Prevocational Training Term Description: Community Geriatric and Outlier Unit

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

Term Details

Facility	Canberra Health Services				
Term name*	Community Geriatric and Outlier Unit				
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 the term dates)		
Term accredited for	PGY1 and PGY2		PGY2 Only
Total number of prevocational training places	**1**	**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 x4 JMOs in the training term: Acute 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 Zita Hilvert-Bruce A/Prof Alex Fisher

<table>
<tr><td colspan="2"></td><td colspan="3">Dr Malith Ramasundara</td></tr>
<tr><td rowspan="3">Clinical team supervision</td><td>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.</td><td colspan="3">JMOs are allocated to one of the primary Term Supervisors listed above who is generally one of the consultants leading their allocated team.</td></tr>
<tr><td>Additional Clinical Supervisors (positions)
Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.</td><td colspan="3">Community Geriatric/RADAR Advanced Trainee; and Geriatric Registrars on wards 11A and 11B while at TCH.</td></tr>
<tr><td>EPA Assessors
Name and position of others (PGY3+) who have completed training to undertake EPA assessments.</td><td colspan="3">All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.</td></tr>
<tr><td colspan="2" rowspan="2">Clinical Team Structure*
Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.</td><td>Ward Based</td><td>Team Based</td><td>Other</td></tr>
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The JMO is allocated to the Community Geriatric (RADAR) and Outlier Unit clinical team. When they are not visiting Outlier units, they are expected to assist the TCH Geriatric Medicine Unit.
The Community Geriatric/RADAR JMO is also expected to do after hours shifts in the Geriatric Medicine Unit.

Community Geriatric Unit (RADAR) and Outlier Unit

This unit is managed by a consultant, an Advanced Trainee registrar and a JMO (this position).
The JMO assists in the management of in-patients in outlier units. Specifically, they provide medical support for patients in the Transitional Therapy and Care Program (TTCP) at Mullangarie Unit, Red Hill.
Please note that the term is based at TCH and the JMO travels to outlier units from there, usually in the late morning or afternoon, as required.

Acute Geriatric Medicine

There are four teams (A1, A2, B1 and B2). Each team comprises 1.5 consultants (1 per team plus one shared across the two teams A and similar for the two teams B), 1 registrar and 1 JMO.
Each JMO primarily allocated to Acute Geriatric Medicine will be allocated to a primary team. At times when the Community Geriatric Unit JMO is not required at TTCP, they may be allocated to assist with a team.

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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. **Geriatric Emergencies:** Common Geriatric emergencies should be reviewed prior to commencement of your term, particularly any after-hours shifts. See the following list to be familiar with. 1. Falls in hospitalised patients – be familiar with hospital policy regarding assessment and management. 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.
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 will be provided by a term supervisor for all starting JMOs on the first day of the term (usually a Monday). The time and location will be confirmed by email. • JMOs are expected to get a complete hand-over of the patients they will be looking after prior to commencing the term from the outgoing JMO. • Please arrange a meeting with your individual term supervisor within the first week of starting the term.

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	**Community Geriatric Unit (RADAR) - this position** This service provides comprehensive geriatric specialist service for elderly patients referred by GPs and the Discharge Liaise 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. The JMOs in this team also provide medical support for patients in Transitional Therapy and Care Program (TTCP): The program has 15 in-patients at Mullangarie Unit, Red Hill. This unit is managed by a consultant, an Advanced Trainee or Registrar and an RMO (this position). The RMO attached to this Unit is expected to assist with the management of in-patients in outlier these outlier units. **Acute Geriatric Medicine** While this unit does not constitute the primary work location for this RMO position, the

	RMO will be expected to assist the unit when not at outlier units and will do after hours shifts on wards 11A and 11B. • The Unit comprises 2 wards: 11A and 11B. • There are two teams (A and B). Each team includes 3 consultants, 2 registrars and 2 JMOs and the teams separate into A1, A2, B1 and B2. • The Unit provides comprehensive, patient-centered multidisciplinary diagnostic approach to improve the patient's medical, psychological aspects and functional capacity focusing on maintaining independence. • The aim is to develop a coordinated management plan to ensure a safe discharge with appropriate supports. **Subacute care unit** The following is provided for information only. The RMO is not expected to undertake work at the University of Canberra Hospital where separate JMO positions are provided for. • This comprises a 30-bed unit in Majura ward at UCH. Majura ward is managed by 2 consultants, a registrar and 2 JMOs (these positions). • 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, RADAR team and other specialties. The Geriatrics department is also involved in the education of medical students at the ANU.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	**Admitting patients** A Geriatric Medicine admission is a comprehensive assessment that differs from a general medical admission. An aged care admission takes time but is crucial to formulating a complete and accurate picture ofthe patient. The aim of the admission is to: • Complete a comprehensive geriatric assessment • Optimise physical function • Prevent complications and functional decline • Formulate and action a comprehensive discharge plan It is the responsibility of the admitting registrar or consultant to perform the admission and the JMO to action the admission on the ward, including ordering regular medications if not already ordered and enacting the management plan. The assessment includes: • Medical history and physical examination • A full medication history and completion of electronic medical reconciliation form • Detailed social history (education and work history, role ofrelevant family members, formal and informal care providers, presence of ACAT, Wills, powers of attorney or guardians) • Collateral history from family, carers and general practitioners. • Functional assessment

