

TERM DESCRIPTION

TERM DESCRIPTION TEMPLATE

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: Date of submission.	
FACILITY: Goulburn Base Hospital	
TERM NAME: Medical Term – Term 1, 2,3	
TERM SUPERVISOR: Term Supervisors Term 1 – Dr Anthony Whelan (VMO Physician) and Dr Pushpa Wickramasuriya (VMO Physician) Term 2 – Dr Ganesh Ramanathan (VMO Physician), Dr Ahmed Kaithal Shahir (VMO Physician) and Dr Zainul Qadri (VMO Physician) Term 3 - Dr Roslyn Davis (VMO Rehabilitation) Dr Jennifer O’Riordan (VMO Rehab Physician) commencing Jan 2018	
CLINICAL TEAM: Include contact details of all relevant team members	Team 1 – Dr Anthony Whelan (VMO Physician) and Dr Pushpa Wickramasuriya (VMO Physician); Medical Registrar Team 1 from The Canberra Hospital Team 2 – Dr Ganesh Ramanathan (VMO Physician), Dr Ahmed Kaithal Shahir (VMO Physician) and Dr Zainul Qadri (VMO Physician) Medical Registrar Team 2 from The Canberra Hospital Team 3 - Dr Roslyn Davis (VMO Rehabilitation) Dr Jennifer O’Riordan (VMO

	Rehab Physician) commencing Jan 2018; Canberra Renal Team
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ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>3 Interns</td><td>Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>Click here to enter text.</td><td>Click here to enter text.</td><td>Click here to enter text.</td></tr></table>					Number	Core/Elective	Duration	PGY1	3 Interns	Core	12-14 weeks	PGY2+	Click here to enter text.	Click here to enter text.	Click here to enter text.
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OVERVIEW OF UNIT OR SERVICE Include outline of the role of the unit, range of clinical services provided, case mix etc.	<p>Medical term is an ideal opportunity for JMOs to be exposed to patients with conditions encountered commonly in Specialist Physician Practice. At times, it may be quite busy but generally it is well structured with majority of patients located on a single ward and consultant's ward rounds being well spaced. In total, there are 3 interns; 1 for each team. The interns will rotate between teams every 4 weeks in order to benefit the most from what Goulburn Base Hospital has to offer. This provides opportunity for the intern to follow some patients' entire journey from ED to HDU/Ward and subsequently to rehabilitation.</p> <p><u>Clinical Learning for Team 1 & 2 (Acute Care)</u></p> <p>There are great learning opportunities during acute care due to a few reasons</p> <ul style="list-style-type: none">a Given it is not a speciality based hospital, JMOs will get to see a wide variety of patients being admitted to the hospital and being involved in the complex care of patients both in acute care and for rehabilitation. Given this, the JMO will get a lot of exposure to common problems such as ischemic heart disease, chronic obstructive airway disease, congestive cardiac failure, cerebrovascular disease but they will also get exposure to more specialised problems that can be handled in Goulburn e.g. febrile neutropaenia, diabetes ketoacidosis. Opportunities exist for JMOs to learn procedural skills such as pleural aspiration, ascetic tap and lumbar puncture.b We do not have a designated Intensive Care Unit team yet (although the service is working towards establishing an ICU Team). Thus, the JMO will have the chance to be involved in care of patients in ICU under the supervision of the consultant and registrar.c In general, there will be a consultant round on a daily basis which further provides educational opportunities. <p>JMOs are well supported by</p> <ul style="list-style-type: none">(a) 2 Medical Registrars (one for each team 1 & 2 respectively)(b) Consultant Physicians (for team 1 and 2) <p>All the physicians are happy to be contacted directly about patients' care. JMOs will find all the VMOs are approachable and helpful.</p> <p>Dr Whelan and Dr Wickramasuriya are respiratory physicians. Dr Ramanathan, Shahir and Dr Qadri are renal physicians. However all of the physicians practice general medicine.</p> <p><u>Clinical Learning for Team 3 (Rehabilitation Team)</u></p> <p>Admitted earlier to rehab than in usual rehab units so care is supported by the general physicians when needed.</p> <p>CVA- infarction or haemorrhagic. Admitted as early as 3 days post stroke if stable.</p> <p>Medical illnesses post acute eg. Pneumonia, sepsis, infections, cardiac- CCF,</p>															

