Prevocational Training Term Description: Acute Medical Unit

Date of term description version	November 2023
Date term last accredited	October 2023

Term Details

Facility	Canberra Health Services				
Term name*	Acute Medical Unit (AMU)				
Term specialty*	Internal Medicine				
Term location	Canberra Hospital				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/ procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/ discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No

Term duration (weeks)*			
Term accredited for	PGY1 and PGY2		PGY2 Only
Total number of prevocational training places	**10**	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The CRMEC has not placed any limitation or conditions on this term

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr Anna Nakauyaca (AMU Director)
Clinical team supervision	**Primary/Immediate Clinical Supervisor (name and position)** Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr. Anna Nakauyaca - General Physician Dr Nicholas Coatsworth – Infectious Diseases and Respiratory Physician Dr Adel Ekladious – General Physician Dr Jaydeep Mandal – General Physician Dr Ashwin Swaminathan – Infectious Diseases and General Physician General Medicine Advanced Trainee

		Basic Physician Trainees (8 per term)	
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Dr Shakeeb Yaseen – Emergency Physician Dr Nathan Brown – Emergency Physician Dr Danielle McGufficke – Emergency Physician	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.	
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other

	The Resident Medical Officers (RMOs) distribute responsibilities as follows:
	• Day RMO(s) will share responsibilities across two teams; consultant and AT team.
	  ○ Consultant and one RMO will mainly see Day one patients that have not been seen by any AMU consultant.
	  ○ AT and one RMO will see patients who have had a previous review by an AMU consultant and manage appropriately.
	  ○ Additional RMO will assist above teams, depending on need.
	  ○ Ward jobs will be distributed within treating team.
	• Evening RMOs will assist in the evening consultant ward rounds, manage ward jobs and assist with admissions
	• Night RMOs will manage ward jobs and assist with admissions		

Commencing the Term

Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	Basic clinical training and knowledge
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. **The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.**	Orientation documents are sent to RMOs one to two weeks prior to the commencement of the term. These documents are updated prior to the commencement of each term. This includes: • Acute Medical Unit_Phase 3_RMOs document • AMU RMO Orientation pdf • AMU Supervision_Allocations and Expectations • AMU Teaching Schedule • AMU Teaching Rosters Orientation face-face sessions are run as close to the commencement of the term as rosters permit which outline expectations, duties,

	resources available and timetable. This will be the responsibility of the AMU Unit Director. As care pathways for common presentations are developed, they will be stored in an online AMU repository. RMO access to this will be provided at orientation.

Overview of the Unit

The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are	The aim of the AMU is to undertake assessments of patients requiring admission to hospital for management of internal medicine conditions. The AMU is a 24-bed inpatient ward, with patients admitted for a maximum of 48 hours to complete the diagnostic workup, conduct appropriate therapeutic management, conduct a comprehensive multi-disciplinary assessment of biopsychosocial function and discharge patients to the community when safe to do so. If longer hospitalisation is required than the patient will transfer to a downstream subspecialty medical inpatient unit. Exclusion criteria include requirement of care in a specialist area such as the Stroke Unit, Coronary Care Unit, Intensive Care Unit, Locked dementia ward, Haemodialysis Unit, Endoscopy Suite, Positive Pressure Unit. The focus of the patients admitted to the AMU are those patients who are ascertained by the emergency department to need medical inpatient care but whose condition remains undifferentiated or who need further diagnostic work-up to determine subsequent bed card disposition. 50-60% of patients admitted to the AMU are discharged home from the unit. The major difference in care with this unit is the strong emphasis on early multidisciplinary assessment of patients outside of an ED space. The AMU has strong links with the Hospital in the Home program, Virtual Care Program, Patient Liaison and Navigation service, AMU follow-up clinics and pathways to integrate care with primary health and community-based clinicians.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	AMU Admissions: Evening and Night RMOs assist the Registrar under supervision, in completing comprehensive admissions for all AMU patients admitted under the AMU bed card, including history of presenting illness, past medical history, current medications and allergies, relevant social and

