Prevocational Training Term Description: Hospital in the Home

Date of term description version	April 2024
Date term last accredited	August 2021

Term Details

Facility	Canberra Health Services				
Term name*	Hospital in the Home				
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	2	**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 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 Karyn Cuthbert, HITH Unit Director Dr Holly Blunden, HITH/ED Specialist Dr Babajide Fawole, HITH/ED Specialist Dr Ramila Varendran, HITH/Geriatric Specialist
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	As above depending on specialist roster for the day

	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.	Basic Physician Trainee registrar General Medicine Advanced Trainee registrar		
	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	
	Medical Team Dr Karyn Cuthbert, HITH Unit Director HITH Medical Specialists - Dr Ramila Varendran, Dr Babajide Fawole, Dr Holly Blunden HITH General Medicine Advanced Trainee (AT) – rotational (2 consecutive terms) HITH Basic Physician Trainee (BPT) – rotational (1 term) HITH intern, HITH RMO - rotational (1 term) Each weekday there is a HITH specialist rostered on for clinical duty/new HITH patient admissions who allocates duties and works alongside the other medical team members after the morning multidisciplinary handover. The HITH BPT, RMO and intern work together as a team in clinically reviewing existing patients and organising/monitoring investigations, managing medications and arranging consults etc. The BPT has more of a role in assessing and admitting newly referred patients but may be assisted in this by the JMOs depending on other duties required at the time. The specialist and AT registrar have an oversight role as well as actively seeing and assessing new and existing patients themselves and alongside the JMOs. The BPT and AT registrars do also have outpatient clinic duties and teaching commitments but at all times there is either a registrar or HITH specialist in the unit supporting the JMOs. The HITH medical team works closely alongside the HITH nursing, allied health and administrative teams. There is a multidisciplinary HITH team handover every weekday morning with the whole medical team plus nursing Clinical Care Coordinator and allied health representation (usually includes HITH pharmacist, physiotherapist, dietician, social worker most days)			

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.	The JMO will not require any special skills or knowledge apart from those that he/she would normally use on any ward overtime shift - basic clinical skills.
Orientation Include detail regarding the arrangements for orientation to the term, including who is	The Director will email the JMOs the week prior to term commencement with a HITH powerpoint presentation (which is then spoken to in subsequent orientation), “weekly HITH medical calendar” and HITH medical

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**	roster. They are encouraged to get in touch with the medical staff working in the unit in the prior rotation. The JMOs report to the HITH unit 0800 on first day of term and a formal orientation is provided by the HITH Director during the first week of term. The protocols for the more common HITH diagnoses and HITH Unit processes are available on the CHS intranet site under Business Apps in the CHS Policy and Guidance Documents Register (use Key Word "HITH") and include the HITH Referral, Admission and Discharge procedure; Antimicrobial Choice and Administration for Adult HITH Patients procedure; the Cellulitis Referral and Treatment in HITH procedure; the HITH IV Furosemide for Acute Exacerbation of CCF procedure and HITH Management of Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum procedure

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	Canberra Hospital is a major tertiary referral hospital for the population of the Australian Capital Territory (ACT) and surrounding NSW with a population of 600,000. The Hospital in the Home (HITH) service provides hospital-level care to patients who are living at home whilst they are inpatients of the hospital. These patients would otherwise require hospital ward admission to receive the same level of care. There is usually at least 25-35 patients admitted to HITH at any one time plus multiple day admission patients attending the unit most weekdays. There is around 30-40 patient discharges per week. The patients may be admitted under the HITH specialist medical team, under a "ward consultant" or have a shared HITH-ward team bed card arrangement. The intern and RMO will be responsible for providing care to these patients alongside the HITH registrars and consultants. They will also assist other inpatient teams that have patients admitted to HITH. The majority of patients that are admitted directly to HITH from ED are admitted under a HITH consultant and patients that transfer to HITH from General Medicine, Acute Medical Unit, Infectious Dieases and Geriatrics wards are transferred to the care of a HITH Consultant. Other subspecialty medical patients usually remain under the original ward team but there is an option to transfer care to or share care with the HITH specialist team. For surgical patients in HITH there is a joint bedcard arrangment between the surgical and HITH consultant. The CHS Infectious Disease consultants provide ongoing consult advice on many of the more complex patients with infection. The HITH junior medical team provides all junior medical care needs for all of the patients admitted to the HITH Unit, regardless of bed card. Typical examples of HITH patients include those with soft tissue, urinary tract and respiratory infections requiring shorter duration intravenous (IV) antibiotics and patients requring long term IV antibiotics with conditions such as osteomyelitis, endocarditis and postoperative infections. There may also be patients receiving Total Parenteral Nutrition (TPN) for malnutrition, IV furosemide for heart failure/fluid overload and IV fluid therapy/electrolyte, antiemetic and nutrition management for women with severe nausea and vomiting in pregnancy. Also patients on warfarin requiring more complex anticoagualation management. HITH does also admit "day stay" patients for procedures such as ascitic tap, iron infusion and blood transfusions. Whilst HITH patients are physically at home most of the time, with HITH nurses doing home visits to provide nursing interventions, they most often attend the HITH Unit at the hospital for medical reviews every 2-3 days or once weekly for longer term patients. There is also capacity to utilise telehealth medical reviews to avoid need for hospital attendance for appropriate patients and

