

Prevocational Training Term Description: General Medicine

Date of term description version	April 2024
Date term last accredited	March 2022

Term Details

Facility	Canberra Health Services				
Term name*	General 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				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	5	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The JMO must be informed of their specific term supervisor prior to commencing in the training 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. Ashwin Swaminathan (Director) Dr. Jonathan Bromley Dr Alfred Wong Dr Zain Quadri Dr Wai Meng Voon Dr Anurag Arora Dr Sarah Gardner
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	The above consultants rotate through the General Medicine teams on two-week rotations and will provide immediate clinical supervision for the two-week period.

	accessible for support, provide education, conduct EPAs and contribute to assessment.		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Each team is allocated 2 Registrars (combination of AT and BPTs) which provides a buffer in case of ADOs/sick leave	
	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
	<p>There are two teams – Gen Med A and Gen Med B with each team having a similar caseload and case mix. Each team has an allocated consultant, two registrars (2 x BPT or 1 AT / 1 BPT) and two JMOs (generally a PGY1 and a PGY2). A consultant Physician is on-call at all times and will undertake formal ward rounds with the team on Mondays, weekends and post-admission days; and informal ward rounds on other days. The team may decide on a given day that both JMOs will round or that one will remain at the doctor's station and complete time-sensitive jobs and discharge summaries and then join rounds.</p> <p>The fifth JMO is generally allocated to evenings and starts at 1300. This evening JMO becomes a floating JMO and assists with jobs or discharge summaries until 1630 when they respond primarily to pages, DHR messages and medical tasks.</p> <p>The two General Medicine teams A and B are on take on alternate days over a 14 day cycle Consultant roster.</p>		

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.	<p>No specific training/learning required.</p> <p>The JMO is encouraged to review the hospital policy on sedation and anti-psychotic use for delirium and agitation prior to starting the term.</p>
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.	<p>An orientation pack will be sent to JMOs prior to the term starting which contains timetables and other relevant information. A face to face orientation session will be run on the first day of term which will outline expectations, duties, resources available and timetable.</p> <p>A General Medicine Clinical Guideline folder contains protocols for the management of common presentations.</p>

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 general medicine is to undertake assessment and management of complex medical patients. This includes a thorough initial assessment, obtaining investigations to assist in clarifying the major medical diagnoses and formulating a management plan that is multidisciplinary. The investigations need to be targeted and relevant to the patient's main presenting complaints. Early consultation to specialty teams will occur to guide investigations and management as appropriate.

Medical Assessment:

Patients admitted to General Medicine primarily come from various sources – the primary sources are the Acute Medical Unit (AMU), ICU and the ED. There are a small number of patients that are electively admitted from the community. On arrival to General Medicine, it is the responsibility of the team registrar to ensure that there is a problem list and management plan in place, that is discussed with the on-call General Medicine consultant.

Multidisciplinary Assessment:

The multidisciplinary team will encompass a physiotherapist, occupational therapist, dietitian, speech therapist, social worker and pharmacist. Referral to community based services such as Transitional Therapy Care (TTCP), Hospital in the Home (HITH) and the Virtual Care Program (VCP) should be considered whenever possible.

Safe handover is crucial to transfer of patients from General Medicine to other Units. Discharge planning will have commenced whilst the patient is in General Medicine and should be communicated to the inpatient team taking over care. The General Medicine JMO should have commenced the Discharge Summary prior to the patient leaving the ward in order to detail care under General Medicine. Details to be included are described in the JMO Handbook.

The caseload is a mix of acute and subacute patients with a diverse range of illness presentations, pathology and commonly there are complex psycho-social issues to be addressed with the assistance of the MDT.

Clinical responsibilities and tasks of the prevocational doctor
 Provide an overview of the routine duties and responsibilities

General Medicine Admissions:

Assist the Registrar in completing a comprehensive admission for all General Medicine patients including history of presenting illness, past medical history, current medications and allergies, relevant social and family history, and

	<p>complete physical examination (note that admissions remain the responsibility of registrars and above). It is the JMO's responsibility to ensure investigations are ordered and results followed up in a timely manner.</p> <p>Ward Rounds: General Medicine ward rounds occur at 08:45hrs (immediately after morning MDT meeting (08:30-08:45). A paper round generally occurs in the afternoon. The post-take morning ward round will be attended by the General Medicine consultant on-call, Clinical Nurse Consultant (where available), medical registrar and JMO. The JMO and registrar are responsible for presenting the history and an updated problem list for all General Medicine patients. The JMO should document all progress and management plans in the medical record. On other days, the General Medicine registrar and JMO will undertake the morning ward round, and the consultant on-call will meet with the team during the day to review any unstable patients and discuss patient progress and discharge planning.</p> <p>Handover and MDT Meetings JMOs will meet with the night JMO POD teams on the ward between 0800 – 0830 to receive updates on patients progress overnight. On weekdays, there is a short ward-based handover meeting between 0830 – 0845 attended by the Ward nurse team leader, Team registrars / Consultant and JMOs to discuss unwell patients, discharges and new patients. At 1130 – 1200, there is a sit-down MDT meeting with medical, nursing and allied health staff to have a more comprehensive discussion on patient progress and discharge planning. Meetings are to start on timed.</p> <p>Radiology Meeting: One JMO (usually a PGY2) should collate a list of radiology cases requiring review (including a brief clinical history) and provide this to the Imaging Department at least 24 hours prior to the meeting. Meetings are held in the Radiology Meeting Room on Tuesdays at 12pm.</p> <p>Discharge Summaries and GP Communication: A discharge summary must be completed for all patients prior to discharge or at the time of death. Discharge medications are often required and if so, should be completed the day before discharge. The hospital course summary is required to be completed for patients being transferred to the care of another inpatient team. Tips for completing discharge summaries are available in the JMO Handbook.</p>
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>Handover from Med Pod 1 should occur each morning either in person or via a hospital approved messaging service. Unstable patients should be handed over in person.</p>