	family history, complete physical examination, completed investigations and development of assessment and management plan. All admissions must be discussed with the supervising AMU BPT and consultant. It is the RMO's responsibility to ensure subsequent management plans are acted upon including the ordering of investigations and following up results in a timely manner. It is not the RMOs responsibility to admit the patient without oversight from the registrar/consultants. Ward Rounds: AMU Consultant led ward rounds occur from 0900 seven days per week and from 1500 on weekdays. AMU AT led ward rounds also occur from 0900 on weekdays under the oversight of the AMU consultant. The morning consultant led ward round is attended by the AMU consultant and an RMO. The AMU AT led ward round is attended by the AT and the other RMO. The primary focus of the BPTs are admitting new patients into the unit, however where availability permits, they will assist and present newly admitted patients on the ward round. RMOs and registrars will document all progress and management plans in the medical record and communicate with the multidisciplinary team (MDT) via the Digital Health Record, during AMU MDT meetings and face-face as required. It is the RMO's responsibility to ensure subsequent management plans are acted upon including the ordering of investigations and following up of results in a timely manner. Teaching: RMOs are expected to attend pager-protected hospital wide RMO teaching on Mondays 1300 - 1400 and RMO Teaching on Thursday 1400 - 1500. They will also be expected to attend the AMU morbidity and mortality meeting (second Monday of every month 1400 – 1500), weekly management of the deteriorating patient meetings (Tuesdays 1400 – 1500), weekly AMU multidisciplinary teaching (Wednesday 1400 – 1500) and weekly AT teaching (Friday 1400 – 1430). Discharge Summaries and GP Communication: A Discharge Summary will be completed for all patients being discharged from the AMU, prior to the patient's departure from the unit. For patients transferring to downstream medical units, the discharge summary, or the hospital course will be commenced in AMU prior to the patient's transfer.
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the RMO Handbook.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Handover meetings are scheduled to occur throughout the day: 0800 – 0830 Division of Medicine Registrar night handover (chaired by the AMU Consultant)

	0800- 0830 AMU RMO handover – this is to cover patients that may have criteria led discharges, anticipated early morning discharges post medical review or patients who have been unwell overnight. 0845 – 0900 AMU multidisciplinary huddle (consultants, AT, RMOs) 1330 – 1400 AMU multidisciplinary huddle and day to evening medical handover (consultants, AT, BPTs and RMOs) 2130 -2200 AMU evening to night medical handover including BPTs and RMOs On handover to a ward-based team, the AMU BPT is responsible for effective handover being communicated and the RMO must ensure that the documented hospital course is completed with the provisional diagnoses, treatment provided and ongoing management plan
Safety	**Occupational Violence** While rare, occupational violence is a risk in all departments. RMOs should: • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). • Escalate any behaviours of concern to the AMU medical and senior nursing staff **Pregnancy** RMOs who are pregnant or trying to conceive should be aware of the following: • Where possible, ensure immunisations are up to date prior to conception. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. • Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). • Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) and maintain a distance of X metres from these patients for X hours after the scan. • Be alert around patients who are delirious, confused or known to have previously engaged in violence. • Follow standard CHS patient handling procedures. The AMU supports Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients may present as patients within this term and RMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	**Knowledge and Understanding**: • Optimise your understanding of investigation and management of common presentations of illness for acute and decompensated chronic conditions. • Gain knowledge of hospital and community-based resources available for patients and caregivers. This includes role of the Aged Care Assessment Team, community service providers (eg RADAR, GRACE, PEACE) and ambulatory care services (e.g. HITH, virtual care program, patient liaison & navigation service). • Develop an understanding of ethical considerations in interactions with patients, caregivers and colleagues with regards to goals of care, power of attorney and the role of the Office of the Community Advocate in decision making. **Clinical Assessment and Management Skills** • To improve your ability to develop, document and present a management plan for common presentations, including determining management priorities in the setting of multiple presenting complaints and comorbidities. • Refine your ability to interpret physical signs • Gain competency to recognize, manage and escalate the care of the acutely deteriorating patient. • Develop the ability to perform an accurate mental state and cognitive examination, including the use of formal cognitive assessment tools. **Technical:** Gain exposure to, and perform under supervision the following procedures: • Phlebotomy • Intravenous cannula insertion (including under ultrasound guidance) • Arterial Blood Gas • Nasogastric Tube Insertion • Indwelling Catheter Insertion and management • PEG/PEJ and stoma management • Wound care • Lumbar puncture • Pleurocentesis • Paracentesis • Joint aspiration • Develop an understanding of the principles and clinical indications of non-invasive ventilation including HiFlow, BiPAP and CPAP and how to determine their parameters.