	some medical home visits are provided if deemed more appropriate by the HITH specialists or registrars. The HITH intern and RMO usually remain onsite at the HITH Unit. The HITH service operates 24 hours per day, 7 days per week, although the HITH intern and RMO do not specificially work in HITH after hours (but are rostered after hours as part of med pod 3 cover as below, which includes HITH). HITH is located in Building 1, just down the corridor from the Emergency Department.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	HITH JMOs will be expected to: • Attend the HITH multidisciplinary team meeting each weekday morning at 9 am • Clerk the patients who are admitted to/transferring to HITH and complete disharge summaries upon HITH discharge. • Be available to assess and commence management on patient problems related to their HITH admission. This will involve being present in HITH throughout the majority of the shift. • Arrange pathology and imaging investigations and monitor results as directed by the senior medical team • Liaise and arrange consults with other medical specialty and allied health teams as required • Attend recommended education sessions - as below. • Practice in accordance with Infection Control guidelines of the hospital. • Consider a quality assurance activity that will contribute to the running of the unit (this is not mandatory). • Consider rounding with and "owning" some HITH patients in conjunction with the HITH registrars. Discussion of management and planning will be done with the supervision of the BPT/AT or HITH consultant. *Term Presentations:* • Weekly: present one short case and one long case from HITH each week to the AT or consultant • Once a term: Give a detailed case presentation to the HITH staff (usually at HITH teaching meeting) relating to an interesting HITH patient.
Work Routine Provide an overview of the work routine	8am commence work and prepare for 9am MDT handover with registrars 9am MDT handover (usually runs for 30-60 min) 10am onward HITH medical reviews in HITH unit, some day only admissions, assist with new admissions and discharges as required, clerking on DHR for consultants/registrars during patient reviews, medication charting and amendments on DHR Lunch Afternoon – scheduled teaching sessions, afternoon patient reviews, day only admissions, discharge letters, checking results and preparation for next day, update DHR handover tool 430pm finish time
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	HITH multidisciplinary handover meeting every weekday morning at 9am in the HITH handover room (across the corridor from the HITH Clinical Area). Verbal discussion on each patient admitted to HITH utilising ISBAR format Digital Health Record handover tool utilising ISBAR to be updated in real time at MDT morning handover and in afternoon before work finish time and at any other time where an update in the patient care pathway is required
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The HITH 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 MANAGEMENT:** The HITH JMOs will see medical and surgical patients with often complex but stable medical problems on a daily basis. The majority of HITH patients have an infectious disease as their primary diagnosis, however many have other co-morbities eg diabetes, renal failure, vascular disease, heart failure that may also require ongoing medical input. Other primary HITH diagnoses may include heart failure, hyperemesis gravidarum, malnutrition with need for enteral feeds/TPN, eating disorders and warfarin dosing management The HITH JMOs will have an opportunity to learn about some of the unique challenges and opportunities that arise in managing an inpatient at home, including: • Exposure to a variety of complex longer term infectious diseases eg: endocarditis, osteomyelitis, bacteraemia, deep seated abscesses, post operative infections • Treatment of these conditions with involvement in clinical review of HITH patients in the HITH clinic to assess progress and on HITH discharge • opportunity to be involved in the admission of patients directly admitted to HITH from ED and externally referred patients • the use of innovative antibiotic delivery methods to facilitate the use of IV antibiotics at home eg 24 hour antibiotic infusions rather than multiple daily dose prescribing • antibiotic drug level monitoring and prescription for patients on IV vancomycin and gentamincin • Potentially utilisation of remote monitoring and telehealth technology to facilitate medical review at home • The management of complex patients in the home setting since the JMO will almost only have seen acutely unwell ward patients. • The JMO may like to take the opportunity to accompany a HITH RN or registrar/consultant on some home visits during the term Within the HITH Unit the AT works closely with the Infectious Disease (ID) physicians and is predominantly responsible for patients that have transferred care to a HITH bed card from the ID ward and to have an oversight of HITH patients admitted under other teams that are receiving ongoing ID consultation. The HITH RMO will predominantly work alongside the HITH AT as a team looking after these HITH/ID patients. It is an expectation that the RMO will be able to provide an appropriate “clinical update” to the ID consultants when they visit which will increase their skills at clinical handover and knowledge of infectious diseases management The HITH BPT is predominantly responsible for patients directly admitted to HITH from ED and those patients transferred to HITH from acute medical unit, general medicine and geriatrics and the HITH intern will work alongside the BPT as a team It is expected that there will be flexibility with the above arrangements noting that both registrars have outpatient clinic and teaching commitments as well as HITH Unit commitments (and when a team member is on leave). JMOs may be asked to assist other “ward based” teams with patients admitted to HITH. By completion of the term, the HITH JMOs may have had the opportunity to obserevce/perform (under appropriate supervision) a number of procedures: • IV cannulation (definitely) • Venepuncture (definitely) • PICC line insertion (usually performed by the Intravenous Access “IVAT” nursing team, who are part of the HITH Unit) • assistance with ascitic drainage (usually performed by gastroenterolgy team in HITH Unit) • wound management (along with HITH nurses)

