

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: March 2018	
FACILITIES: Hume Health Centre, Symonston Correctional Centre, Bimberi Youth Centre, ACT Court Cells, Dhulwa Mental Health Unit	
TERM NAME: Justice Health	
TERM SUPERVISOR: Dr Katerina Lagios, Clinical Director, Justice Health Services	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Katerina Lagios, Sexual Health Physician, HIV Prescriber Professor Michael Levy FAFPHM, Public Health Physician, Pharmacotherapy prescriber, Hepatitis C / Hepatitis B treatment prescriber Dr Graeme Thomson – RACGP, Pharmacotherapy prescriber, medical educator

	<p>Dr Ben Harkness – RACGP, Pharmacotherapy prescriber, Hepatitis C / Hepatitis B treatment prescriber</p> <p>Dr James Eldridge - RACGP, Pharmacotherapy prescriber, Aboriginal Health</p> <p>Dr Jennie Bromley - RACGP, Pharmacotherapy prescriber, Women’s Health</p> <p>Dr Liz Fraser - RACGP, Pharmacotherapy prescriber, Youth Health, Women’s Health</p> <p>Dr Anthony Barker FRANZCP – Psychiatrist</p> <p>Dr Bree Wyeth FRANZCP – Psychiatrist</p>												
ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>0</td><td>N/A</td><td>N/A</td></tr><tr><td>PGY2+</td><td>1</td><td>Elective</td><td>12 - 14 weeks</td></tr></table>		Number	Core/Elective	Duration	PGY1	0	N/A	N/A	PGY2+	1	Elective	12 - 14 weeks
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OVERVIEW OF UNIT OR SERVICE	<p>Custodial medicine is an evolving clinical discipline in Australia. The majority of Australia’s custodial medicine practitioners are general practitioners (GPs) or family doctors; a minority are public health physicians.</p> <p>This rotation aims to provide an opportunity for junior doctors to receive exposure to high quality general practice and public health education and training, in a challenging but well supported ethical environment.</p> <p>HUME HEALTH CENTRE, SYMONSTON CORRECTIONAL CENTRE, BIMBERI YOUTH JUSTICE HEALTH CENTRE, ACT COURT CELLS and DHULWA MENTAL HEALTH UNIT</p> <p>Justice Health Service operated in four clinical settings, including the Alexander Maconochie Centre (adults), the Bimberi Youth Justice Centre (adolescents) the ACT Court Ceiss (Adults and Youth Detainees) and the DMHU, - with 1 Sexual Health Physician, 5 General Practitioners (GP), 1 Public Health Physician and 2 Psychiatrists. All of the GPs also work in community practice are active in registrar training, and education of medical students from the ANU Medical School. The practice also has a number of psychiatrists and mental health professionals, with ready access to allied health practitioners through the Canberra Hospital. There are 25 Practice Nurses, and this number is growing. A Clinical Nurse Educator is now employed.</p> <p>Additionally, Winnunga Aboriginal Health Service will commence active clinical engagement with adult detainees at the Alexander Maconochie Centre, during 2018.</p> <p>Services provided: primary care, forensic psychiatry, pain management, immunization, minor surgical procedures, medical examinations, quit smoking, dietary and nutrition advice, men’s health, dermatology, women’s health, Aboriginal health, clinical pharmacy, hepatitis B and C treatment, and ante-natal care.</p> <p>The Practice has 4 consulting rooms, a nurse’s room and a large treatment / minor procedures room. The practice provides in excess of 250 patient encounters per week. (Within the next 12 months, an additional consultation room will be commissioned at the AMC, with anticipated total 350 patient encounters).</p> <p>Expansion of clinical area is underway, through a major rebuild of the health centre at the AMC, and commissioning ‘satellite’ clinics in proximity to accommodation areas within the centre. This work will continue over a number of years.</p>												

	<p>Accreditation Status: The service is accredited with the ACT Health Directorate, through the Australian Council of Health Services, and is accredited with the RACGP as a Training Practice. The service provides the only training post in custodial medicine, for the Master of Forensic Medicine (Monash University).</p> <p>There are currently 485 clients at the AMC, and 20 young people at the Bimberi Youth Justice Centre.</p> <p>The 2010 ACT Inmate Health Survey (available on the ACT Intranet, also the internet) describes the health of ACT detainees. The 2016 ACT Detainee Health and Welfare Survey has been completed, but currently not available publicly.</p> <p>Dr Lagios has clinical and academic links to the University of Sydney.</p> <p>Professor Michael Levy is also a medical educator with the ANU Medical School involved in graduate and postgraduate custodial medicine training.</p> <p>Dr Thomson is an accredited training supervisor with the RACGP.</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>Orientation at the Hume Health Centre, conducted by Justice Health (usually the Clinical Nurse Educator plays a primary role in site induction).</p> <p>Security awareness course (half-day) conducted by ACT Corrective Services a pre requisite for direct patient contact</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>Contact Ms Bronwyn Vejvoda at Bronwyn.vejvoda@act.gov.au (T: 62077830) at least four weeks before the beginning of the term.</p> <p>Alternate contact details: Katerina.lagios@act.gov.au</p> <p>You will need to make suitable arrangements to attend the half day mandatory Security Training at the AMC. This will need to coincide with available dates for training at AMC, your availability to attend either the week before, or Monday of your first week.</p> <p><u>This is a mandatory requirement before you are able to see patients at AMC.</u></p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>By the completion of this term the Intern may expect to acquire the following knowledge:</p> <ul style="list-style-type: none"> • Develop communication skills with patients, colleagues and staff members. • be able to consistently establish rapport and be empathic with patients • elicit the patient's issues, problems, feelings and expectations • Understand the principals in obtaining informed consent. • complete appropriate certificates and reports relating to a patient's illness • appropriately record findings in the medical record system used by the surgery • write an appropriate referral letter to another health professional • confirm a patient's understanding and agreement with the management plan • appropriately discuss past and current management of a patient with a General Practitioner or another health professional • Write a concise letter of care, around the time of return to the community. • initiate a medical interview and effectively take a history of the presenting complaint • identify the presence and severity of the problem and anticipate the development of common and serious complications • initiate appropriate therapy and management • implement an appropriate investigation strategy

