

Prevocational Training Term Description – Infectious Diseases

Date of term description version	November 2023
Date term last accredited	March 2022

Term Details

Facility	Canberra Health Services				
Term name*	Infectious Diseases				
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	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations on 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.	A/Prof. Karina Kennedy Senior Staff Specialist Infectious Diseases
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.	Infectious Diseases Unit Physicians: <ul style="list-style-type: none"> • Dr Ian Marr (Director) • A/Prof Sanjaya Senanayake • Dr Heather Wilson • Dr Fabian Chiong • A/Prof Phillip Braslins • Dr Renae Tuddenham

		<ul style="list-style-type: none"> A/Prof. Karina Kennedy Dr Kathryn Daveson 		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	<ul style="list-style-type: none"> Infectious Diseases Advanced Trainees x 3 Infectious Diseases registrar – either Basic Physician Trainee on rotation or Infectious Diseases Advanced Trainee registrar Rostered Infectious Diseases consultant 		
	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	<table border="1"> <tr> <td>Team Based</td> <td>Other</td> </tr> </table>	Team Based	Other
	Team Based	Other		
<p>The PGY1/2 forms part of the Infectious Diseases inpatient team along with a Registrar (basic physician trainee or infectious diseases advanced trainee) and an Infectious Diseases consultant rostered to provide inpatient services.</p> <p>The PGY1/2 also participates more broadly within the Infectious Diseases unit, including clinical meetings, multi-disciplinary discussions, handover and morbidity and mortality meetings.</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 extra skills related to this position are required.</p> <p>To enhance your training experience, it is recommended that you familiarise yourself with the antibiotic classes, spectrum of activity, dosing and adverse effects and common antimicrobial resistant patterns. The PGY1/2 should be familiar with the use of Therapeutic Guidelines: Antimicrobials.</p> <p>The book: Infectious Diseases: A Clinical Approach by Allen Yung provides a useful syndromic approach to the investigation and management of infectious diseases.</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	<p>Orientation is conducted by the term supervisor (A/Prof. Karina Kennedy) usually in the week prior to commencement. You will be contacted by the term supervisor to organise a day/time. If you are unavailable, arrangements will be made to organise orientation during the first week of term.</p>

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.**

The PGY1/2 should also organise an orientation/handover of patients from the outgoing PGY1/2 on the Friday prior to commencement of the new 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

Infectious Diseases Team aim to:

- Care for inpatients and outpatients with suspected or proven infectious diseases.
- Consult on inpatients and outpatients with suspected or proven infectious diseases.
- Provide advice on the management of infectious diseases.
- Conduct clinical research on infectious diseases.
- Train medical students and medical graduates in the management of infectious diseases.
- Teach a wide range of medical, nursing, and allied health staff on infectious diseases topics.
- Provide lay and professional advice on the public health aspects of infectious diseases.
- Prevent and control the spread of infectious organisms within the hospital and between the hospital and the community.
- To support the antimicrobial stewardship team

The Infectious Diseases Unit admits patients directly under its care, as well as providing an extensive consultative service across all areas of the hospital.

Consultant and registrar outpatient clinics are undertaken in general infectious diseases for post hospital discharge patients and external referrals, and in HIV medicine in association with the Canberra Sexual Health Centre.

The Infectious Diseases registrars are each allocated specific roles: (i) Infectious Diseases inpatients, (ii) medical/paediatric consults, (iii) surgical consults and (iv) relief/outside calls/special projects. The registrars may change rotations during the term.

During normal working hours, there is one consultant rostered to oversee the inpatients and another that covers the consult team patients.

The PGY1/2 on the team primarily cares patients admitted under the Infectious Diseases unit with supervision from the Infectious Diseases registrar and consultant.