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<tr><td></td><td colspan="4">COMMUNICATION:

Due to the HITH patients coming from many teams, the JMO will have the opportunity to communicate directly with a variety of registrars and consultants, either in person or, more usually, over the phone e.g. to convey that a HITH patient is attending for a medical review or has become acutely unwell. The relationship with HITH nursing and allied health staff is vital and therefore good communication is essential. The term involves clerking numerous patients on HITH medical review and being responsible for charting of medications and discharge summary completion on HITH patient discharge.

PROFESSIONALISM:

During their HITH term, the JMO will challenge their professional skills as they discuss patients with more senior medical staff, including specialists, and more importantly, know when to call them rather than to deal with a problem by themselves. As they clerk medically complex patients, their medical knowledge will improve. Attending the weekly HITH teaching meeting exposes them to a wide spectrum of clinical issues and evidence-base behind them. The JMO will fine-tune their cannulation skills and might have the opportunity to perform supervised procedures such as PICC line insertion.</td></tr>
<tr><td>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</td><td colspan="4">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.
• Monday Shorts teaching is on Monday 1300 – 1400 and is not protected or mandated teaching time.
Other medical team members will 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 or consultant is required to present on behalf of the Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.

Term-Specific Training
• HITH Medical team teaching Wednesday 1400-1500 – JMOs must attend
• A weekly meeting with the HITH supervisor to present cases, discuss your progress and any issues that arise
• HITH multidisciplinary team meeting – monthly, JMOs should attend if able
• HITH Morbidity and Mortality meeting – second monthly, JMOs should attend if able
• They will be encouraged to present a clinical case presentation on a HITH patient at the HITH teaching meeting once during their rotation alongside the HITH registrar/consultant.

Educational Resources:
A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources are available on the hospital Intranet.

Registrar/Consultant Teaching:
Registrars and consultants reviewing their patients in HITH have an opportunity to educate the HITH JMO about these conditions and supervise them for procedures.</td></tr>
<tr><td>During this term prevocational doctors could 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.

0800 work start time 0900 MDT meeting followed by patient reviews Lunch 1300-1400 MEU "Monday shorts" teaching 1630 work finish time	0800 work start time 0900 MDT meeting followed by patient reviews Lunch *1200-1300 BPT teaching* *1430-1600 Mandatory JMO teaching PGY]* 1630 work finish time	0800 work start time 0900 MDT meeting followed by patient reviews HITH BPT at Immunology OP Clinic Wed mornings Lunch *1230 – 1315 Medical Grand Rounds* *1400-1500 HITH medical teaching* *1500-1600 HITH M&M meeting 2nd monthly (no teaching these days)* *1500-1600 HITH Unit Meeting monthly* 1630 work finish time	0800 work start time 0900 MDT meeting followed by patient reviews Lunch 1300-1400 Mandatory RMO teaching PGY 2 BPT teaching 1500-1700 1630 work finish time	0800 work start time 0900 MDT meeting followed by patient reviews Lunch 1630 work finish time		

Patient Load Average Per Shift	25 - 40 patients admitted to HITH at a time, plus 4-5 day only patients most weekdays	
Overtime	Rostered overtime hours/week	8
	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.

JMOs will be expected to work on the after-hours roster. This term forms part of Medical Pod 3. Medical Pod 3 includes:

- Gastroenterology and Hepatology
- Home in the Hospital (HITH)
- Respiratory & Sleep Medicine
- Cardiology
- Rheumatology, Immunology & Dermatology
- Endocrinology
- Med Pod 3 Relief positions
- The Adult Mental Health Unit (AHMU) between the hours of 2300 and 0800

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. You may wish to also review the Medical Pod 3 term description.

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 Medical Pod 3. 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. Following this you will be allocated 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. 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 3 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 and the same for RMOs on Thursday afternoon.

After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook