

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.

FACILITY: The Canberra Hospital and Health Services

TERM NAME: Community Geriatric Medicine and Outliers

TERM SUPERVISOR: Dr Muhammad Choudhry

CLINICAL TEAM:

*Include **contact details** of all relevant team members*

Dr Manoj Saraswat
Dr Anil Paramadhathil
A/Prof Alex Fisher
Dr Sabari Saha
Dr Sasikala Selvadurai
Dr Nyoka Ruberu
Dr Kyaw Thu
Dr Muhammad Choudhry
Dr Htun Htun Naing

ACCREDITED TERM FOR :

	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>
PGY1	0	Non-Core Medical	12 - 14 weeks
PGY2+	1 (+1 in terms 2&3)	Non-Core Medical	12 – 14 weeks

NB: There is an additional accredited PGY2 position for Terms 2 and 3 each year to this Subunit.

OVERVIEW OF UNIT OR SERVICE

Include outline of the role of the unit, range of clinical services

The Geriatric Medicine Unit, within Rehabilitation Aged and Community Care, provides a wide range of services spanning the Geriatric Admissions and Planning Unit (GAPU), acute (ACEU), subacute (SAGU), ortho-geriatric and community (RADAR) settings.

<p><i>provided, case mix etc.</i></p>	<p><u>Community:</u></p> <p>Transitional Therapy and Care Program (TTCP):</p> <p>This is a community-based program for older adults – providing up to 12 weeks of subacute care – including rehabilitation. The program is run at the Mullangarie Unit in Red Hill. There are also 43 home-based packages. Medical cover for the 15 in-patients at Mullangarie unit is provided for by the Community Geriatrics Team.</p> <p><u>Outliers:</u></p> <p>The JMO attached to this Unit is expected to assist with the management of the patients on Outlying wards unless they are reviewing patients in TTCP. There is a registrar and consultant attached to the Community Geriatric Medicine Team and the Outlying Wards.</p> <p>The JMO will be expected to assist JMOs in GAPU once all duties in TTCP and Outlying wards are completed.</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>	<p>Basic medical education and a respect for older patients. Work within a multidisciplinary environment where each person's clinical opinion is valued.</p>
<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>	<p>Orientation will be provided by the term supervisor within the first 2 days of starting the term. JMOs will be expected to get a complete hand-over of the patients they will be looking after and of the running of the units. A term description will be provided as part of the orientation package along with a CD with helpful references for the term. JMO is to present to Ward 4B at 0800hrs on the first day of term (usually a Monday).</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Ward Work:</p> <p>A Geriatric Medicine admission is a comprehensive assessment that differs from a general medical admission in that it includes:</p> <ul style="list-style-type: none"> • Medical history and physical examination • Detailed social history (education and work history, role of relevant family members, formal and informal care providers, presence of ACCR, Wills, powers of attorney or guardians • Involves collateral history from family, carers and general practitioners. • Functional assessment • Cognitive and psychological function • Specific attention to continence, falls, osteoporosis • Perform a medication review • Screening blood tests including TFT, B12/folate, LFTs, PTH, Vit D, Ca/Mg/PO4 if not done recently • Discussion on Resuscitation status • Goals of admission for patient and family/carers • Formulation of a problem-oriented management plan <p>An aged care admission:</p> <ul style="list-style-type: none"> • Takes time • Is crucial to formulating a complete and accurate picture of the patient. Progress notes should be documented clearly as they are vital for: <ul style="list-style-type: none"> • Communication to other team members

- Giving clear instructions to out of hours staff
- Treating team reflection on diagnosis, investigations and progress
- Used for medico-legal purposes

Progress notes should detail:

- Consultant and registrar ward rounds – new information gathered, examination findings, decisions made, plan for ongoing care
- Investigation results
- Changes in a patient's condition
- Changes in a patient's management especially to a palliative approach
- Discussions with patients, family members and GP
- Issues list should be updated daily
- Resuscitation Orders

Written Hand-over Lists:

It is the JMOs responsibility to ensure the Hand Over List is updated at the end of each day and saved in Q-drive. Hand-over list should also be emailed to the on-call consultant of the day as well. The hand-over must include formal cognitive assessment scores. Weekend staff can be advised of pending jobs on this list.