	<p>The evening JMO usually assists with jobs from their arrival until 1630 when they are responsible for responding to pages, DHR messages and medical tasks. Handover should occur prior to 1630.</p> <p>Handover to the night JMO as well as weekend/public holiday handovers occur per Med Pod 1 processes.</p>
Opportunities for Indigenous Health	<p>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.</p>

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<ul style="list-style-type: none"> • Understand the importance of working in a multi-disciplinary team to achieve optimal patient outcomes. • Competency in assessment of medically unwell patients. • Competency in interpretation of commonly ordered investigations. • Competency in the safe prescribing and deprescribing of common medications used on general medicine wards. • Develop effective communication skills to promote safe care
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	<p>General Mandatory Education</p> <ul style="list-style-type: none"> • 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. • JMOs who are post nights or on evenings are not required to attend protected teaching. <p>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 Infectious Diseases Unit.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> • Weekly general medicine teaching (Weekly, Thursday 1200-1300) – each JMO will be rostered to present a case and relevant discussion to the rest of the unit. • Bedside teaching – occurs daily on ward rounds.

	<ul style="list-style-type: none"> Medical Students are attached to General Medicine and JMOs are encouraged to assist the registrar and consultants in teaching. <p>Educational Resources: A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources. Electronic resources include Therapeutic Guidelines, Pubmed, and UptoDate. The General Medicine Clinical Guidelines are also useful, as are local hospital guidelines.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p>EPA 1 Clinical Assessment</p>	<p>EPA 2 Recognition and care of the acutely unwell patient</p>	<p>EPA 3 Prescribing</p>	<p>EPA 4 Team communication – documentation, handover and referrals</p>

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 – Receive night handover	0800 – Receive night handover	0800 – Receive night handover	0800 – Receive night handover	0800 – Receive night handover	0800 – Receive night handover	0800 – Receive night handover
0835 - Ward Brief Handover	0835 - Ward Brief Handover	0835 - Ward Brief Handover	0835 - Ward Brief Handover	0835 - Ward Brief Handover	0830 – 1200 Consultant ward round	0830 – 1200 Consultant ward round
0845 - Gen Med Teaching Ward Round	0845 - Gen Med Teaching Ward Round	0845 - Gen Med Teaching Ward Round	0845 - Gen Med Teaching Ward Round	0845 - Gen Med Teaching Ward Round	1200 – 1630 Ward work	1200 – 1630 Ward work
1130 – 1200 MDT Meeting	1130 – 1200 MDT Meeting	1130 – 1200 MDT Meeting	1130 – 1200 MDT Meeting	1130 – 1200 MDT Meeting		
1300 – 1400 Monday Shorts	1200 – 1230 – Radiology Meeting	1200 – 1315 – Grand Rounds	1200 – 1300 – Gen Med Teaching	1600 – Gen Med Afternoon rounds and planning for weekend handover		
1600 – Gen Med Afternoon rounds	1430 – 1600 Intern Teaching	1600 – Gen Med Afternoon rounds	1300 – 1400 – MEU RMO Teaching			
	1600 – Gen Med Afternoon rounds		1600 – Gen Med Afternoon rounds			

Patient Load Average Per Shift	18 – 22 per team (excluding patients in ICU)	
Overtime	Rostered overtime hours/week	4
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> • 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.	<p>PGY1/2 will be expected to work on the after-hours roster. The General Medicine term forms part of Medical Pod 1 in the late evening and overnight.</p> <p>Medical Pod 1 encompasses:</p> <ul style="list-style-type: none"> • General Medicine • Neurology • Infectious Diseases • Renal Medicine; and • Relief positions. <p>All rostered overtime over weekends or late shifts during the week fall under Medical Pod 1, with the exception of specific General Medicine shifts. General Medicine has dedicated cover in the evenings until 2130 (handover to Med Pod 1 should occur at 2100) and from 0800-1630 on weekends and public holidays (outside these hours, General Medicine is again covered by Med Pod 1).</p> <p>Please note, whilst the main wards for this Pod are 7A (Renal/Neurology), 7B (General Medicine) and 9A (Infectious Diseases), it is common for all units to have outliers in other wards.</p> <p>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.</p> <p>Within your Pod you may have one or more weeks of Med Pod 1 evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Med Pod 1 (except General Medicine which has dedicated cover until 2130 only). As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <ul style="list-style-type: none"> • You may also or instead work a week of Gen Med evening shifts, covering only General Medicine. <p>A week of Med Pod 1 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 off.</p> <p>Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).</p>	

JMOs will also be expected to complete Med Pod 1 weekend/public holiday shifts throughout the term.

- The number of Med Pod 1 weekend/public holiday shifts is reduced for General Medicine JMOs as they are instead expected to work General Medicine weekends (both weekend days, 0800-1630) after which they will have one day off.

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 1 term description.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook
Department orientation pack