

FORM 06

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.

FACILITY: Moruya District Hospital (MDH).	
TERM NAME: Medical	
TERM SUPERVISOR: Dr Neil Starmer GP/VMO	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i> <i>Term descriptions are available from CRMEC website. Provide a second copy without phone numbers.</i>	<p>There are two teams. If a PGY2 is approved they will be with the Queen Street team. Team Queen St: Dr Neil Starmer, GP/VMO, Queen Street Medical Centre, Phone: 02 44742222, mobile: XXX Email: neil@queenstreetmedical.com.au.</p> <p>Other GP/VMOs will also be involved in supporting the placement.</p> <p>Team Campbell St: Dr Jorg Ziergerbel Moruya Medical Centre, GP VMO and GP anaesthetist Mobile: XXX Email: jorg@queenstreetmedical.com.au</p> <p>Dr Belinda Doherty, Eurobodalla, Director of Medical Services and Medical Officer contact for SNWLHD Phone: 02 4475 1626 Mobile: XXX Email: Belinda.doherty@health.nsw.gov.au</p> <p>Admitting GPs:-Dr J Toman, Dr B Cole, Dr T Walgamage, Dr N Starmer, Dr Chihumbiri, Dr Mitra, Dr J Ziergebel, Dr Paul Muskett, Dr S Ellwood, Dr H Humphries, Dr E Goodwin</p> <p>Other clinical staff include pharmacists, Physiotherapists, Occupation therapists, care navigators, dieticians , speech pathologists , radiographers.</p>

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>0</td><td>0</td></tr> <tr> <td>PGY2+</td><td>2</td><td>Core</td><td>12 weeks</td></tr> </tbody> </table>		<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	0	0	0	PGY2+	2	Core	12 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>The unit provides medical services for non-surgical patients admitted to MDH. GP/VMOs provide the medical care.</p> <p>The hospital has a 12 bedded subacute/rehabilitation unit, a surgical unit and obstetrics/gynaecology. Theatres are running during the week.</p> <p>The unit's patients mainly come from Moruya and its surrounding areas. There are a significant percentage of Aboriginal patients. The majority of non-Aboriginal patients are Australian born or European/UK immigrants. During summer there is an increased tourist load.</p> <p>Patients who require critical care or who are at high risk of deterioration are retrieved to Canberra or Sydney by rotary or fixed wing.</p> <p>Typical medical problems which would be encountered during a term include:</p> <ul style="list-style-type: none"> - Cardiac: Unstable angina, myocardial infarction, acute dysrhythmias, cardiac failure. - Respiratory: COPD, asthma, pneumonia, pleural effusion, respiratory failure, pneumothorax. - GIT: liver failure, inflammatory bowel disease. - Neurology: Cerebrovascular disease, poorly controlled epilepsy, meningo-encephalitis. - Endocrine: Anaphylaxis, Diabetes, thyroid conditions - Immunology: blood disorders including anaemia, leukaemia etc. - Oncology: Palliative Care, febrile neutropenia. - Pharmacology: Adverse reaction to medications, self-poisoning. - Nephrology: Acute renal failure, acute on chronic renal failure. - Gerontology: Dementia, delirium, falls, social and physical isolation. - Social: Drug and alcohol, nursing home placement - some paediatrics including neonates - non-scheduled mental health patients - diagnostic testing for some medical conditions 												
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>	<p>The JMO is expected to have the skills one would normally associate with a JMO at PGY2 level.</p> <p>The JMO should be competent in basic history taking and examination, venepuncture, intravenous cannulation and resuscitation. The JMO should possess reasonable skill in physical examination, and should be able to formulate a differential diagnosis and management plan to discuss with the VMO.</p> <p>They should feel comfortable to initiate simple uncomplicated management of common medical conditions.</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>The JMOs should report to the Director of Medical Services, Dr Doherty on arrival at the hospital who will welcome them to the facility.</p> <p>An orientation session (or sessions) will be provided on arrival and before any patient contact is made.</p> <p>A handbook with necessary information and policies will be provided.</p> <p>JMOs will be shown how to access on-line resources (eMR, eMEDS) including daily patient lists, contact information for all hospital personnel and services, education resources, clinical guidelines and hospital policies. In addition, JMOs will be introduced to medical and nursing staff and other members of the multi-disciplinary team.</p> <p>An information sheet will be provided to orient the JMO on services, leisure time activities and sites of interest in the region.</p> <p>A list of local general practitioners will also be made available with a recommendation to “find a GP” for themselves with assistance offered.</p> <p>The ANU RCS Training Hub’s Coordinator (JMO training) will attend to inform on support structures and contacts; and community activities where the JMOs can engage.</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. See all new medical patients admitted to the ward, document clinical findings and a plan of management in the patient's notes. 2. Attend all ward rounds conducted by the AMO and note any alterations in each patient's condition, organise any investigations requested and implement any changes in management suggested by the team. 3. Perform any necessary procedures required as part of the management of the patient (with supervision from a more senior doctor if inexperienced at a given procedure). If a member of the nursing staff is concerned about the clinical state of a patient the JMO must review that patient as soon as practical and initiate appropriate actions. 4. Notify the AMO of any new admissions, consults requested by other VMOs, important x-ray or pathology results, or any sudden deterioration in a patient's condition. 5. Communicate with patients and their relatives, as appropriate. 6. Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines. 7. Ensure that discharge summaries are completed in a concise and timely manner. 8. Make sure each patient upon discharge has an accurate list of their discharge medications, and prescriptions as required. 9. Present a case on one occasion during the term at the Clinical Case Review (usually towards the end of term). 10. Attend as many formal education sessions as possible.

