

## 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: October 2019**

**FACILITY: The Canberra Hospital**

**TERM NAME: Medical Services – Hospital in the Home**

**TERM SUPERVISOR: Dr. Sanjaya Senanayake/ Dr Karyn Cuthbert**

**CLINICAL TEAM:**

*Include contact details of all relevant team members*

Hospital in the Home (02) 6244 2105

Dr. Sanjaya Senanayake – mobile phone contact through switchboard

ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>1</td><td>Elective</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Elective</td><td>12-14 weeks</td></tr></table>		Number	Core/Elective	Duration	PGY1	1	Elective	12-14 weeks	PGY2+	1	Elective	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE  <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Canberra Hospital is a major tertiary referral hospital for the population of the Australian Capital Territory (ACT) and surrounding NSW with a population of 600,000.</p> <p>The Hospital in the Home (HITH) service provides hospital-level care to patients who are living at home, even though they are officially inpatients of the hospital. The service can currently be divided into two categories:</p> <ol style="list-style-type: none"><li>1. Inpatients being treated at home (traditional HITH model). One JMO will be responsible for providing care to these patients.</li><li>2. Day-only patients who require regular infusions (Medical Day Unit (MDU)). One JMO works providing care to these patients.</li></ol> <p>Typical examples of HITH patients include those with cellulitis, urinary tract and respiratory infections requiring intravenous (IV) antibiotics and patients requiring long term IV antibiotics with conditions such as osteomyelitis and endocarditis. There may also be patients receiving Total Parenteral Nutrition (TPN) and IV frusemide for heart failure/fluid overload.. The HITH service operates 7 days per week, although the HITH JMO is not expected to work in HITH on the weekend. HITH is located in Building 1, just down the corridor from the Emergency Department.</p> <p>This term forms part of Medical Pod 3</p> <p>Medical Pod 3 includes:</p> <ul style="list-style-type: none"><li>• Gastroenterology and Hepatology</li><li>• Home in the Hospital (HITH),</li><li>• Respiratory Medicine,</li><li>• Cardiology,</li><li>• Rheumatology Immunology &amp; Dermatology,</li><li>• Endocrinology</li></ul> <ul style="list-style-type: none"><li>• 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.</li><li>• 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 3-11pm to facilitate a one hour handover period with the day staff and a one hour handover with the night staff.</li><li>• 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 10pm – 8am. 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.</li><li>• 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.</li><li>• 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.</li><li>• As a working unit you will be expected to make additions to the discharge summaries</li></ul>												

	<p>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.</p> <p>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.</p> <p>All JMOs will be required to work weekends as dictated by the roster.</p>
<p><b>REQUIREMENTS FOR COMMENCING THE TERM:</b></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>The JMO will not require any special skills or knowledge apart from those that he/she would normally use on any ward overtime shift - basic clinical skills.</p>
<p><b>ORIENTATION:</b></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>The JMO reports to the HITH unit at the start of term. The Director of HITH will provide a formal orientation for the JMO during the first week of term. The protocols for the more common HITH diagnoses are available within HITH.</p>
<p><b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b></p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>HITH JMOs will be expected to:</p> <ul style="list-style-type: none"> <li>• Clerk the patients who are admitted to/transferring to HITH.</li> <li>• Being available to assess patients about problems related to their HITH admission. This will involve being present in HITH throughout the majority of the shift.</li> <li>• Attend recommended education sessions - as below.</li> <li>• Practice in accordance with Infection Control guidelines of the hospital.</li> <li>• Consider a quality assurance activity that will contribute to the running of the unit (this is not mandatory however).</li> <li>• Consider rounding with and "owning" some HITH patients in conjunction with the HITH AT. Discussion of management and planning will be done with the supervision of the AT.</li> </ul> <p><i>Term Presentations:</i></p> <ul style="list-style-type: none"> <li>• <i>Weekly: present one short case and one long case from HITH each week to the AT or consultant</i></li> <li>• <i>Once a term: Give a detailed presentation once a term to the HITH staff relating to an interesting HITH patient.</i></li> </ul>
<p><b>SUPERVISION:</b></p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS:</b></p> <p>If the JMO has any concerns about a HITH patient , then a Registrar for that team should be contacted. If the Registrar is uncertain of how to proceed, then the appropriate specialist should be contacted.</p> <p>The HITH Unit has an allocated, Advanced Trainee for General Medicine, this registrar can also be asked for advice.</p> <p>The Director of HITH or HITH specialist is also always contactable if the HITH JMO has any concerns or queries.</p>

	<p><b>AFTER HOURS:</b></p> <p>After-hours supervision is provided for by the on-call surgical and medical registrars who are on site. Rostered overtime is on the wards at the Canberra Hospital.</p>
<p><b>STANDARD TERM OBJECTIVES:</b></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 ACFID. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p><b>CLINICAL MANAGEMENT:</b></p> <p>1. The HITH JMO will see medical and surgical patients with often complex but stable medical problems on a daily basis. The majority of HITH patients have an infectious disease as their primary diagnosis, however many have other co-morbidities eg diabetes, renal failure, vascular disease, heart failure that may also require ongoing medical input. Other primary HITH diagnoses may include heart failure, need for TPN and eating disorders</p> <p>The HITH JMO will have an opportunity to learn about some of the unique challenges and opportunities that arise in managing an inpatient at home, including:</p> <ul style="list-style-type: none"> <li>- Exposure to a variety of complex longer term infectious diseases eg: endocarditis, osteomyelitis, bacteraemia, deep seated abscesses, post operative infections</li> <li>- Treatment of these conditions with involvement in clinical review of HITH patients in the HITH clinic to assess progress and on HITH discharge</li> <li>- the use of innovative antibiotic delivery methods to facilitate the use of IV antibiotics at home eg 24 hour antibiotic infusions rather than multiple daily dose prescribing</li> <li>- Potentially utilisation of remote monitoring and telehealth technology to facilitate medical review at home</li> <li>- The management of complex patients in the home setting since the JMO will almost only have seen acutely unwell ward patients.</li> </ul> <p>2. The HITH Director is also an Infectious Diseases Physician and expects the HITH JMO to attend the weekly Infectious Diseases Clinical Meeting and combined Infectious Diseases/Radiology meeting. Therefore, it is expected that the HITH JMO's knowledge in the discipline of Infectious Diseases will also increase.</p> <p>By completion of the term, the HITH JMO may have had the opportunity to perform a number of procedures:</p> <ul style="list-style-type: none"> <li>- IV cannulation (definitely)</li> <li>- Venepuncture (definitely)</li> <li>- PICC line insertion * (depends on demand)</li> </ul> <p>* These procedures are supervised by a qualified practitioner until the HITH JMO is competent and confident to perform them alone.</p>
	<p><b>COMMUNICATION:</b></p> <p>Due to the HITH patients coming from so many teams, the JMO will have the opportunity to communicate directly with a variety of registrars and consultants, either in person or, more usually, over the phone e.g. to convey that a HITH patient is attending for a medical review or has become acutely unwell. The relationship with HITH nursing staff is vital and therefore good communication is essential. The term involves clerking numerous patients on HITH medical review and being responsible for charting of medications and discharge summary completion on HITH patient discharge.</p>
	<p><b>PROFESSIONALISM:</b></p> <p>During their HITH term, the JMO will challenge their professional skills as they discuss patients with more senior medical staff, including specialists, and more importantly, know when to call them rather than to deal with a problem by themselves. As they clerk medically complex patients, their medical knowledge will improve. Attending the weekly infectious disease X-ray meeting and clinical meeting exposes them to a wide spectrum of clinical and radiological issues and evidence-base behind them. The JMO will fine-tune their cannulation skills and might have the opportunity to perform supervised procedures such as PICC line insertion.</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)

**Please note: Admissions can occur at any time of the day during the week**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>AM</b>	8.00 – 12.00 New Patient Admissions	8.00 – 12.00 New Patient Admissions	8.00 – 12.00 New Patient Admissions	8.00 – 12.00 New Patient Admissions	8.00 – 12.00 New Patient Admissions		
	1.50 – 2.15 With HITH Director/Senior Specialist	Evening GP grand rounds – monthly Tuesdays only	12.30 – 1330 Medical Grand Rounds	12.00 – 12.30 Radiology/Infectious Diseases x-ray meeting			
<b>PM</b>	2.15pm ID consult ward rounds	1300-1400 Long cases with medical students/JMO 1430-1600 JMO education teaching session		1230 – 1330 weekly clinical infectious diseases meeting  1400-1500 RMO Teaching Session			

**PATIENT LOAD:**

Average number of patients looked after by the JMO per day

15-25 patients admitted to HITH at a time, managed alongside HITH AT and specialists and ward team

**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.

- Medical Grand Rounds - Wednesday 1200 - 1315.
- Combined Radiology/Infectious Diseases x-ray meeting - Thursday 1200 - 1300.
- Clinical Infectious Diseases Meeting - Thursday 1300-1400
- JMO Teaching Sessions - Tuesday 1430-1600
- RMO Teaching Sessions – Thursday 1400-1500
- GP Grand Rounds - monthly Tuesday evenings 1830
- A weekly meeting with the HITH supervisor to discuss your progress and any issues that arise
- The HITH JMO is encouraged to attend the Gen Med teaching

**Educational Resources:**

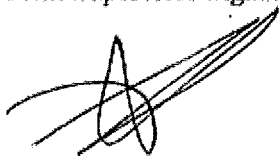
A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources are available on the hospital Intranet.

**AMO Teaching:**

Given the unique nature of the position, there is no formal Registrar/JMO bedside teaching; however, Registrars will supervise the JMO for procedures until the RMO is deemed competent - ie Gastroenterology Registrar for ascitic taps for their patient and Neurology Registrars for lumbar punctures of their patients.

	<b>Registrar Teaching:</b> Registrars reviewing their patients in HITH have an opportunity to educate the HITH JMO about these conditions and supervise them for procedures.
<b>RESEARCH:</b> <i>The term supervisor should identify opportunities for students to undertake further research.</i>	Opportunities for further research should be discussed with the term supervisor.
<b>ASSESSMENT AND FEEDBACK:</b> <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 you.

Term Supervisor Signature:



Date:

02/10/19