Clinical responsibilities and tasks of the prevocational doctor

Under the supervision of the Infectious Diseases Registrar and/or consultant, the PGY1/2 is responsible for actioning the day-to-day management of the patients under the Infectious Diseases Unit. Depending on the workload of

Provide an overview of the routine duties and responsibilities

the PGY1/2 allocated to the term, there may also be an opportunity for the PGY1/2 to assist the registrar with consult patients and participate in outpatient clinics under the supervision of the registrar.

All inpatients should be seen daily until discharged. The PGY1/2 should have a detailed knowledge of the patient. There should be close, two-way communication between the PGY1/2, the registrar and ward nursing staff for all patients. The PGY1/2 should direct and encourage medical student's participation in the unit.

The PGY1/2 duties include, but are not limited to:

- Documenting in the medical record during ward rounds, reviews, results or clinical handover;
- Ordering of investigations;
- Co-ordinating external consultations;
- Reviewing, interpreting and actioning results of investigations;
- Troubleshooting of acute medical problems;
- Maintenance of medication and fluid charts;
- Routine procedures such as cannulation and IDC insertion;
- Discharge summaries;
- Communicating with the patient, family and carers;
- Supervising medical students;
- Attending and participating in unit meetings and educational sessions; and
- Participating in quality improvement activities.

Consultations:

The PGY1/2 is not directly responsible for patients on whom the Infectious Diseases Unit is consulted by other units, however there may be opportunities to broaden the experience and assist the consult registrars if time permits.

Ward Rounds:

The registrar should supervise all ward rounds. It is important that the registrar and the PGY1/2 participate in management decisions. Participation and responsibility should increase as the term progresses.

The registrar and/or PGY1/2 must review each patient every day. The ward round should be prioritised to see:

- (1) unstable patients
- (2) potential discharges
- (3) new admissions; then
- (4) all other stable patients.

Consultant rounds are conducted 2-3 times per week. The PGY1/2 is encouraged to present all new patients under the Infectious Diseases Unit to the consultant and update them on the progress of all existing patients. Please ensure that all current results of relevant investigations are available on rounds, particularly results of microbiology tests.

Multi-disciplinary Meeting:

Ensuring good communication between all members of the health care team is essential.

Multi-disciplinary meetings with the 9A CNC and allied health members are held on Wednesdays. The inpatient registrar and/or the PGY1/2 should attend. The PGY1/2 should document outcomes in the patient notes.

Post-Hospital Reviews:

Please ensure that the patient is provided with clear instructions regarding post-hospital review. This may be with the general practitioner, Infectious Diseases registrar or Infectious Diseases consultant. The follow-up plan should be determined at least the day prior to discharge. It is important that patients are booked into the correct outpatient clinic in the necessary timeframe. Please complete the post discharge clinic request in the DHR. If urgent please call Nicole or Lesa (Infectious Diseases Administration) on 5124 2105 or email: infectiousdiseases@act.gov.au with the patient details, the review doctor, time frame for review and whether the appointment suits a face-to-face or telehealth interaction.

Hospital-In-The-Home Transfers:

Many Infectious Diseases inpatients who require extended duration antibiotics will be suitable for Hospital-in-the-Home.

Considerations before transferring patients to HITH

- DO NOT send home patients who have evidence of systemic sepsis.
- Leg elevation is as important as antibiotics for the management of cellulitis/erysipelas – make sure the patient is able to be compliant at home
- Ensure the patient is physically able to care for themselves at home and/or has appropriate support
- Consider the social circumstances of the patient before referring them to HITH. Those who live alone or live in circumstances that will put themselves or nursing staff at risk would not be considered appropriate.
- Before being transferred to HITH a patient must have received at least ONE dose of the antibiotic whilst in hospital. Ensuring this has been charted and given will save delays in transfer to HITH.

