Prevocational Training Term Description: Acute Geriatric Medicine

Date of term description version	January 2024
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Acute Geriatric Medicine				
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)*	12-14 weeks (depending on term dates)		
Term accredited for	PGY1 and PGY2		PGY2 Only
Total number of prevocational training places	4	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The JMO must be advised on their specific term supervisor prior to commencing the term.

N.b. : the full cohort of prevocational JMOs in geriatrics medicine includes x1 JMO in the training term: Community Geriatric Medicine and Outlier Unit and x2 JMOs in the training term: Subacute care of the Elderly (Geriatric Medicine)

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 Manoj Saraswat Dr Muhammad Choudhry Dr Kyaw Thu Dr Nuttaya Chavalertsakul Dr Nyoka Ruberu Dr Sasikala Selvadurai Dr Sabari Saha Dr Hasibul Haque Dr Emily Walsh Dr Malith Ramasundara Dr Zita Hilvert-Bruce

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.	JMOs are allocated to one of the primary Term Supervisors listed above who is generally one of the consultants leading their allocated team.
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars and Advanced Trainees rotate through the unit and provide day-to-day supervision.
	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
	• Each PGY doctor will be allocated to a clinical team and allocated to a specific term supervisor prior to commencing the term. **Acute Geriatric Medicine** • There are four teams in acute Geriatrics, Team A1/Team A2 (function together for cross covering) and Team B1/Team B2 (function together for cross covering) • Each team is led by one Geriatrician with one BPT Reg or advance trainee and one JMO. For information only: There is also a Community Geriatric Unit (RADAR) which is staffed by a consultant, a registrar and an allocated JMO (see the term description for Community Geriatrics). This JMO primarily cares for patients in outlier organisations (such as the Transitional Therapy and Care Program, Mullangarie Unit, Red Hill) and assists on the TCH wards when not at outlier organisations.		

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.	No specific extra skills related to this position required.
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for	Orientation will be provided by one of the Consultant Geriatricians at 0800hrs on the first day of the term (usually a Monday) in ward 11A. JMOs will be expected to get a complete hand-over of the patients they

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.**	will be looking after from the preceding JMO. This should be arranged between the departing JMO and the incoming JMO immediately prior to the end of the clinical rotation.

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	Acute Geriatric Medicine, within Rehabilitation Aged and Community Services (RACS) provides a wide range of services spanning the Geriatric Medicine Wards, the Orthogeriatric Unit and the Community Geriatric (RADAR) Unit at the Canberra Hospital, as well as the Subacute Geriatric Unit (SAGU) at University of Canberra Hospital. This unit also provides geriatric consultation services to other specialties units in both campuses and is involved in the education of medical students at the ANU. **Geriatric Wards** • This unit comprises two wards (11A and 11B). • The unit provides comprehensive, patient-centered multidisciplinary diagnostic approach to improve the patient's medical, psychological aspects and functional capacity focusing on maintaining independence. • This unit is managed by a consultant, a registrar and a JMO. • The aim is to develop a coordinated management plan to ensure a safe discharge with appropriate supports. • These Geriatric Medicine JMO positions are based on these wards. **Community Geriatric Unit (RADAR)** The following is provided for information only as JMOs often need to refer to this associated service. There is a separate JMO allocated to the Community Geriatric Unit. • This service provides comprehensive geriatric specialist service for elderly patients referred by GPs and the Discharge Liaison team of The Emergency Department of The Canberra Hospital. • It also provides follow up of the management plan for those elderly patients discharged recently from various specialist units in The Canberra Hospital, including the Geriatrics wards. • The team also provides medical support for patients in Transitional Therapy and Care Program (TTCP), a 15-bed in-patient service at Mullangarie Unit, Red Hill. • The JMO attached to this Unit is expected to assist with the management of in-patients at TCH when not at Mullangarie. **Subacute care unit** The following is provided for information only as JMOs often need to refer to this associated service. There are 2 separate JMOs allocated to the University of Canberra Hospital (UCH). • This comprises of a 30-bed unit in Majura ward at UCH. Majura ward is managed by 2 consultants, a registrar and 2 JMO's. • The Unit provides step-down care of elderly patients who are severely deconditioned due to recent acute illness.