	<p>11. Undertake rostered weekend on duty and on call.</p> <p>12. Assist in ED when appropriate</p> <p>13. Participate in multi-disciplinary ward meeting.</p> <p>14. Attend medical staff council meetings.</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: Supervision: 8.30AM - 5.00PM</p> <p>Term Supervisor: Dr Neil Starmer – contact by mobile phone, email neil@queenstreetmedical.com.au</p> <p>Supervision is provided during normal hours directly by the VMO responsible for the patient. Questions with respect to patient management should be directed to the VMO under whose care the patient has been admitted, except after hours where supervision is provided by the VMO on call.</p> <p>The VMO is onsite for a few hours in the morning and a few minutes away in private rooms. The VMO will return in the afternoon if necessary, or if required by the RMO.</p> <p>There is often a fly-in-fly out GP VMO who does not have rooms and will be onsite during business hours.</p> <p>An on-call roster and list of contact numbers is kept on all wards and in the ED.</p> <p>There is a senior doctor in the Emergency Department who can be consulted for advice. This will be a GP, FACEM or Senior Career Medical Officer</p> <p>The Director of the ED may be onsite but may be at Batemans Bay.</p> <p>Two days a week there is a rehabilitation physician in the Rehabilitation unit (onsite).</p>
	<p>AFTER HOURS:</p> <p>There is an anaesthetist onsite during business hours and on call 24/7</p> <p>There is a surgical registrar on site during the day and on call after hours.</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:</p> <p>The value of other members of the clinical team involved in the 'in' hospital and 'out' of hospital care of patients. By the completion of this term the JMO's may expect to gain competency in the following skills:</p> <ol style="list-style-type: none"> 1. Venepuncture 2. Peripheral venous cannulation 3. Arterial puncture eg arterial blood gas sampling 4. Pleural aspiration 5. Abdominal paracentesis 6. Elective DC Cardioversion 7. Bladder catheterisation 8. Correct techniques for ECG recording, spirometry, and other common bedside procedures. 9. Correct application of CPAP and NIV therapy. 10. Cardiac exercise testing. 11. Appropriate referrals to tertiary hospitals. 12. Initiation and coordination of medical retrievals (under close supervision)