	<p>IHD, post op CABG, COPD, advanced pulmonary diseases, Musculoskeletal- injuries, disc, radiculopathy, Arthritis, pain conditions, Spinal cord injury patients admitted with acute medical conditions, Occasionally more acute spinal eg. Epidural hematoma. Neurological- MS, parkinsons and other variants such as progressive supranuclear palsy, Amputees post surgery for pre-prosthetic or non prosthetic rehab. Post op arthroplasty patients. Geriatric assesement, management and rehab for patients with falls, fractures. Younger patients post multi-trauma, Head injury, cervical spine injuries. The main work for the rehab medical team is management of medical conditions. Most of the complex surgical patients coming to rehab have significant medical co- morbidities.</p> <p>In addition, Team 3 intern covers the Renal Dialysis Unit. Support is provided directly by Renal Team in Canberra. If a physical review needed, then the VMO Physician on-call will provide support.</p> <p>The Term supervisors are Dr Roslyn Davis (VMO Rehabilitation) Dr Jennifer O’Riordan (VMO Rehab Physician) commencing Jan 2018; Canberra Renal Team</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>Term 1 & 2 (Acute Care)</p> <p>The JMO in the medical term is expected to have skills on par with JMO at a PGY1 level. The JMO should be competent in history taking, physical examination, venepuncture, intravenous cannula insertion and indwelling catheter insertion. In the event, the JMOs are not familiar with a procedure (especially during the first term), they will be given supervision by the registrar or the VMOs. JMOs are strongly encouraged to liaise with their registrars and VMOs in regard to their findings and to direct patients’ care.</p> <p>Term 3 (Rehabilitation) broad range of patients, working closely with the multidisciplinary team. Ability to know the roles and range of knowledge and skills of the allied health team- OT, physio, social worker, speech pathologist and dietician. Cannulas, venepuncture, ABG’s, NG tubes, IDC, skin biopsies (occasionally) Management of clinical reviews, rapid responses are not rare.</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>A detailed orientation to Goulburn Base Hospital will be given on the first day of the term through oral presentation, power point presentation and handouts. Given Goulburn Base Hospital has moved towards electronic documentation, a detailed training session will be given to familiarise JMOs to Goulburn’s eMR system. The orientation to the medical unit will be given the following day (Tuesday) at 9am during journal club.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ol style="list-style-type: none"> 1. Review patients being admitted under their team together with registrar or VMO and assist in documenting clinical findings and management 2. Attend ward rounds by VMOs or Registrars giving priority to new admission and acutely ill patients. JMOs are expected to document clearly in eMR in regards to any changes in patient’s condition and management plan. 3. Perform procedures that is expected of PGY1. If inexperienced (especially in term 1), supervision will be provided by the registrar or VMO.

	<ol style="list-style-type: none"> 4. In conjunction with the registrar, inform VMO of any new consults requested by other teams, new changes to existing patients and important blood test and radiological findings. 5. Order investigations in an appropriate manner under the supervision of the registrar or VMO. 6. Communicate with patients and their family where appropriate. 7. Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines. 8. Ensure Discharge summaries are completed in a concise and timely manner. 9. Ensure each patient is given an accurate list of discharge medication and proper follow up plan. 10. Attend Rapid Response calls and assist the registrar or VMO in managing these patients. 11. Educational Requirement <ol style="list-style-type: none"> (a) Attend as many educational sessions as possible (b) Present in Journal Club (roster will be given at the start of the rotation) (c) Present a case on one occasion during Thursday Grand rounds. 12. Provide flexible support to the other medical intern if the workload is unequal. 13. Undertake rostered overtime (on duty and on-call). 14. Team 3 Intern to review patients in dialysis if required and liaise with The Canberra Renal Team and contact VMO Physician if required.
SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	IN HOURS: Ward patients <ul style="list-style-type: none"> - Registrar and VMOs are available to provide support - Generally, the questions should be directed to the consultant looking after the patient. ICU patients <ul style="list-style-type: none"> - Registrar, Physician VMOs and Anaesthetist on call will be able to provide support. Dialysis patients <ul style="list-style-type: none"> - The Canberra Renal Team; VMO Physician if required. ED CMO are available if support needed; however this is rarely required during office hours.
	AFTER HOURS: Ward and ICU Patients <ul style="list-style-type: none"> - VMO on call is available to provide support. An on-call roster is available in the ward. - VMO anaesthetist on-call will be available for ICU/HDU patients. - ED CMO will provide support if immediate help needed. The Hospital medical administrator, Dr Ranjit Paul may be contacted if there are any major difficulties.
STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire</i>	CLINICAL MANAGEMENT: <ol style="list-style-type: none"> 1. To develop competence in utilising the patient management and procedural skills listed below to effectively and safely evaluate and manage patients with common medical diseases. 2. To develop an understanding of the complex interaction of physical, physiological, social and cultural factors that determines the specific clinic problems of an individual patient.

