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.</i></p>	<p>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. 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.</p>


Dr Karina Kennedy
Term Supervisor Signature:

Date:

4,5,16