	<ul style="list-style-type: none"> • Ensure that the recommended antibiotic is able to be administered via HITH (e.g. ampicillin and meropenem are unstable as 24-hour infusions). Once the patient is considered suitable for HITH, refer them as soon as possible with an estimated date of transfer. • The HITH Team (consultant, registrar and JMO) will take over the general care of these patients from the ward team. It is therefore vital that an effective handover is given to the HITH team by the ward team before this transfer occurs. Specialty care however may still be provided by the Infectious Diseases consultant. The responsible Infectious Diseases consultant is typically the supervising consultant at the time of transfer to HITH. On occasions (e.g. prolonged admission) it may be appropriate that a consultant more familiar with the patient's care is involved. Ensure that it is clearly documented in the medical records the Infectious Diseases consultant who will be involved with the patient's care in HITH and the day/time of next review. <p>Please ensure that the discharge summary is completed up until the time of transfer to HITH. The final discharge summary will be completed by the HITH JMO.</p> <p>Infection Control: The PGY1/2 must become familiar with the principles and practices of infection control and appreciate the common infection control problems that arise. An example must be set to other staff by performing hand hygiene before and after all patient contact. Patients with diseases that require isolation and/or notification must be brought to the attention of one of the infection control nurses as soon as possible. Common examples include meningococcal disease and infections due to MRSA or resistant gram-negative organisms.</p> <p>Weekends: These are largely the domain of the consultants. Please ensure that all relevant tests on ID Unit patients are ordered before the weekend. Please write a succinct progress note on all ID Unit patients on Friday afternoon. The progress note should summarise the patient's condition and include a management plan with reference to tasks required for the forthcoming weekend. If discharges are anticipated over the weekend, discharge medications should be prepared by Friday afternoon and appropriate administration, such as outpatient bookings, completed.</p>
<p>Work Routine Provide an overview of the work routine</p>	Work routine and tasks are outlined in more detail in the JMO Handbook.
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>Weekday Handover The Infectious Diseases registrar attends medical handover at 0800, whilst the PGY1/2 receives handover from the overnight Pod JMO and the ward</p>

	<p>nursing staff to assist in for review prioritisation of patients on the ward round.</p> <p>It is also important to ensure there is handover to the evening pod 1.0 JMO at the end of the day.</p> <p>Weekend Handover: Monday morning handover between the weekend consultant, inpatient team and consult registrars occurs at 08:30 on level 4 of building 10 or via videoconference.</p>
Safety	<p>Ward Safety</p> <ul style="list-style-type: none"> • As this team deals predominantly with infectious patients, rigorous adherence to the 5 moments of hand hygiene is essential. • Frequently clean high contact surfaces such as computer keyboards using the cleaning wipes provided. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Do not operate specialised equipment (e.g. patient slings) unless you have been trained in the use of such equipment. <p>Information on occupational violence and safety in pregnancy is available in the JMO Handbook. In particular, pregnant JMOs are advised to be aware of patients with TORCH infections and speak to their supervisor about safety around these patients.</p> <p>The Infectious Disease Department supports Speaking Up For Safety of patients and staff.</p>
Opportunities for Indigenous Health	<p>Aboriginal and Torres Strait islander peoples may present as patients within this term and PGY1/2 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