	• It provides slow stream rehabilitation and multidisciplinary input to ensure the continuity of the patients' wellbeing and safe discharge planning. • The patients are usually referred from the Geriatric wards at the Canberra Hospital, the RADAR team or directly via other specialties.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities.	**Documentation:** It is generally the responsibility of the team JMO to complete progress notes during ward rounding. See the JMO Handbook for more information of documentation. **Daily Ward Rounds:** All JMOs must be present for all consultant ward rounds as these are opportunities to know patient issues thoroughly, and an opportunity to participate in bed-side teaching. It is not acceptable to not attend ward rounds. **Death Certificate Documentation:** • The details of the diagnosis of patients who are receiving end of life care should be documented in the progress notes and handed over to afterhours JMOs • The hand over should include the diagnosis of the death and issues leading to the death • The copy of the death certificate should be handed over by the JMOs to the treating consultant for the review. • Discharge summary for each death should be completed within 24 hours of the death • It is preferable that the death certificate (not certificate of life extinct/checklist) be completed by the admitting consultant's team. **Geriatric Emergencies:** Common emergencies on the Geriatrics ward for afterhours should be reviewed prior to commencement of your first after hours shift. See the following list to be familiar with. 1. Falls in hospitalised patients – be familiar with hospital policy regarding assessment and management including post Fall Medical documentation. 2. Delirium with agitation or aggression in the elderly – be familiar with hospital policy on sedation and anti-psychotic use in the elderly. 3. End of life care – Many geriatric patients are not for MET calls and will be for ward-based management only. You should familiarise yourself with palliative care resources such as the "Palliative Medicine Pocketbook" which is available as an App through TCH library services. **Discharge Summaries:** • Please review the discharge medication list prior to completing the discharge summary. A discharge summary must be completed for all patients, including those who are deceased. Discharge summaries should be completed by at least the day prior to discharge date for all patients. • While the admitting consultant has the overarching responsibility for the completion of discharge summaries within their team/unit, this is generally delegated to the JMO within the clinical team. • All discharges need to be completed before transfer to UCH.

	Death Certificate Documentation • The details of the diagnosis of patients who are receiving end of life care should be documented in the progress notes and handed over to afterhours JMOs • The hand over should include the diagnosis of the death and issues leading to the death. If not, the cause of death to be listed on the death certificate must be discussed with the attending consultant or registrar. • The copy of the death certificate should be handed over by the JMOs to the treating consultant for the review. • Discharge summary for each death should be completed within 24 hours of the death • It is preferable that the death certificate (not certificate of life extinct/checklist) be completed by the admitting consultant's team. • Patient death guidelines are available at: https://actgovernment.sharepoint.com/sites/Intranet-CHS/SitePages/Patient-death-guidelines.aspx
Work Routine Provide an overview of the work routine	Canberra Hospital wards (11A and 11B): Arrive at 0800hrs to prepare the patient list and receive handover from the night team. Then morning handover with MDT team (0830), which is repeated at 1500 each day. This is followed by ward rounds (0900 onwards). After the ward rounds, typically ward jobs and consults are undertaken unless they are completed during the ward rounds. JMOs are expected to attend these with the exception of when this clashes with mandated JMO teaching. The clinical dayshift completes at 1630.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	**Medical handover – Daily - 0800hrs** Medical staff arrive at 0800 to receive informal handover from the night JMO and nursing staff and check overnight events. **Regular Handover Meetings:** There is morning handover with the allied health staff and nurses every morning at 0830 on both 11A and 11B. Teams A commence on 11A and Teams B commence on 11B at 0830 before each swap. This meeting is repeated at 1500 every day in the same format. **MDT meeting - Tuesday – 0830hrs – Ward 11A, and Ward 11B –** Starts concurrently on both wards, Team A1/A2 start on ward 11A and team B1/B2 start on ward 11B, following discussion the two teams swap the wards. The MDT Meeting is a longer version of the regular morning handover which includes writing a detailed update for each patient using a MDT template on DHR. This template can be shared by the nursing CNC to the junior staff. It occurs every Tuesday at 0830. Registrars and JMOs are expected to present patients and their active issues. Medical students are also encouraged to present those patients they are helping with.
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The Geriatrics Department supports Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as patients within this term and JMOs 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*
	Clinical objectives
	On completion of the term, the JMO is expected:
	• To have developed competency in the assessment and management of older patients.
	• To be able to manage multiple complex medical, surgical, and psychosocial issues.
	• To be able to recognise and manage the following major geriatric syndromes:
	  ○ Delirium
	  ○ Dementia
	  ○ Continence
	  ○ Falls and osteoporosis.
	  ○ Polypharmacy
	  ○ Wounds
	• To be able to perform a functional assessment.
	• To be able to plan preventative management in the elderly, including osteoporosis treatment and pressure injury prevention.
	• To be able to apply the use of various cognitive assessments (e.g. MMSE, RUDAS, Addenbrooke's Cognitive Assessment and depression) and interpret them in a clinical context.
	