<table>
<tr><td>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the RMO during the term.</td><td colspan="4"><u>General Mandatory Education</u>
• Hospital wide pager-protected RMO teaching is Thursdays 2-3pm; venue and topics TBC
• AMU management of the deteriorating patient program</td></tr>
<tr><td>During this term prevocational doctors should expect to complete the following EPAs*
(Highlight all that apply)</td><td>EPA 1
Clinical Assessment</td><td>EPA 2
Recognition and care of the acutely unwell patient</td><td>EPA 3
Prescribing</td><td>EPA 4
Team communication – documentation, handover and referrals</td></tr>
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Term/Unit Timetable and Indicative Duty Roster*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0800 – 0830: AMU Night – Day RMO handover						
0845 - 0900: AMU MDT Huddle						
0900 – 1300: AMU Consultant and AT led ward rounds						
1300 – 1400 CHS RMO teaching	1300 – 1330 Lunch	1300 – 1330 Lunch	1300 – 1330 Lunch	1300 – 1330 Lunch	1300 – 1330 Lunch	1300 – 1330 Lunch
	1330 – 1400 AMU MDT Huddle and Day-Evening Medical Handover	1330 – 1400 AMU MDT Huddle and Day-Evening Handover	1330 – 1400 AMU MDT Huddle and Day-Evening Handover	1330 – 1400 AMU MDT Huddle and Day-Evening Handover	1330 – 1400 AMU MDT Huddle and Day-Evening Handover	1330 – 1400 AMU MDT Huddle and Day-Evening Handover
1400 – 1500 Morbidity and Mortality Meeting (2nd Monday of every month)	1400 – 1500 Management of the Deteriorating Patient	1400 – 1500 AMU MDT Teaching	1400 – 1500 CHS RMO Pager-protected Teaching	1400 – 1430 AMU AT Teaching		

1500 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1500 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1500 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1500 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1430 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1400 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds	1400 – 1630 Day RMO: completion of ward work Evening RMO: Evening consultant led ward rounds
1630 – 2130: Evening RMO: Evening consultant led ward rounds, ward work and admissions						
2130 – 2200: Evening – Night AMU Medical Handover						
2200 – 0800: Night RMO: Night ward work and admissions						

Patient Load Average Per Shift	Maximum 24 patients in the unit	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: • Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) • Onsite supervision available after hours If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	RMOs may be allocated up to 14 evenings and 14 nights during the term. The roster is typically in blocks of 7 evenings/nights. The nights are followed by 7 days off. Day Shift: 0800 – 1630 (x2 RMOs) Day/reliever Shift: 0800 – 1630 unless requested to relieve an evening or night shift (x1 RMO) – distributed fairly amongst RMOs across the entire term. Evening Shift: 1330 – 2200 (x1 RMO) Night Shift: 2130 – 0830 (x1 RMO) **<u>After Hours Support/Supervision</u>** AMU Consultants: Day Shift: Mon-Fri (0800 – 1630); Sat – Sun (0800 – 1630) Evening Shift: Mon – Fri (1100 – 1900) Consultant After-Hours on call shift: Mon-Fri (1900 – 0800); Sat – Sun (1630 – 0800) AMU General Medicine Advanced Trainee: Day Shift: Mon-Fri (0800 – 1630) AMU Basic Physician Trainee: Day Shifts: 0800 – 1630 Evening Shifts: 1200 – 2200 Night Shifts: 2130 – 0830 Additional Division of Medicine Admitting Registrars (for patients NOT being admitted to the AMU or to assist the AMU BPT when workload is high) Day Shifts: Mon-Fri (Sub-specialty teams), Sat-Sun/P-Hol (nominated Div Med Registrar) Evening Shifts: 1330 - 2200 Night Shifts: 2130 – 0830	

List Other Relevant Documentation
RMO job description RMO Handbook