

TERM DESCRIPTION

Stroke Service

DOCUMENT VERSION: 9 July 2018																
FACILITY: Calvary Public Hospital Bruce																
TERM NAME: Stroke Services																
TERM SUPERVISOR: Dr Yash Gawarikar																
CLINICAL TEAM:		Dr Yash Gawarikar, Neurologist & Director of stroke service Dr Ronak Patel Neurologist Stroke Fellow Neurology Advanced Trainee Ward 5W Stroke Service and Clinical Staff All Consultants can be contacted through the Calvary switchboard on 62016111.														
ACCREDITED TERM FOR :		<table><tr><td></td><td><i>Number</i></td><td><i>Core/Elective</i></td><td><i>Duration</i></td></tr><tr><td>PGY1</td><td>1</td><td>Medicine</td><td>13 weeks</td></tr><tr><td>PGY2+</td><td>1</td><td>Medicine</td><td>13 Weeks</td></tr></table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	1	Medicine	13 weeks	PGY2+	1	Medicine	13 Weeks
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OVERVIEW OF UNIT OR SERVICE		The Stroke service is responsible for management of all acute stroke and high risk TIA patients admitted to Calvary hospital. All acute admissions come through emergency. Strokes include both ischemic and hemorrhagic. The unit is also responsible for general neurology patients such as headache, migraine, epilepsy, Multiple sclerosis who are admitted to MAPU or the medical ward. The unit also provides a neurology consultation service to the general medical teams.														
REQUIREMENTS FOR COMMENCING THE TERM:		There are no prerequisites for commencing this term.														
ORIENTATION:		The Stroke service Unit provides a comprehensive orientation program which includes: <ul style="list-style-type: none">• Supervision• Rounding schedule• Starting times• Responsibilities														

	<ul style="list-style-type: none"> • Tour of the unit • Weekly schedule • Clinical policies
JMOs CLINICAL RESPONSIBILITIES AND TASKS:	<ol style="list-style-type: none"> 1) To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift. 2) To admit patients not arriving through Emergency Department. 3) To provide continuing care of all patients on your team under the supervision of your registrar. 4) To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible. 5) Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge. 6) To attend ward rounds. This includes stroke unit patients, medical patients, consults, ICU and CCU patients. 7) To attend patient conferences & to assist in careful discharge planning. 8) To ensure that all fluid charts and medication sheets are up to date. 9) To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. 10) To attend and participate in Grand Rounds with case presentations etc as requested. 11) To attend and participate in weekly neurology journal club and fortnightly neuroradiology meetings 12) To participate in the after-hours ward roster. 13) The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.
SUPERVISION:	<p>IN HOURS:</p> <p>JMOs are supervised by the Neurology AT/Stroke Fellow and Consultants during the day and the Medical Registrar after-hours.</p> <p>A medical registrar on call is available 24 hours a day and can be paged via switchboard. VMOs are happy to be called if there is a problem and can be contacted via switchboard. After hours other senior medical staff are always available in Emergency Department, Intensive Care and Anaesthesia for acute problems.</p> <p>The hospital also operates a Medical Emergency Team. After hours Ward JMO shifts are as per the roster distributed by Medical Administration.</p>
	<p>AFTER HOURS:</p> <p>This term includes participation in the ward after hours roster. The medical JMO is usually rostered on as the after hours medical JMO, but may sometimes be rostered on as the</p>

	<p>surgical JMO. Both medical and surgical registrars are available 24/7/365 for supervision. They are the immediate supervisor. The Director of Medical Services or delegate is available 24/7/365 as needed via switchboard.</p>
STANDARD TERM OBJECTIVES:	<p>CLINICAL MANAGEMENT:</p> <ul style="list-style-type: none"> a) To become proficient in history taking, ensuring all relevant information is obtained, including relevant radiological films. b) To perform a thorough physical examination and be able to elicit physical signs of stroke and neurology patients. c) To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis. d) To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind. e) To develop organizational skills and effective time management. f) To gain experience and proficiency in working in a multidisciplinary team. g) Understand the management of stroke including ischemic and hemorrhage and high risk TIAs.
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> a) To be able to communicate with patients and their relatives about the patient's illness and future plans for managing that disease and the patient. b) To be able to communicate with external medical and paramedical staff, including the GP, about the patient and to ensure good follow up care on discharge. c) To communicate effectively with hospital staff involved with the patient including the VMO & the registrar. d) To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan. e) Be able to communicate with nursing staff regarding the clinical plans for each patient.
	<p>PROFESSIONALISM:</p> <ul style="list-style-type: none"> a) To show enthusiasm and initiative for learning. b) To be willing to teach and assist other staff. c) To demonstrate a desire for self directed learning. d) To be punctual, reliable and honest and behave in an ethical manner to patients and staff, with respect for confidentiality. e) To be prompt and efficient in the management of work and show good prioritisation of tasks. f) To be committed to good patient care and good relations with other staff.

TIMETABLE (the timetable 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	Saturday	Sunday
AM	0800 Handover	0800 Handover	0800 Handover	0800 Handover	0800 Handover 0800 – 0900 Neuroradiology meetings twice monthly	0800 Handover	0800 Handover
	0900 Ward round 0945 SIBR Round	0745 hanover round, 0800 Division of Medicine Clinical Meeting	0900 Ward round 0945 SIBR Round	0900 Ward round 0945 SIBR Round	0900 Ward round 0945 SIBR Round		
PM	1200 – 1300 Neurology Journal club	1330-1530 Education Program at Calvary	12.00 Grand Rounds				
	1400 Ward Round		1400 Ward Round	1400 Ward Round			

PATIENT LOAD:

4 acute monitored beds with 4 step down beds. On average there are 8-10 patients each day under the service

OVERTIME

Average hours per week

ROSTERED: 4.8 hours.

UNROSTERED: Average of 4 hours per fortnight which can change due to seasonal changes or activity.

EDUCATION:

JMOs are encouraged to attend as many educational events as possible.

- Neurology Journl club on Monday 1200 -1300
- Neuroradiology meetings (biweekly) Friday 0800- 0900
- Tuesday morning Physician meetings: the JMO will be encouraged to present at these.
- Tuesday afternoon teaching at Calvary. This is protected time.
- Wednesday lunchtime Grand rounds at Calvary.

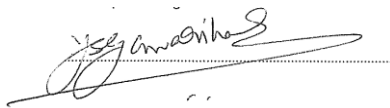
ASSESSMENT AND FEEDBACK:

The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form,

	<p>the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).</p> <p>It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.</p>
ADDITIONAL INFORMATION:	<p>Scope of Practice:</p> <p>http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&action=default&DefaultItemOpen=1</p>

Term Supervisor Signature:

Date:



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