All patients transferred to TTCP must be reviewed in hospital (either Canberra Hospital or Calvary Hospital) prior to the transfer and a written and verbal hand-over of all active issues should be sought from the in-patient team.

Discharge summaries **MUST** be completed the day prior to discharge date and include all relevant information including interventions by allied health staff.

Purpose of discharge summaries:

- Summary of inpatient events for the hospital file and coding
- A referral to the general practitioner listing issues for ongoing care
- Plans for future care including follow-up appointments

Tips for a good discharge summary:

- Address issues dealt with and what was done about each rather than a chronological summary
- Limit investigation results to the most important ones and relevant to ongoing care and recent basic blood tests at time of discharge
- Include cognitive history, including MMSE
- Comment on any medication changes made and why
- For drugs requiring authority (e.g. Olanzapine, Alendronate, Donepezil) ensure provisions for ongoing prescribing are included
- Clearly document plans for medication (e.g. Oxycontin – wean as pain improves)
- Make note of any medication NOT started (e.g. Warfarin in a patient with AF and risk of bleeding) or not to be restarted.

A phone call to the patient's GP is essential on discharge from the units especially

- In the event of a patient's death, as relatives will usually consult the LMO and will expect them to be fully aware of the circumstances.
- If you would like the GP to see the patient within a week
- If there are complex or significant issues to be followed up on
- If there have been significant changes to medications

TTCP Case Conference

The case conference is held at the Mullangarie Unit in Red Hill every Tuesday at 9am. All inpatients are discussed in detail by the allied health staff.

	<p>UNIT EDUCATION MEETING – Tuesday – 1230hrs – Main Auditorium, Level 2 Food provided!!!! Each team to present at least one case per term. Once a month, a Morbidity and Mortality Meeting is held in place of the Unit Education Meeting. JMOs are expected to attend.</p> <p>MEDICAL HANDOVER – Daily 0800hrs – Main Auditorium TCH All JMOs MUST attend medical handover at 0800hrs.</p> <p>RADIOLOGY MEETING - Friday – 09.30hrs – Radiology Seminar Room MUST put list in by Thursday 0900hrs. E-mail the list to Melissa Devries in Medical Imaging so she can send the list to the radiology registrar running the meeting.</p>
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS: JMOs will be supervised by registrars as well as consultants.</p>
	<p>AFTER HOURS: JMOs are expected to participate in the hospital after hour's roster at which time they will be supervised by the ward medical and surgical registrars who can be contacted via the switch board.</p> <p>Consultants also have an afterhour's roster and can be contacted via the switch board as required.</p>
<p>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></p>	<p>CLINICAL MANAGEMENT: At completion of the term, the JMO is expected to:</p> <ul style="list-style-type: none"> • Have developed understanding and competency in the assessment management of older patients • Manage multiple complex medical, surgical and psychosocial issues <p>Clinical:</p> <ul style="list-style-type: none"> • Delirium • Dementia • continence • Falls and osteoporosis • Functional assessment • Wound management with an emphasis on pressure ulcer prevention • Preventative management in the elderly including osteoporosis treatment • Legal issues : eg competency assessment and duty of care <p>Formal psycho-geriatric assessments including the use of cognitive and depression assessments e.g. MMSE, GDS, RUDAS, Addenbrooke's.</p>
	<p>COMMUNICATION: During you time with us in Geriatric Medicine, you will be assessed on your skills in patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management, communication during MDTs and Radiology Meetings.</p>
	<p>PROFESSIONALISM: You will also be assessed on how you communicate and participate effectively in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-</p>

based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.