	• Cognitive and psychological function • Specific attention to continence, falls, osteoporosis • Perform a medication review • Screening blood tests including TFT, B12/folate, LFTs, PTH, Vit D, Ca/Mg/PO4 if not done recently • Resuscitation choices • Goals of admission for patient and family/carers • Formulation of a problem-oriented management plan • Discussion with the admitting consultant or delegated supervising registrar as soon as practicable following assessment. All patients must have a complete admission done including: • Medical issues list – including falls assessment, cognitive and mood assessments (CAM, MMSE and GDS), continence assessment, nutrition assessment, pressure area assessment medication review • Social circumstances • Resuscitation Orders – Ensure the order is placed in the patient's folder • Full clinical examination • Screening bloods and ECG if not already done • Referral to appropriate allied health staff **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. • 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	Work routine and tasks are outlined in more detail in the JMO Handbook.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	**Medical handover – Daily - 0800hrs** All JMOs MUST attend medical handover at 0800hrs. **Geriatric medicine ward handover meeting – Daily, 0830 - At 11A or 11B** All JMOs MUST attend the 'red-to-green' geriatric medicine handover at 0830hrs when allocated to one of the 4 inpatient teams. This will only apply to the Community Geriatric and Outlier RMO when they are assisting inpatient teams. Teams A commence on 11A and Teams B commence on 11B. They swap once finished. On Tuesdays, the 'red-to-green' meeting is replaced by a more comprehensive MDT where registrars and residents

	present patients and their active issues. **RADAR handover meeting – Daily – 0830hrs – at 12A Geriatric Unit Meeting room.** The RADAR team will attend the RADAR morning meeting to triage referrals and confirm home visits. There is an MDT meeting on Tuesdays at 0830 to present current RADAR patients and active issues. The Community Geriatric and Outlier RMO should attend this meeting. **Hand-over Lists** It is the JMOs responsibility to ensure the Handover tab in DHR is updated with relevant information under the ISBAR headings for each of their patients. This must be completed each Friday and prior to public holidays, so weekend staff are aware of patient issues, pending jobs and necessary reviews. Patients for review over the weekend are also to be added to the weekend review lists in DHR. **Radiology meeting - Friday – 0900hrs – Radiology Seminar Room** The Geriatrics-Radiology meeting occurs each Friday. JMOs must provide a list of patients to be reviewed in the meeting by Thursday 1200hrs. Generally, an RMO collates each JMO's input and e-mails the list to Medical Imaging for the radiology registrar running the meeting.
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The Geriatric 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 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 [GD]).
	
	Educational and Procedural objectives
	• To gain an understanding of the legal issues associated with older patients (e.g. competency assessment, duty of care, enduring power of attorney).
	• To gain exposure to the following procedures:
	  ○ Venipuncture
	  ○ Cannulation
	  ○ Urethral catheterization for both males and females
	  ○ Lumbar puncture
	  ○ Ascitic taps
	  ○ Pleural aspiration
	  ○ Nasogastric tube insertion

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. • 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. • 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			
During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)	**EPA 1** Clinical Assessment	**EPA 2** Recognition and care of the acutely unwell patient	**EPA 3** Prescribing	**EPA 4** Team communication – documentation, handover and referrals

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 0900 Consultant /Registrar WR 1200 Ward Work 1300 Monday Shorts Teaching 1500 Red to Green Mtg; Ward Work cont	0800 Medical Handover 0830 MDT Meeting 0900 Consultant /Registrar WR 1200 Unit Education Meeting Ward work 1430 Intern teaching 1500 Red to Green Mtg; Ward work cont	0800 Medical Handover 0830 Ward H/O Red to Green Mtg 0900 Consultant /Registrar WR 1230-1315 Grand Rounds 1330 - Geriatrics JMO Teaching 1500 Red to Green Mtg; Ward Work ward work cont	0800 Medical Handover 0830 Ward H/O Red to Green Mtg 0900 Consultant /Registrar WR 1200 Ward work 1300 RMO Teaching 1500 Red to Green Mtg; Ward Work cont	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 cont		

Patient Load Average Per Shift	Average 20 patients per JMO	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	4
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) • Haematology (Med Pod 2.2) • Medical Oncology (Med Pod 2.2) • Radio 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. 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