	<ul style="list-style-type: none"> • recognize the sick patient and manage or refer appropriately • identify the sick adolescent and manage or refer appropriately • understand the complexity of undifferentiated presentations in general practice, and form a diagnostic and appropriate management plan • gain an ability to deal with the uncertainty of some general practice presentations • recognize psychological presentations and form an appropriate management plan • demonstrate a capacity to manage common clinical presentations including hypertension, asthma, diabetes, dyslipidaemia, depression and musculoskeletal medicine • Plan complex care - including Primary Care management plan of Diabetes, Mental health, Asthma, chronic pain. • maintain a multidisciplinary approach to patient care • access appropriate assistance in a timely manner • recognize and initiate appropriate management for emergency presentations • understand the indications and utility of commonly ordered pathology tests (eg: FBC, UEC, LFTs, Fasting Cholesterol/BSL, ESR/CRP, TFTs, Iron Studies, FOBT, PSA, INR, BHCG, HbA1C, viral serology, swabs, MSU, PAP smear) • understand and implement preventative health measures and appropriate population screening • perform a competent physical examination relevant to the presenting problem • understand the shared-care for hepatitis B and hepatitis C programs <p>Practical Skills</p> <p>Essential :</p> <ul style="list-style-type: none"> • BP measurement • Temperature reading • Blood sugar estimation (finger prick reading) • Urine dipstick testing • Throat swab • Ear examination with an otoscope • Ear syringing • Visual acuity assessment with Snellen eye chart • Spirometry • Peak Flow meter • Use of asthma inhalers • Immunizations and vaccinations • Wound dressing and management • Urine pregnancy testing <p>Optional skills that may be acquired depending on patient presentations:</p> <ul style="list-style-type: none"> • Eyelid eversion for foreign body examination • Eye drop administration • Eye irrigation • Pap smears / vaginal swabs / speculum examination • Urethral swab • Cryotherapy • Simple wound suturing • Suture removal • Simple skin lesion excision • Application of a back slab • Obstetric examination: fundal height measurement / fetal heart sound detection
<p>SUPERVISION: Identify staff members with responsibility for JMO supervision and</p>	<p>IN HOURS: A medical officer is present, or in immediate contact, throughout the work-week. The on-call medical officers provide 24/7 cover.</p>

the mechanisms for contacting them, including after hours. Contact details	Currently, the work day is Monday to Friday, from 10.30 to 18.30 – although this may change, and can be negotiated with enough warning.
	<p>AFTER HOURS:</p> <p>NB: on the days the AMC JMO is rostered for a late shift at TCH, they will work 8.30am-4.30pm at AMC, then continue their late shift 4.30-10.30pm at TCH. Normal work hours at AMU are 10.30am-6.30pm.</p> <p>JMOs will be rostered for after hours cover of AMHU, short stay unit and the detox (D&A) ward. Evening on call is from 16.30-22.30 approximately one evening a week and weekend on call is from 08.00 – 22.30 approximately one day a fortnight. MedPod 3 JMO takes over after these times.</p> <p>After hours supervision will be provided by the after hours psychiatric Registrar on call or if necessary the on call Consultant.</p> <p>There is no pager; please ensure switch has an up to date mobile number on file.</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> <p>Common conditions (mental illness, addictions, bloodborne viruses), procedures and routine work the JMO will be exposed to during the term.</p> <p>Further detail, see attached – completed ACF documentation</p>
	<p>COMMUNICATION:</p> <p>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..</p>
	<p>PROFESSIONALISM:</p> <p>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.</p>

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)

[illegible]

	Clinic	Clinic	Clinic	Clinic) RMO teaching 2-3pm TCH	Clinic		
	Primary Care Clinic	JMO teaching session 2.30-4.00pm	Primary Care Clinic	Primary Care Clinic	Primary Care Clinic	N/A	N/A

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	JMO will consult with at least 2 patients per clinic, under supervision of Supervisors/VMO/GP.
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OVERTIME ROSTERED: 8 hours; UNROSTERED: 0 hours
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EDUCATION: <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>	Attendance at Medical team meetings; Attendance at Multidisciplinary team meetings, Formal JMO sessions: Intern teaching 2.30-4pm Tuesdays; RMO teaching 2-3pm Thursdays Due to the AMC being off-location it is not expected that the RMO attends TCH Thursday teaching. Attendance at General Practice Grand Rounds access to the INTACT; Publication in peer-review articles encouraged.
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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>	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 the JMO.
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ADDITIONAL INFORMATION:	N/A
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Term Supervisor:

Michael H. Levy (LEVY)
1/3/18