

## Prevocational Training Term Description: Justice Health

<b>Date of term description version</b>	October 2023
<b>Date term last accredited</b>	March 2021

### Term Details

<b>Facility</b>	Canberra Health Services				
<b>Term name*</b>	Justice Health				
<b>Term specialty*</b>	General practice				
<b>Term location</b>	Variable located at: Hume Health Centre, Bimberi Youth Centre, ACT Court Cells, Dhulwa Mental Health Unit				
<b>Classification of clinical experience in term*</b> (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)
<b>Is this a service term?</b> 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
<b>Term duration (weeks)*</b>	12-14 weeks				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	<b>1</b>	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The CRMEC has not put any restrictions or limitation on this term		

### Term Supervision

<b>Term Supervisor (name and position)</b> 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 Peta Simotas   Staff Specialist	
<b>Clinical team supervision</b>	<b>Primary/Immediate Clinical Supervisor (name and position)</b> 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	<ul style="list-style-type: none"> <li>• Dr Rebecca Li, Clinical Director</li> <li>• Dr Peta Simotas, Staff Specialist</li> </ul>

	education, conduct EPAs and contribute to assessment.		
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	<ul style="list-style-type: none"> <li>• Dr Emily Jehne, Staff Specialist</li> <li>• Dr Alex Misev, VMO</li> <li>• Dr Jon Lancaster, VMO</li> <li>• Dr Ren Poh, VMO</li> <li>• Dr Mitchell Parker, VMO</li> </ul>	
	<b>EPA Assessors</b> 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.	
<b>Clinical Team Structure*</b> Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other
	Each PGY doctor will be allocated to a clinical team. In this term, JMOs are part of the Justice Health Primary Care team and are involved in the care of all patients allocated to the team. The Justice Health Primary Care team consists of several GP staff specialists and VMO's rostered on various days/sessions. The JMO will be supervised by either the term supervisor or another GP consultant rostered accordingly and will be responsible for JMO clinical supervision for that session/day.		

## Commencing the Term

<b>Requirements for commencing the term*</b> 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 are required. However, ACT Corrective Services (ACTCS) Security Awareness Training is required prior to direct patient contact. This is a half-day course conducted by ACT Corrective Services and is often undertaken before the term commencement.
<b>Orientation</b> 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. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term</b>	Orientation – Justice Health Service (JHS): the term supervisor will conduct orientation to the term in the first week. Site orientation occurs at the Hume Health Centre conducted by the JHS Clinical Nurse Educator or the Term supervisor. Service orientation occurs at the time of placement with JHS Primary Health Specialists and JHS other team members during the first week. Please contact JHS Administration staff (E: justicehealth@act.gov.au or T: 5124 2240) at least four weeks before the beginning of the term to make arrangements.  You will need to make suitable arrangements to attend the half-day mandatory ACTCS Security Awareness Training. This will need to coincide with available dates for this training at AMC and your availability to attend either the week before, or during the first week. As set out above, this is a mandatory requirement before you are able to see patients at AMC.

## 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**

**Role:**

In the ACT, Canberra Health Services provides health care for persons in custody. The primary health service is Justice Health, part of the division of MHJHADS CHS. Allied and tertiary health services are the responsibility for CHS and ACT Health.

Persons in custody lose their right to personal freedoms but all other human rights are preserved, including the right to health care. Providing health care also supports the ongoing integrity of the judicial system.

Custodial medicine is an evolving clinical discipline in Australia. Most of Australia's custodial medicine practitioners are general practitioners (GPs); a minority are public health, sexual health or emergency physicians.

**Locations:**

Justice Health Service operates in four clinical settings, including

- the Hume Health Centre at the Alexander Maconochie Centre (Adults) in Hume,
- the Bimberi Youth Health Centre at Bimberi Youth Justice Centre (Adolescents) in Mitchell,
- the ACT Court Cells in Canberra City (Adults and Youth Detainees) and
- the DMHU (CHS Secure Mental Health Unit - Adults) in Symonston.

**Patient Population:**

There are ~400 clients at the AMC, ~10 young people at the Bimberi Youth Justice Centre and ~30 beds at DMHU.

The [ACT Detainee Health and Wellbeing Survey 2016](#) describes the health of ACT detainees. Another key information source for Australia and ACT is the Australian Institute of Health and Welfare [Health of prisoners](#) website. Finally, the [ACT Detainee Health and Wellbeing Strategy 2023-2028](#) describes the ongoing shared vision and strategic priorities for health and wellbeing services for ACT detainees.