	Procedural objectives
	To perform the following procedures:
	• Venipuncture
	• Cannulation
	• Urethral catheterization for both males and females
	• Nasogastric tube insertion.
	
	Educational objectives
	• To gain an understanding of the legal issues associated with older patients (e.g. capacity assessment, duty of care, enduring power of attorney).
	• To gain exposure and perform under supervision the following procedures:
	  ○ Lumbar puncture
	  ○ Ascitic taps
	  ○ Pleural aspiration.

Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable	**General Mandatory Education** • All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. • Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs. • Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the 'Monday Shorts' teaching program. • Venue and topics are confirmed by email earlier in the day.

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- Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching.

Grand Rounds:
All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Geriatrics Unit.

Term-Specific Training

- Unit education meeting – Tuesday – 1200hrs – Main Auditorium: A consultant or registrar presents a Geriatric topic. Once a month, a Morbidity and Mortality Meeting is held in place of the Unit Education Meeting. JMOs are expected to attend.
- JMO Teaching – Wednesday – 1230hrs – 12A Meeting Room: Each JMO to present at least two cases per term with Consultant discussion to follow.
- Radiology meeting - Friday – 0900hrs – Radiology Seminar Room: JMOs should check with their team whether any patients are to be discussed and add them to the list by Thursday 0900hrs. JMOs are expected to attend the radiology meeting with their team.
- Ad Hoc teaching is also provided by registrars.
- Bedside teaching is provided by consultants during ward rounds and initial assessments.

Educational Resources:
A list of common geriatric syndromes is listed in the practical guide. Further reading is also included. The Australian and New Zealand Society for Geriatric Medicine (ANZSGM) website at: http://www.anzsgm.org/vgmtp/ covers the following: Delirium, Dementia, Falls and Balance and Continence

Consultant and AT Teaching
Bedside teaching is provided by consultants during ward roundsand initial assessments.

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<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 is 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 Medical Handover 0830 Ward H/O Red to Green Mtg 0930 Consultant /Registrar WR 1200 Ward Work 1300 'Monday Shorts' JMO Teaching 1500 Red to Green Mtg Ward Work	0800 Medical Handover 0830 MDT Meeting 0930 Consultant /Registrar WR 1200 Unit Education Meeting Ward work 1430 Intern teaching 1500 Red to Green Mtg	0800 Medical Handover 0830 Ward H/O Red to Green Mtg 0930 Consultant /Registrar WR 12.30-13.15 Grand Rounds 1500 Red to Green Mtg Ward Work	0800 Medical Handover 0830 Ward H/O Red to Green Mtg 0930 Consultant /Registrar WR 1200 -1300 Geriatrics JMO Teaching 1300 - 1400 MEU JMO Teaching Ward work 1500 Red to Green Mtg Ward Work	0800 Medical Handover 0830 Ward H/O Red to Green Mtg 0900 Radiology Meeting Consultant /Registrar WR 1200 Ward Work 1500 Red to Green Mtg Ward Work		

Patient Load Average Per Shift	Average 10- 20 patients per JMO	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0-3hrs during weekday shifts depending on how busy the team is.
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.	All JMOs are expected to work on the after-hours roster. This term forms part of Medical Pod 2.1 during the evening and on weekends/public holidays; and Medical Pod 2 overnight. Medical Pod 2 includes: • Geriatrics (Med Pod 2.1) (i.e. Acute Geriatrics Medicine and Community Geriatrics) • Haematology (Med Pod 2.2) • Medical Oncology (Med Pod 2.2) • Radiation Oncology (Med Pod 2.2) You will be rostered for afterhours shifts covering Med Pod 2.1 which is a Geriatrics ONLY pod during weekends/public holiday and evening hours. Geriatrics folds into Med Pod 2 overnight. Evening to night handover should be directed to overnight Med Pod 2 as there is no dedicated overnight Medical Pod 2.1 cover. Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit. Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Med Pod 2.1. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it. A week of night shifts may also occur during your term. The standard process is 7 nights rostered, followed by 7 days off – however the JMO is on call for days 6 and 7, unless taking annual leave after the days. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term). JMOs will also be expected to do **approximately three to five Med Pod 2 weekend/public holiday shifts throughout the term**. By working after hours shifts, you will be part of a team providing 24-hour care for patients within your Pod. 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. You will participate in a more focused handover and utilise relevant discharge/case mix 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. Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub-specialties when able, as well as your own specialty's teaching programme. All interns are expected to attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon. After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians. You may wish to also review the Med Pod 2 term description.

List Other Relevant Documentation
Intern job description RMO job description JMO Handbook