	<p>COMMUNICATION:</p> <p>By the end of the term the JMO may expect to be more confident in communicating with a diverse patient group, including indigenous and non-speaking English speaking patients. Relaying distressing news and communicating with the family and loved ones of the critically unwell patients are an important part of the JMO role in this term.</p> <p>Effective communication with nursing and allied health staff is a crucial skill and learning how to balance respectful listening with clinical leadership is a foundation for work as a registrar and beyond. Making logistical arrangements to facilitate consultations, investigations and transfer of patients will furnish the JMO with important practical skills for work within a complex healthcare system.</p>
	<p>PROFESSIONALISM:</p> <p>By the end of the term the JMO may expect to have developed their professional skills in the following areas: team communication, 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 environments.</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)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Ward round	Ward round	Ward round	Ward round	Ward round		
	Ward Team meeting	Ward team meeting	Ward team meeting	Ward team meeting	Ward team meeting		
PM	Ward round	Ward round	Ward round	Ward round	Ward round		
			2 hours teaching time.				

<p>PATIENT LOAD:</p> <p><i>Average number of patients looked after by the JMO per day</i></p>	<p>Up to 15 patients .</p> <p>The average length of stay is under 3 days. The patients can be complex and elderly and the interdisciplinary team is well developed for working towards a timely and well supported discharge for these patients.</p> <p>Patients may need to be transferred to a tertiary hospital and the JMO plays a pivotal role in the preparation and handover of patients for transfer.</p>
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<p>OVERTIME: No overtime</p> <p>ROSTERED: No overtime</p> <p>UNROSTERED: No overtime</p>	
<p>EDUCATION:</p> <p><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>	<p>RMO teaching will be held weekly and in accordance with the provisions of the ACT Salaried Medical Officers Enterprise Agreement as it applies to rotational JMOs. The learning objectives of the ACF will be adhered to.</p> <ul style="list-style-type: none"> ○ RMO teaching will be held 2 hours per week with timing depending on availability of senior colleagues. This may be on block of 2 hours or shorter blocks making up the 2 hours. ○ CRC meetings are held monthly on the third Tuesday ○ GCTC/ETPC meetings are held twice per term, ie; mid term and at the end of term ○ Both JMOs will attend a meeting twice a term with site executive and supervisors at which training issues will be discussed. There will be action items from these meetings. This committee will be called the GCTC. ○ There is easy access to the CIAP website for online information including Up to Date. HETI has a catalogue of on-line courses and it is anticipated that teaching sessions from SERH can be attended via video link subject to IT being available. ○ A timetable will be developed by the JMOs in association with the Director of Prevocational Education and Training. <p>Clinical Review Committee meetings are held monthly on a Tuesday morning prior to the ward round. This is an interdisciplinary meeting in which cases are reviewed and systems issues identified for solutions to be developed</p> <p>Grand rounds are held monthly prior to ward rounds</p> <p>Radiology education meetings are held monthly by videoconference at SERH and it is hoped to be able to connect to these via computer links.</p> <p>With the assistance of the Rural Training Hub, the JMO Lecturer (Dr Jacqui Brown) based at SERH will be available to deliver educational sessions to the JMOs. A program will be developed in association with Dr Brown after assessing the needs of the JMOs and other teaching opportunities and modalities. Specialist medical staff, Indigenous health workers and allied health professionals will be engaged to provide education to the JMOs.</p> <p>The Unified Education Series (UES) produced by the JMO forum of NSW and published on the HETI website further informs on the education and training to be provided to the JMOs.</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><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></p>	<p>The DPET in association with clinical supervisors, other staff including members of the multi-disciplinary team will provide formal feedback to the JMO – formally twice per year and on an ad-hoc basis as required. JMOs will lodge feedback via the One45 assessments to Canberra Hospital.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>As this is small country town, if there is ever a situation where the onsite staff are</p>

	<p>overwhelmed, doctors in the community who are VMOs will respond quickly. An example is concurrent obstetric/neonatal and ED emergencies requiring a team response (has happened once in last three years).</p> <p>The hospital has medical students from the ANU medical School.</p> <p>Coordinaire, the local PHN is established in Moruya and is keen to participate in activity to enhance rural recruitment.</p> <p>The local GP rooms are establishing telehealth consultations with a range of city based specialists and there will be opportunities for JMO participation..</p> <p>JMOs are encouraged to attend outpatient clinics with visiting oncologists, haematologists and nephrologists.</p>
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Term Supervisor Signature:

Date:



28/9/18

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