

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: Geriatric Admissions and Planning Unit (GAPU)															
TERM SUPERVISOR: Dr Manoj Saraswat and Dr Muhammad Choudhry															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	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 :	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Number</th> <th style="text-align: center;">Core/Elective</th> <th style="text-align: center;">Duration</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">PGY1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">Core Medical</td> <td style="text-align: center;">12 - 14 weeks</td> </tr> <tr> <td style="text-align: center;">PGY2+</td> <td style="text-align: center;">1</td> <td style="text-align: center;">Core Medical</td> <td style="text-align: center;">12 – 14 weeks</td> </tr> </tbody> </table>				Number	Core/Elective	Duration	PGY1	0	Core Medical	12 - 14 weeks	PGY2+	1	Core Medical	12 – 14 weeks
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<p>OVERVIEW OF UNIT OR SERVICE</p> <p><i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>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> <p>GAPU (11B):</p> <p>Patients from Emergency Department are admitted to GAPU for comprehensive geriatric assessment prior to being transferred to the Acute Care for the Elderly Unit or the Subacute Unit. Direct admissions to the Geriatric Medicine Unit also occur through GAPU.</p> <p>The Aims of GAPU:</p> <ul style="list-style-type: none"> • Comprehensive assessment and management of acutely unwell older patients • Use a comprehensive patient centred multidisciplinary diagnostic approach to Improve the patient's medical, psychological and functional capacity focussing on maintaining independence • Develop a coordinated management plan <p>There is a PGY2, registrar and consultant attached to the Geriatrics Assessment and Planning Unit.</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

An aged care admission:

- 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:
 - 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
- 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
- JMOs must utilise the Geriatric Admissions Form

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.

GAPU transfers to 4B/11B

When patients are transferred to ward 4B/11B, it is the registrar and JMOs responsibility to ensure the patients are handed over to the accepting registrar in 4B/11B. It is the JMOs responsibility to ensure the medication charts are updated and the discharge summary is commenced. It is the registrars' responsibility to ensure the resuscitation orders are completed adequately. A paper copy of the hand-over must be printed and put the patient's folder. A verbal hand-over must occur from the GAPU registrar to the accepting registrar.

Discharge summaries **MUST** be commenced whilst the patient is in GAPU 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)

	<ul style="list-style-type: none"> • Make note of any medication NOT started (e.g. Warfarin in a patient with AF and risk of bleeding) or not to be restarted. <p>A phone call to the patient's GP is <u>essential on discharge from the units especially</u></p> <ul style="list-style-type: none"> • 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 <p><u>UNIT EDUCATION MEETING – Tuesday – 1230hrs – Main Auditorium, Level 2</u> 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>
SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	IN HOURS: JMOs will be supervised by registrars as well as consultants.
	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. Consultants also have an afterhour's roster and can be contacted via the switch board as required.
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: At completion of the term, the JMO is expected to: <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>
	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.

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-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	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round
0900	GAPU Work	GAPU Work	GAPU Work	GAPU Work	Radiology Meeting
1000			Grand Rounds RMO teaching		12.30 to 1.30 JMO Teaching with Dr Selvadurai/Dr Thu
1100					
1200					
1300		Unit Education Meeting			
1400	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round	Consultant Ward Round
1500	GAPU Work	Intern teaching	GAPU Work	GAPU Work	GAPU Work
1600					

PATIENT LOAD:

Average number of patients looked after by the JMO per day

6 beds in GAPU

20-25 patients are worked up in GAPU per week

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

	<p>at: http://www.anzsgm.org/vgmtp/ covers the following topics:</p> <ul style="list-style-type: none"> • 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 Saraswat 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 ○ GAPU Consultant Ward Round - Twice daily (0800hrs and 1400hrs) – GAPU (11B) ○ 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

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| | <ul style="list-style-type: none">• All patients admitted through GAPU MUST have the following completed PRIOR to transfer:<ul style="list-style-type: none">○ Admission – complete the admission paper-work○ Resuscitation Orders – to be completed by registrar/consultant only○ Bloods – order bloods for the next day and the week-ends as well○ Investigations – ordered, document on hand-over which have been ordered and which are still awaiting ordering○ Medication charts – ensure this is consistent with the medication reconciliation done by the pharmacists○ Inform allied health of the need for their input○ Consults from other teams – complete the Request for consults forms and document in hand-over which teams have been contacted and which teams are still awaiting contact○ Cognitive tests must be completed if clinically possible – avoid doing these if patient delirious○ Written hand-over – this must be e-mailed to the team and printed out and put into the front of the folder○ Discharge summaries must be commenced |
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Term Supervisor: Manghwar
Date: 06/12/2017

Dr Chondhy
M. P.
06/12/17