	<ol style="list-style-type: none"> 3. To develop effective communication skills with patients, their relatives and other health care professionals. <p>A. Patient Management</p> <ol style="list-style-type: none"> 1. Assessment of medical patient using history taking and physical examination. 2. Appropriate ordering of laboratory tests and subsequent interpretation of results. 3. Appropriate ordering of medical imaging, interpretation of X-rays in medical patients. 4. Recognition of ECG changes of acute coronary syndrome and common arrhythmias. 5. Rational clinical management of <ol style="list-style-type: none"> (a) Acute Coronary Syndrome (b) Acute Asthma (c) Acute Respiratory Failure (d) Acute Cardiac Arrest (e) Acute Cardiac Failure (f) Cerebrovascular Disease (g) Diabetes Melitus (h) Acute Renal Failure (i) Delirium 6. Specific teaching emphasis in rehabilitation <ol style="list-style-type: none"> (a) Pharmacology/medication management (b) Geriatric and Rehab medicine topics eg, dementia, frailty, geriatric syndromes, Stroke management post acute phase, amputee and spinal cord injury, neurological conditions eg (c) Parkinsons , MS, (d) Pain management (e) Psychological aspects of patient management 7. Understand the value and methods of working in a multi-disciplinary team. 8. Learn how to communicate effectively with patients and their relative. <p>B. Procedural skills</p> <ol style="list-style-type: none"> a. Intravenous cannulation and venepuncture b. ABG c. IDC insertion d. Pleural aspiration, Lumbar Puncture and Ascitic Tap (under supervision)
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during the term. This should include reference to the AC FJD. The term objectives should be used as a basis of the mid and end of Term assessments.	
	COMMUNICATION: <ol style="list-style-type: none"> 1. Appreciate the value of working as team and the JMO's role in it. 2. Enhance their skills building effective relationships with patients and families and staff thereby enabling effective communication. 3. Learn how to create clinical documentation which well sets out the medical details necessary for effective decision making about clinical care.
	PROFESSIONALISM: <ol style="list-style-type: none"> 1. To learn to assist in providing general medicine services through working in a multidisciplinary team which collectively provides these services. 2. To acquire knowledge and skills in managing general medicine conditions. 3. To develop skills in continued self directed learning and in the use of IT in relation to clinical practice. 4. To develop understanding of the practice of quality assurance through data interpretation.

INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
8.30AM	ED CLINICAL HANDOVER				
9 AM	Rapid Round				
9.15AM	Ward Round	Journal Club	Ward Round	Ward Round	Ward Round
10AM		Ward Round		MDT meeting	
1PM				Grand Rounds	
2PM			Formal Teaching		

Specific For Rehab (Term 3)

MDT meetings around whiteboard.

Bedside walk around MDT , meeting with patient and family on Tuesday

MDT case conference on Thursday

Daily ward rounds

Family conferences

Rehab consultations on other wards

PATIENT LOAD: Average number of patients looked after by the JMO per day	10-15 patients a day (Team 1 and 2) 14-16 patients a day; mostly 14 patients (Team 3)
OVERTIME Average hours per week 38	

ROSTERED: 6

UNROSTERED: 4

EDUCATION:

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.

A comprehensive formal education program has been set up for JMOs seconded to Goulburn Base Hospital. JMOs are expected to make every effort to attend as many of these educational activities as possible. Details are included below.

(1) Journal Club

- (a) Time – Tuesday at 9.15AM.
- (b) Place – Ros Noakes Room
- (c) Expectation – JMOs are expected to attend and also participate in presentation of journals. Registrar and VMOs will guide the JMOs through this process.

(2) Formal Teaching

- (a) Time – Wednesday 2pm to 3.30pm
- (b) Place – Ros Noakes Room
- (c) Expectation – JMOs are expected to attend this education session which is protected time (medical registrar will carry your pager). There will be some face to face teaching, some teaching sessions on CDs presented in The Canberra Hospital and some practical sessions e.g. airway management

(3) Thursday Grand Rounds

- (a) Time – 1pm on Thursdays; Lunch provided
- (b) Place – Staff Education Centre
- (c) Expectations – JMOs are expected to attend this session and present in 1 grand round during their rotation under the supervision of VMO. In addition, there will be local and outside speakers to provide good educational opportunities for the JMOs.

In addition to the above, the area librarian generally provides one tutorial each term on the topic of “Using the Internet and CIAP medical Databases” and VMO will provide bedside tutorials on ad-hoc basis.

The hospital has 8 medical students from Australian National University who are here for the whole year. JMOs are encouraged to participate in their educational programme if possible.

Educational Resources

The library contains a collection of texts, journals, videos, photocopier, printer and computer. It may be accessed 24 hours via a key held at reception. TV/VCR in the Ros Noakes Room and computer with printer located in the open area outside the Ros Noakes Room. There is also a digital still camera kept in ED and may be borrowed for educational purposes. The library also subscribes to Up-To-Date which can be accessed on most hospital computers.


AMO and Registrar Teaching

- Informal bedside teaching.

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>	The term supervisor will provide formal assessment and feedback at mid term and at the end of term, using the Australian Medical Council's prescribed appraisal/assessment forms. In completing these forms, the Term Supervisor may consult with other members of the term (the registrar, nurses and other professional staff).
ADDITIONAL INFORMATION:	Any additional information that the facility considers relevant to the term.

Term Supervisor Signature:

Date:


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28/11/17,

Gareth Remington
(Team 2)

Dr Roslyn Davis
(Team 3)

P. Widdowson
JMO

