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.
The Rehabilitation Medicine Registrars are on site and can be contacted by phone or paged at any time.

<table>
<thead>
<tr>
<th>ACCREDITED TERM FOR:</th>
<th>Number</th>
<th>Core/Elective</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>0</td>
<td>Core medicine</td>
<td>12-14 weeks</td>
</tr>
<tr>
<td>PGY2+</td>
<td>2</td>
<td>Core medicine</td>
<td>12-14 weeks</td>
</tr>
</tbody>
</table>

OVERVIEW OF UNIT OR SERVICE

Include outline of the role of the unit, range of clinical services provided, case mix etc.

Ward 12B is an acute rehabilitation unit – 20 beds – with a predominantly neuro/vascular rehabilitation impairment group casemix eg: stroke rehab, amputee rehab, multi-trauma, multiple sclerosis, spinal cord medicine rehab, traumatic brain injury.

This term forms part of Medical Pod 2.

Medical Pod 2 includes:
- Rehabilitation Medicine,
- Geriatrics,
- Haematology,
- Medical Oncology,
- Radiation Oncology; and
- Medical Support term positions.

Each pod works as a functional unit allowing all JMO’s 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.

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. Within your pod you will have one week of evening shifts from 1-9.30pm to facilitate handover period. Handover will be conducted at a nominated site where all JMO’s for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm – 8.30am. Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any shortfalls in staffing. Alternatively arrangements can be made to allow for leave provided adequate warning is given.

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.

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 bed side teaching conducted by the other specialties within your pod where possible.

All JMOs are required to work weekends as dictated by the roster.
### REQUIREMENTS FOR COMMENCING THE TERM:

*Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency*

As per all JMO’s general medical knowledge. Good communication skills. Be able to work in a multidisciplinary team.

### ORIENTATION:

*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.*

JMO will meet the Rehabilitation Registrar in ward 12B at the commencement of the term. Orientation will be conducted by the Rehabilitation Registrar and the Consultant(s) working in ward 12B. Discussions on the interdisciplinary team model of care, concepts of Rehabilitation Medicine, and requirements for documentations will be discussed.

### JMOs CLINICAL RESPONSIBILITIES AND TASKS:

*List routine duties and responsibilities including clinical handover*

**JMO Responsibilities and Daily Tasks:**

**Rehabilitation Patients:**
Basic history and clinical data are required for each rehabilitation patient. Relevant details include pre-morbid functional level, social history, past medical history, surgical procedures undertaken, consultations obtained etc.

The draft discharge summaries are of great benefit to members of the team during ward rounds and family meetings. It also provides the basis for the discharge letter for each client.

**Ward Rounds:**
If a patient’s management is unclear, then ASK! Remember if you are unhappy or uncertain about a patient’s management then discuss it. The rehabilitation medical staff are always happy to discuss issues relating to medical management. The registrar will attend most ward rounds. Consultants prefer that JMOs have at hand the most recent pathology and imaging results etc. for each patient under their care.

**Ward Work:**
The Registrar/nursing staff will advise you of what is required on the ward. You will also have a list of activities that need to be attended after each ward round. Discharge documentation will consume part of each day, as will and medication sheets. Your term assessment will be based in part on feedback from the whole team about your performance.

**How To Find Out Where Your Patients Are Located:**
Printout from 12B.
Admissions
Most patients are transferred from other units within the hospital. A formal admission the same day of admission is essential. The JMO is expected to ensure that the patient is medically stable, and that the medical status and Rehab goals are documented immediately, or during the next working day. Patients admitted from the community or from small regional hospital also require a formal admission and comprehensive medical review. Consultants generally prefer to review these patients on the day of admission.
| **Ground Rounds:** | Attendance at Grand Rounds is expected. Participation in Grand Rounds for case presentation may be required. |
| **Presentations:** | The intern will also be expected to undertake at least one literature (original research paper). |
| **Outpatient Clinics:** | These are conducted by the consultant and the registrar during the week. There are no arrangements at present for the JMO to attend, but encouraged if able. |
| **Consultations:** | JMO's are encouraged to attend consult rounds if possible. |
| **Talking with Relatives:** | The usual means of communicating with relatives is through formal family meetings. These are held on at least one occasion for each client and their family during the admission. JMOs are encouraged to attend at least one during their term. Communication with relatives on other occasions is up to the judgement of the JMOs. Consultants generally encourage contact with relatives, except in relation to nursing care issues which should be addressed to the CNC. If it is felt that a consultant needs to be involved he/she may be able to discuss urgent matters at short notice if necessary, or an appointment can be made through Rehabilitation reception on 42267. |
| **Consent:** | You may be asked to witness a consent for a surgical or invasive procedure. If this is not a simple procedure, and if you are not fully familiar with the procedure or possible complications, then you should insist that a member of the surgical team explain the procedure to the patient and witness the consent. |

| **SUPERVISION:** | Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details |
| **IN HOURS:** | Dr. C Katsogiannis  
Dr. E Ho  
Dr. K Y Chan  
Dr. K T Chan  
Dr. S Ila-Venkata are the principle supervisors.  
The Rehabilitation Medicine Registrars are on site and can be contacted by phone or paged at any time. |
| **AFTER HOURS:** | Rostered overtime is available in ED or on general wards. After hours medical and surgical registrars provide supervision during after hours roster. |

| **STANDARD TERM OBJECTIVES:** | 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. |
| **CLINICAL MANAGEMENT:** | By the completion of this term the JMO may expect to acquire the following knowledge: |
| **Clinical:** | Gain an understanding of the assessment and management of disability especially associated with CVA, amputees, acquired brain injury and common chronic neurological, rheumatological and orthopaedic conditions.  
Develop skills in physical examination, particularly of the musculoskeletal and neurological systems. |
**Procedural:**
Develop an understanding of and if available undertake procedures relevant to the musculoskeletal system eg joint aspiration, subacromial steroid injection.

**Educational:** - Competencies to be covered during the Rehabilitation Term.
The following list of competencies is compiled with the intention of ensuring that JMOs are familiar and comfortable with the management of common problems in hospital practice. The focus is overwhelmingly a practical one – it is expected that the JMO will already be familiar with the theory underpinning those competencies.

- They will be reviewed at the mid-term assessment, and the JMO is expected to identify areas which have not been covered adequately during the first half of the term.
- By the end of the term, the JMO should be able to:
  - Define the term “evidence based medicine”, including some of the potential applications and limitations of the use of EBM in clinical practice.
  - Define the terms sensitivity, specificity, positive predictive value, and negative predictive value.
  - Present and discuss an original research paper, with a focus on issues of methodology and clarity.
  - Understand the indications and utility of commonly ordered pathology tests including EUC, FBC, LFT’s, ESR/CRP, Rheumatoid factor, ANA, INR, blood glucose and calcium.
  - Demonstrate a competent examination of the knee, hip and shoulder.
  - Discuss the management of stroke from the acute to the rehabilitation phase.
  - Understand the typical clinical presentation associated with common stroke syndromes, and management issues associated with these syndromes.
  - Demonstrate a capacity to manage common clinical problems including hypertension, diabetes, dyslipidaemia, depression, incontinence, musculoskeletal and neuropathic pain.
  - Demonstrate an ability to take a functionally orientated history and develop a management plan which takes into account disability and functional limitation.
  - Demonstrate some understanding of the basic management issues relating to some of the more common chronic neurological and rheumatological conditions. This includes RA, MS, motor neurone disease, peripheral neuropathy and Guillain Barre Syndrome.
  - Develop skills with oral presentation of complex medical cases.
  - Understand the role of health professionals and the function of an interdisciplinary team in patient management.
  - Undertake and present a comprehensive problem orientated medical history and functional assessment.

**Interpretive:**
By the end of your term in rehabilitation you should be competent at preparing complex discharge summaries.

**COMMUNICATION:**
Competent in verbal communication with patients, family members, members of the interdisciplinary team, and members of other medical specialties.
Understand and competent in documenting patients’ functional status in both verbal and written communications with the interdisciplinary team, GP’s and other health care providers.
Proficient in documenting and communicating long term management plans for patients with Chronic Diseases.

**PROFESSIONALISM:**
Effectively and actively participating in an interdisciplinary team management setting.
Understand the principles of evidence based medicine and clinical epidemiology. Understand the principles of quality improvement. Establish the practice and improve the skills in implementing a self directed learning/continuing medical education program.