**Clinician Mix:**

JHS is primarily a nurse-led service with 30 Primary Care Nurses, Clinical Nurse Educators and Clinical Team Leaders for AOD Programs, Population Health and Primary Health. The medical team is comprised of General Practitioners comprising a mix of staff specialists and VMO's. The doctors have also worked in community practices and are active in postgraduate training, and education of medical students from the ANU Medical School and the University of Sydney. JHS also has forensic psychiatrists and mental health professionals and ready access to allied health practitioners through the Canberra Hospital.

**Clinical Services:**

This rotation aims to provide an opportunity for junior doctors to receive exposure to high quality primary health care and public health education and training, in a challenging but well supported ethical environment. Clinical care involves general

	<p>health issues with acute presentations, chronic diseases management, emergency presentations and office procedures. There are programs for clinical management of Alcohol and Other Drugs, Population Health and the Forensic Mental Health Services of Justice Health. There are also Dental, Optometry and Pain Medicine in-reach clinics.</p> <p>Clinical Care/Patient case mix:        Primary care, emergency presentations, medical assessments and examinations, minor surgical procedures (such as suturing, plaster splints and steroid joint injections), pain management, substance withdrawal management, opioid maintenance pharmacotherapy, immunisation, smoking cessation support, dietary and nutrition advice, dermatology, men’s health, women’s health, sexual health, Aboriginal health, clinical pharmacy, liver clinics including hepatitis B and C treatment, shared ante-natal care, chronic diseases management such as diabetes and renal disease, forensic psychiatry, mental health therapies and at risk mental health issues.</p> <p>At the Alexander Maconochie Centre, Winnunga Nimmityjah Aboriginal Health Service provides a clinical Primary Care service - Winnunga AMC - for some indigenous adult detainees, which started in 2018.</p> <p>Hume Health Centre has 2 consulting rooms, and health staff workstations and a large treatment / minor procedures room. The practice provides in excess of 500 patient encounters per week with 300 encounters provided by the medical team.</p> <p>Accreditation Status:        The service is accredited with the ACT Health Directorate, through the Australian Council of Health Services, and is accredited with the RACGP as a Training Practice.</p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b>        Provide an overview of the routine duties and responsibilities</p>	<p>By the completion of this term the JMO may expect to acquire the following knowledge:</p> <ul style="list-style-type: none"> <li>• Develop communication skills with patients, colleagues and staff members.</li> <li>• Consistently establish rapport and be empathic with patients</li> <li>• Elicit the patient’s issues, problems, feelings and expectations</li> <li>• Understand the principles of obtaining informed consent.</li> <li>• Complete appropriate certificates and reports relating to a patient’s illness.</li> <li>• Appropriately document findings in the JHS medical record system</li> <li>• Write appropriate referral letters to other health professionals.</li> <li>• Confirm a patient’s understanding and agreement with the management plan.</li> <li>• Appropriately discuss past and current management of a patient with the JHS Primary Health Specialist or another health professional</li> <li>• Write a concise discharge summary.</li> <li>• Initiate a medical interview and effectively take a history of the presenting complaint.</li> <li>• Perform a competent physical examination relevant to the presenting problem</li> <li>• Identify the presence and severity of the problem and anticipate the development of common and serious complications</li> <li>• Initiate appropriate therapy and management</li> <li>• Implement an appropriate investigation strategy</li> <li>• Recognise the sick patient and manage or refer appropriately</li> </ul>

- Understand the complexity of undifferentiated presentations in general practice, and form a differential diagnosis and appropriate management plan
- Gain an ability to deal with the uncertainty of some general practice presentations
- Recognize psychological presentations and form an appropriate management plan
- Demonstrate a capacity to manage common clinical presentations including hypertension, asthma, diabetes, dyslipidaemia, depression and musculoskeletal medicine
- Plan complex care - including formulating primary care management plans for diabetes, mental health, asthma, chronic pain.
- Maintain a multidisciplinary approach to patient care
- Access appropriate assistance in a timely manner
- Recognise and initiate appropriate management for emergency presentations
- Understand the indications and utility of commonly ordered pathology tests (eg: FBC, UEC, LFTS, FASTING LIPIDS, ESR/CRP, TFTS, IRON STUDIES, FOBT, PSA, INR, BHCG, BSL, HBA1C, VIRAL SEROLOGY, SWABS, MSU, CST SMEARS)
- Understand and implement preventative health measures and appropriate population screening, and
- Understand the shared-care for hepatitis B and hepatitis C programs.

#### Practical Skills

##### Essential:

- BP measurement
- Temperature reading
- Blood sugar estimation (finger prick reading)
- Urine dipstick testing
- Throat swab
- Ear examination with an otoscope
- Ear syringing
- Visual acuity assessment with Snellen eye chart
- Spirometry
- Peak Flow meter
- Use of asthma inhalers
- Immunizations and vaccinations
- Wound dressing and management
- Urine pregnancy testing

##### Optional skills that may be acquired depending on patient presentations:

- Eyelid eversion for foreign body examination
- Eye drop administration
- Eye irrigation
- Pap smears / vaginal swabs / speculum examination
- Urethral swab
- Cryotherapy
- Simple wound suturing
- Suture removal
- Simple skin lesion excision
- Application of a back slab

	<ul style="list-style-type: none"> <li>Obstetric examination: fundal height measurement/foetal heart sound detection</li> </ul> <p>Medical Administration Skills: Involvement in:</p> <ul style="list-style-type: none"> <li>The use of medical systems to identify, follow up, and recall patients with clinically significant results</li> <li>Medication reviews – Prescribing for New Admissions and 6 monthly recharting for long term patients</li> <li>Preparation of Case Summaries for MDT Meetings</li> </ul>
<b>Work Routine</b> Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the Rover guide.
<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	<p>Daily handover occurs at 0830 and 1200 with GP consultants and nursing staff in the treatment room.</p> <p>Prior to the end of term the incoming JMO should contact the current JMO for handover.</p>
<b>Opportunities for Indigenous Health</b>	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

<b>Term Learning Objectives</b> List the term-specific learning objectives*	<b>CLINICAL MANAGEMENT:</b>  Knowledge of the common conditions (mental illness, addictions, bloodborne viruses), procedures and routine work the JMO will be exposed to during the term (see clinical responsibilities and tasks above).
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	<b>General Mandatory Education</b> <ul style="list-style-type: none"> <li>Mandatory RMO teaching is Thursdays 1300-1400; This is protected time for PGY2 JMOs.</li> <li>Venue and topics are confirmed by email. The JMO is expected to attend over Microsoft Teams since attendance onsite at TCH will be difficult.</li> </ul> <p><b>Grand Rounds:</b> All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Unit.</p> <p><b>Term-Specific Training</b></p>

	<p>Attendance at Medical team meetings – Complex Care and OMT team meetings – Wednesday pm.</p> <p>Attendance at Medical Officer and Multidisciplinary team meetings.</p> <p>Attendance at General Practice Grand Rounds – Wednesday pm.</p> <p>Access to the INTACT;</p> <p>Publication in peer-review articles encouraged.</p>			
<p><b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b> Clinical Assessment</p>	<p><b>EPA 2</b> Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b> Prescribing</p>	<p><b>EPA 4</b> 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
Handover 0830-0900	Handover 0830-0900	Handover 0830-0900	Handover 0830-0900	Handover 0830-0900		
Primary Care Clinic 0900-1100	Primary Care Clinic 0900-1100	Complex Client MDT 0900-1000	Primary Care Clinic 0900-1100	Primary Care Clinic 0900-1100		
Medical Admin 1100-1200	Medical Admin 1100-1200	OMT MDT 1000-1100	Medical Admin 1100-1200	Medical Admin 1100-1200		
Handover 1200-1230	Handover 1200-1230	Medical Admin 1100- 1200	Handover 1200-1230	Handover 1200-1230		
LUNCH	LUNCH	Handover 1200-1230	LUNCH	Primary Care Clinic		
Primary Care Clinic 1300-1600	Primary Care Clinic 1300-1600	LUNCH	1300-1400: Mandatory RMO teaching (Teams)	LUNCH		
Medical Admin 1600-1630	Medical Admin 1600-1630	Primary Care Clinic Or Bimberi Clinic 1300-1600 (Bimberi clinic currently Wednesday am)	Primary Care Clinic 1400-1600	Primary Health Clinic 1400-1600		
	1430-1600 Mandatory Intern Teaching (Teams)		Medical Admin 1600-1630	Medical Admin 1600-1630		





<b>Patient Load</b> Average Per Shift	JMO will consult with at least 2 patients per clinic, under supervision of JH Primary Health Specialists.	
<b>Overtime</b>	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0
<p><b>After hours roster</b></p> <p>Does this term include participation in hospital-wide afterhours roster?</p> <p>If so advise:</p> <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> <p>If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster.</p> <p>The designated after-hours supervisor should be listed in the supervisory team.</p>	<p>After hours participation is not required as part of the Justice Health term. However, the JMO is required to participate in the after hours hospital roster during this term. This may include evening and weekend shifts.</p>	

**List Other Relevant Documentation**

Intern job description  
RMO job description  
JMO Handbook  
Rover Guide