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
0800	Medical Hand Over	Medical Hand Over	Medical Hand Over	Medical Hand Over	Medical Hand Over
0900	Outlier Ward round TTCP Unit /Outliers 1400 1500 1600	TTCP Case Conference	Outlier Ward round TTCP Unit	Outlier Ward round TTCP Registrar Ward Round	Radiology Meeting Outlier Ward round
1000		Dr Naing Round TTCP			Grand Rounds RMO teaching
1100					
1200		Unit Education Meeting	12.30 to 1.30 JMO Teaching with Dr Selvadurai/Dr Thu		
1300					
		TTCP Unit Work/Outliers Work/GAPU Work	TTCP Unit Work/Outliers Work	TTCP Unit/Outliers	
		Intern teaching			

PATIENT LOAD:

Average number of patients looked after by the JMO per day

15 patients in TTCP
0-10 Outliers in TCH

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 in the unit timetable.

JMOs are supported by registrars, consultants and allied health professionals. Tuesday JMO education from 15:00-1630 and Thursday RMO education from 2-3pm is protected teaching time with the expectation that their pages will be diverted to the registrar. The geriatrics education meeting gives JMOs a chance to focus on more specific topics related to geriatric medicine. The radiology meeting on Friday morning is a chance to review patients imaging as well as gain a better understanding of common clinical patterns. Dr Selvadurai /Dr Thu will also give formal tutorials to all JMOs in Geriatric Medicine on Thursdays from 12.00 to 1.00 pm.

Educational Resources:


A list of common geriatric syndromes is listed in the practical guide. Further reading is also included.

The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) website at: <http://www.anzsgm.org/vgmtp/> covers the following topics:

- Delirium
- Falls and Balance
- Dementia
- Continence

	<p>AMO Teaching: Bedside teaching provided by all consultants during the ward rounds and initial assessments.</p> <p>Registrar Teaching: The advanced trainees in geriatric medicine will be available to provide further teaching.</p>
<p>RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i></p>	<p>There are audits and formal research projects that can be organised each term – please discuss further with your term supervisor.</p>
<p>ASSESSMENT AND FEEDBACK: <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>Dr Htun Htun Naing will provide formal assessment and feedback using the AMC approved formative and summative assessments both at mid-term and end of term. All members of the team will be consulted when completing these. In completing the assessment, various aspects will be looked into. Knowledge base, clinical skills, punctuality, presentation skills, communication skills, safety in assessing and managing patients, ability to work in a multidisciplinary team environment, efficiency, accountability, thoroughness etc</p>
<p>ADDITIONAL INFORMATION:</p>	<ul style="list-style-type: none"> • All staff members are happy to be approached if JMOs feel that they need extra support whilst working on this term. Patient's needs are considered as the first priority and no question is 'stupid' – it is much better to confirm doubts rather than compromise a frail older person. • <u>Consultant Ward Rounds</u> <ul style="list-style-type: none"> ○ JMOs must attend ALL ward rounds ○ Prior to ward rounds, patients blood results and imaging results must be written in notes ○ A list of patient's active issues must be included in all entries during ward rounds ○ Dr Choudhry Tuesdays 1000hrs – TTCP Ward Round ○ Review all sick patients and new admissions • JMOs are expected to assist each other especially if teams are uneven in numbers. • JMOs should organise ADOs well in advance of the actual date to ensure others are able to cover – leave forms must be completed in a timely fashion. • All unrostered overtime must be claimed for and signed off by the consultants. • Hand-Overs: <ul style="list-style-type: none"> ○ An essential part of patient care ○ Hand-overs must be updated on a daily basis and e-mailed to all medical staff working in Geriatric Medicine during that term ○ Use existing templates and please discuss any changes to hand-over template with consultants

Term Supervisor:
Date:

Dr Choudhry M. 
6/12/17

Mangkum
06/12/2017