**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)

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<tr>
<th>AM</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td></td>
<td>0845 Handover</td>
<td>0900 – 1100</td>
<td>0900 – 1100</td>
<td>0900 – 1030 12B Ward Round – Consultant 1</td>
<td>0900 – 1200 Rehab Medical Outpatients Dr E Ho</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1000-1200 Rehab Med Outpatients Dr Ila Venkata</td>
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<td>PM</td>
<td></td>
<td></td>
<td></td>
<td>1200 – 1300 Preadmission Meeting TCH</td>
<td>1200 – 1330 Grand Rounds</td>
<td>1200 – 1300 Neurology &amp; Neurosurgery Meeting</td>
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<td></td>
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<td></td>
<td></td>
<td>1300 – 1400 Wednesday RMO Teaching Group</td>
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<td>1300 – 1400 Geriatric Meeting</td>
<td>1300 – 1700 Rehab Med Outpatients Dr K Y Chan</td>
<td>1300 – 1700 Rehab Med Outpatients Dr K T Chan</td>
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<td></td>
<td>1330 – 1500 12B Ward Round Consultant 2</td>
<td>1400 – 1600 Case Conference</td>
<td>1500 – 1630 JMO Teaching Session</td>
<td>1600 – 1700 Rehab Medical Conference Room – Journal Club/Registrar Teaching</td>
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NB: Consultant rounds will vary according to term and roster schedule. Sessions in BOLD are fixed. All others may vary in times/days according to schedule. JMOs are strongly encouraged to attend clinics and Monday afternoon weekly journal club.

**PATIENT LOAD:**

*Average number of patients looked* 20
**OVERTIME**

Average hours per week | Average hours per week ROSTERED: 8  UNROSTERED: 0

| **EDUCATION:** | Monday afternoon, rehab Journal Club sessions  
TCH – Grand Rounds Wednesdays Midday  
Infectious Disease Meeting  
Geriatric Education Meeting – Tuesdays  
Neurosciences/Neuroradiology Meeting – Fridays  
Informal teaching-bedside, ward rounds  
JMO teaching – Tuesday afternoons  
RMO teaching – Wednesday afternoons |

| **Educational Resources:** | A comprehensive range of reference material is held in the hospital library and is available on the Intranet. |

| **AMO Teaching:** | See Above |

| **Registrar teaching:** | Monday Rehab Journal Club Meeting |

**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.

| | 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 |

**ADDITIONAL INFORMATION:**

| **RESEARCH:** | The term supervisor should identify opportunities for students to undertake further research. JMO are encouraged to participate in existing projects and to discuss with the supervisors about potential projects while working in ward 12B |

| **Medical Record Documentation:** | • To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:  
• All entries must be legible, clear, relevant and objective.  
• Every entry must include date, time, signature, designation and printed name.  
• All entries must be written within the boundaries of the form. Do not write in the margins.  
• Only approved, bar-coded forms should be used.  
• Use black ballpoint pen only. Do not use blue pen, pentel, rollerball, felt pens, highlighter pens or liquid paper.  
• Only approved hospital abbreviations should be used.  
• Student entries must be countersigned by their supervisor.  
• Entries written in error must have only one line ruled through the incorrect entry: have “Written in Error” entered above or beside the incorrect entry and the entry must be dated, timed, signed and designated. |
Documentation of Expected Discharge:
The discharge summary is a computerised document. All staff involved with the patient contribute; ie allied health and medical staff. It is closed 72 hours after discharge of the patient. The discharge summary is reviewed by the consultant prior to dispatch and modified if necessary.

Discharge Documentation:
A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges. The only exceptions to this are day dialysis and day oncology/haematology admissions. All deceased patients must have a Discharge Referral completed. The discharging specialty is responsible for the completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient please make a note of this on the Discharge Referral. Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders. In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries you are responsible for. For further information on discharge documentation, see the Medical Record Department guidelines.

Care Type Change:
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. For each Care Type change the medical officer must:
- Assess the patient
- Document patient history, status and expected goals on the Notification of Care Type change form
- Document the new care type, the reason for care type change, goals of current treatment and patient’s current status in the progress notes.
Once all sections of the form have been completed it should then be signed and handed to the Ward Clerk for action on CareSys.
For more details see Medical Record Department guidelines.

Dr Katsogiannis
Dr Ho

Term Supervisor Signature: 

Date: 3/2/2017