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>Clinical Management:</p> <ul style="list-style-type: none"> • Acquire the knowledge to diagnose and manage standard common infections such as <ul style="list-style-type: none"> ○ Pneumonia (CAP and HAP) ○ Cellulitis ○ Urinary Tract Infections ○ Osteomyelitis ○ Diabetic Foot infections ○ Septic Arthritis ○ Meningitis ○ Encephalitis ○ Meningococcaemia ○ HIV ○ Endocarditis
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	<ul style="list-style-type: none"> ○ Gastroenteritis ○ Fever in returned traveller ○ Tuberculosis <ul style="list-style-type: none"> ● Develop a detailed knowledge of antibiotic guidelines including major antibiotic classes, their uses and risks/side effects. <p>Procedural:</p> <ul style="list-style-type: none"> ● Observe or perform a lumbar puncture (if available). <p>Interpretative:</p> <ul style="list-style-type: none"> ● Develop an understanding of the processing and interpretation of the following specimens: blood, CSF, urine, stool, sputum, wound swabs, fluid specimens ● Develop an understanding of the interpretation of serological and molecular tests
<p>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.</p> <p>Formal education opportunities should also be included in the unit timetable</p>	<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. <p>Grand Rounds:</p> <p>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"> ● Infectious Diseases Clinical Meeting: There is a weekly Monday case presentation which the PGY1/2 will be expected to contribute to at least once during the rotation. This will usually take the form of a PowerPoint case presentation, which will be discussed by the registrar and/or consultant. ● Infectious Diseases Morbidity and Mortality Meeting: held periodically on Mondays as a substitute for the ID Clinical meeting. ● Infectious Diseases Complex Care Meeting: is held each Thursday where the current inpatient load and difficult consult patients are discussed. PGY1/2 are encouraged to research any

	<p>difficult clinical questions which may have arisen in the management of the patient to discuss at this meeting.</p> <ul style="list-style-type: none"> • Radiology Meeting: is held on Thursdays at noon. The PGY1/2 is required to compile the list of cases from each of the registrars and consultants and provide this to the radiology department by Wednesday. Dr Marr is best placed to assist with this if necessary. • Infectious Diseases Registrar Teaching: Specific registrar teaching is alternated with teleconferencing into the Melbourne Infectious Diseases Group Meeting (MIDG) on Tuesday mornings in the tutorial room on level 4 of building 10. The roster is co-ordinated by Dr Wilson. MIDG commences at 0730 whilst the tutorial commences at 0745. PGY1/2 are welcome to attend. • Prosthetic Joint Infection Meeting: is held monthly on Wednesdays from 0700 via video conference. PGY1/2 are welcome to attend. • Mycobacterium Multi-Disciplinary Meeting: is held every two months on Wednesday via videoconference. The PGY1/2 are welcome to attend. • Canberra Sexual Health Centre (CSHC) HIV Clinical Meeting & Monthly HIV Meeting: is held at 0830 on Wednesdays to discuss all HIV patients reviewed over the previous week. When HIV positive patients are admitted to hospital, the responsible registrar (+/- PGY1/2) should attend the start of the meeting to provide an update to the CSHC team. On the 4th Wednesday of the month, a HIV clinical meeting is held. 			
<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 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	0800 Medical Handover	0800 Medical Handover	0800 Medical Handover	0800 Medical Handover		
0830 ID Unit weekend handover B10 Level 4	0830 Registrar Ward Round	0830 Registrar Ward Round	0830 Consultant Ward Round			
0900 Consultant Ward round	0900 MDT 7B staff room		0900 MDT 7B staff room			
1300 ID Unit Clinical Case Meeting (medical school auditorium)		1200 Grand Rounds	1200 Radiology Meeting	1200 Consultant Ward Round		
1300 – 1400 Monday Shorts JMO Teaching	1430 Mandatory Intern Teaching		1300 - 1400 Mandatory RMO Teaching			

Patient Load Average Per Shift	4-10 per shift	
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: <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 Infectious Diseases term forms part of Medical Pod 1. All rostered overtime over weekends or late shifts during the week fall under Medical Pod 1, however some specialities, such as General Medicine, may have additional staffing rostered out of normal working hours.</p> <p>Medical Pod 1 encompasses:</p> <ul style="list-style-type: none"> • General Medicine • Neurology • Infectious Diseases • Renal Medicine; and • Relief positions. <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 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 evening cover). As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <p>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).</p> <p>JMOs will also be expected to do approximately three to five Med Pod 1 weekend/public holiday shifts throughout the term.</p> <p>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.</p> <p>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</p>	

	<p>attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon.</p> <p>After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians.</p> <p>You may wish to also review the Med Pod 1 term description.</p>
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List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook