

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: Sub-Acute Geriatrics Unit (SAGU)															
TERM SUPERVISOR: Dr Manoj Saraswat and Dr Muhammad Choudhry															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Nyoka Ruberu Dr Sabari Saha Dr Kyaw Thu (Joe) Dr Sasikala Selvadurai A/Prof Alex Fisher Dr Anil Paramadhathil Dr Manoj Saraswat Dr Muhammad Choudhry Dr Htun Htun Naing														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> </thead> <tbody> <tr> <td>PGY1</td><td>0</td><td>Core Medical</td><td>12 - 14 weeks</td></tr> <tr> <td>PGY2+</td><td>1</td><td>Core Medical</td><td>12 – 14 weeks</td></tr> </tbody> </table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	0	Core Medical	12 - 14 weeks	PGY2+	1	Core Medical	12 – 14 weeks
	<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>												
PGY1	0	Core Medical	12 - 14 weeks												
PGY2+	1	Core Medical	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>	<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>The Subacute Geriatrics Unit (SAGU): It is an 18-bed unit at the Canberra Hospital catering to provide ongoing care for those patients initially admitted to 4B. It also includes slow stream rehabilitation and safe discharge planning.</p> <p>The Geriatrics department is also involved in the education of medical students at the ANU.</p>														

	<p>The SAGU aims to:</p> <ul style="list-style-type: none"> • Provide assessment and management of sub-acutely unwell older patients and ongoing care to patients initially admitted to the Acute ward. • 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 • Ensure a safe discharge with appropriate supports <p>One PGY2 and one registrar are allocated to the SAGU.</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 your 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 wards. A term description will be provided as part of the orientation package along with reading materials and references for the term. JMOs to present to 11B 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 • A full medication history and completion of the electronic medical reconciliation form • Detailed social history (education and work history, role of relevant family members, formal and informal care providers, presence of ACAT, 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 • Resuscitation status • Goals of admission for patient and family/carers • Formulation of a problem-oriented management plan • All patients transferred to Ward 11A from an outlying ward must have a complete admission done on day of transfer with the following: <ul style="list-style-type: none"> ○ Medical issues list – including falls assessment, cognitive and mood assessments (CAM, MMSE and GDS), continence assessment, nutrition assessment, pressure area assessment medication review ○ Social circumstances ○ Resuscitation Orders/Goals of Care – Ensure the order is placed in the patient's folder ○ Full clinical examination

- Screening bloods and ECG if not already done
- Referral to appropriate allied health staff

The aim of the admission is to:

- Identify and treat acute medical (and surgical) conditions
- Complete a comprehensive geriatric assessment
- Optimise physical function
- Prevent complications and functional decline
- Formulate and action a comprehensive discharge 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:

- Always use Geriatric Medicine Ward Round template
- Consultant and registrar ward rounds – new information gathered, issues list, 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 – ensure Care Plans completed on all patients and updated if clinical changes occur

Daily Ward Rounds:

- All JMOs must be present for all consultant ward rounds as these are opportunities to know patient issues thoroughly, and also an opportunity to participate in bed-side teaching. It is not acceptable to not attend ward rounds.

Consults Requested From Other Teams:

- These **MUST** be requested by 1300hrs latest to enable the registrars time to see the patient on the same

Discharge summaries:

- Must be completed for all patients, including deceased patients. For patients being transferred to other hospitals, discharge summaries **MUST** be faxed to the receiving hospital **PRIOR** to patient leaving the Canberra Hospital. Discharge summaries **MUST** be completed the day **PRIOR** to discharge date for all patients. A list of incomplete discharge summaries is sent to consultants on a regular basis to ensure 100% compliance in a timely fashion. Discharge summaries must be commenced and completed for all patients being transferred to the Subacute Geriatrics Unit **PRIOR** to transfer.

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 summaries

- Commence discharge summary when patient first transferred to ward and add on to list as they occur
- 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 assessment (MMSE)
- Include allied health input and their recommendation
- Include functional (ADLs) and mobility changes at the time of the Discharge
- 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.
- Include Resuscitation orders, advanced directives and details of Enduring Power of Attorney
- Include discharge destination (home, rehabilitation, other hospital or nursing home)

Death Certificate Documentation

- The details of the diagnosis of patients who are receiving end of life care should be documented in the progress notes and handed over to the afterhours JMOs
- The hand over should include the diagnosis at the time of the death and issues leading to the death
- The copy of the death certificate should be handed over by the JMOs to the treating team for the review.
- Discharge summary for each death should be completed

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

- In the event of a patient's death, as relatives will usually consult the GP 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

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. Week-end staff can be advised of pending jobs on this list as well.

	<p>GAPU/4B Transfers to 11B:</p> <p>When patients are transferred to ward 11B, it is the registrar and JMOs responsibility to ensure the patients are handed over to the accepting registrar in 11B. It is the JMOs responsibility to ensure the medication charts are updated and the discharge summary is updated. It is the registrars' responsibility to ensure the resuscitation orders are completed adequately.</p> <p><u>MEDICAL HANDOVER – Daily 0800hrs – Main Auditorium TCH</u> All JMOs MUST attend medical handover at 0800hrs.</p> <p><u>GERIATRIC MEDICINE HANDOVER MEETING – Mon, Wed, Thurs, Fri – 0830hrs - Gym 11B</u> JMO MUST attend handover at 0830hrs.</p> <p><u>MDT MEETING - Tuesday –1400hrs – Dining Room 11B</u> Registrars and residents to present patients and their active issues. Medical students to present those patients they are helping out with.</p> <p><u>RADIOLOGY MEETING - Friday – 0930hrs – Radiology Seminar Room</u> 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><u>UNIT MEETING – Tuesday – 1230hrs – Main Auditorium, Level 2</u> Food provided!!!! Each JMO to present at least two cases 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><u>MEDICATION CHART WRITE-UP – Thursdays – 1415hrs – Dining Room 11B</u> All medication charts for all patients under the care of geriatricians are to be written up every Thursday. If Thursday is a public holiday, the charts have to be written up on the previous working day. All JMOs, BPTs and ATs must be present on time. Consultants will attend sessions on a regular basis as well.</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 and 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. 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

- Polypharmacy
- 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

Procedural Skills:

- Venepuncture
- Cannulation
- Urethral catheterization for both males and females
- Lumbar puncture
- Ascitic taps
- Pleural aspiration
- Nasogastric tube insertion

Formal psycho geriatric assessments including the use of cognitive and depression assessments e.g. MMSE, GDS, RUDAS, Addenbrooke's.

COMMUNICATION:

During your 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	Hand Over	Hand Over	Hand Over	Hand Over	Hand Over	
0830-0845	11B Handover Meeting		11B Handover Meeting	11B Handover Meeting	11B Handover Meeting	
0845-1130	Ward Round and Ward Work		Dr Saraswat Ward Round and Ward Work	Ward Round and Ward Work	Dr Saraswat Ward Round and Ward Work	Radiology Meeting
						MDT Meeting 11B (11:30-12:00 AM)
			JMO Teaching 1200 to 1300			

	1300		Unit Education Meeting	Grand Rounds RMO teaching			
	1400-1500			Ward Work	Medication Chart Write Up in 11B		
	1500-1630		Intern teaching		Ward Work		
PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>		18 patients on 11B					
OVERTIME <i>Average hours per week</i> ROSTERED:8 UNROSTERED: 0							
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>		<p>JMOs are supported by registrars, consultants and allied health professionals. Tuesday Intern education from 15:00-16.30 and Thursday RMO education from 2-3pm is protected teaching time with the expectation that their pages will be diverted to the registrar.</p> <p>The geriatrics education meeting gives JMOs a chance to focus on more specific topics related to geriatric medicine.</p> <p>The radiology meeting on Friday morning is a chance to review patients imaging as well as gain a better understanding of common clinical patterns.</p> <p>Dr Selvadurai/Dr Thu will also give formal tutorials to all JMOs in Geriatric Medicine on Thursdays from 12.00 to 1.00 pm</p> <p>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:</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>					
RESEARCH: <i>The term supervisor should identify opportunities for students to undertake further research.</i>		There are audits and formal research projects that can be organised each term – please discuss further with your term supervisor.					
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</i>		<p>Dr Nyoka Ruberu will provide formal assessment and feedback using the AMC approved formative and summative assessments both at mid-term and end of term for the JMOs allocated to ward 11B.</p> <p>All members of the team will be consulted when completing these.</p> <p>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>					

with the opportunity to address any short-comings prior to the end-of-term assessment.	
ADDITIONAL INFORMATION:	<ul style="list-style-type: none"> • A particular effort is made to determine the patient's resuscitation status and care type during the daily white board meeting. • The patient's care type may change multiple times during the admission e.g. acute to rehab to GEM. • All patients transferred to 11B must be reviewed the same day they are transferred and a clear list of the patient's issues, full examination findings, results of all important investigations and progress with allied health staff must be documented in the notes. • 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 – please use the geriatric medicine ward round template ○ Dr Nyoka Ruberu – Mondays and Fridays 0845hrs – 1130hrs and will review all transfers to ward within 24 hours of transfer ○ Review all sick patients first • 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.

Term Supervisor:
Date:

Dr Chondhy M. 
6/12/17

Mangkum
06/12/2017