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CRMEC
CANBERRA REGION MEDICAL EDUCATION COUNCIL

Prevocational Training Term Description: Rehabilitation Medicine

Date of term description version	November 2023
Date term last accredited	May 2021

Term Details

Facility	Canberra Health Services				
Term name*	Rehabilitation Medicine				
Term specialty*	Internal Medicine				
Term location	University of 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	3	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations 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 Philip Gaughwin – Clinical Director Dr Rinku Bhatia Dr Keith (Kwai Tung) Chan Dr Kwai Yew Chan Dr Eric (Sze Chit) Ho Dr Swarna Ila Venkata Dr Boris Ivanov
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.	JMOs are allocated to one of the primary Term Supervisors listed above who is generally one of the consultants leading their allocated team.

	They are readily 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.	The Rehabilitation Medicine Registrars are on site and can be contacted by phone or paged at any time. After hours there is a consultant on-call 24 hours and typically the JMO is rostered on with a registrar or SRMO.		
	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	
	Each PGY doctor will be allocated to a clinical team. In this term, patient care is allocated based on the ward that you are working on.			

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. All medical staff will undertake Intermediate Life Support training during their term to enable them to participate in the HERO (Hospital Emergency Response Officer) team response to the deteriorating patient. Upon commencement medical staff will also undertake a hospital induction.
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**	JMO will meet the Director of Rehabilitation Medicine at the commencement of the term who will provide orientation to University of Canberra hospital and provide an orientation booklet. Discussions on the interdisciplinary team model of care, concepts of Rehabilitation Medicine, and requirements for documentations will be discussed. Allocations to teams and wards will be discussed, as will the rehab teaching timetable schedule.

Overview of the Unit

<table>
<tr><td>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</td><td>The University of Canberra Hospital (UCH) is a purpose-built hospital with Rehabilitation facilities and adult mental health services. There are 120 inpatient rehabilitation beds across four wards, with 20 beds for adult mental health rehabilitation. The entire hospital is covered by all doctors for HERO calls and afterhours.

Stromlo Ward - Neurological Rehab Ward: 30 beds
• Predominantly neuro-rehabilitation impairment group case mix including: stroke, multiple sclerosis, spinal cord medicine and traumatic brain injury rehab.

Majura Ward – Subacute geriatric ward: 30 beds
• Ortho-geriatrics, geriatric rehab, deconditioning, post med/surgical rehab. (More details in the sub-acute geriatric Term Description).

Namadgi Ward - General Rehab Ward: 30 beds
• Musculoskeletal, multi-trauma, amputees.

Cotter Ward – Slow Stream Rehabilitation: 30 beds
• Rehabilitation services for patients with limited ability to participate in rehabilitation</td></tr>
<tr><td>Clinical responsibilities and tasks of the prevocational doctor
Provide an overview of the routine duties and responsibilities</td><td>JMO Responsibilities and Daily Tasks:
Rehabilitation Patients:
A history and clinical data are required for each rehabilitation patient. Relevant details include pre-morbid functional level, social history, past medical history, surgical procedures undertaken, consultations obtained and details about ongoing management of injuries or post operative instructions. The Hospital Course DHR section is of great benefit to members of the team during ward rounds and family meetings. It also provides the basis for the discharge letter for each client. Ensuring the Hospital Course summary is kept up to date is useful for any transfers to other wards or facilities and for finalising the discharge summary.

Ward Rounds:
If a patient’s management is unclear, then ASK! Remember if you are unhappy or uncertain about a patient’s management then discuss it. The rehabilitation medical staff are always happy to discuss issues relating to medical management. The registrar will attend most ward rounds. Consultants prefer that JMOs have at hand the most recent pathology and imaging results for each patient under their care.

Ward Work:
The registrar/nursing staff will advise you of what is required on the ward. You will also have a list of activities that need to be attended after each ward round. Discharge documentation will consume part of each day, as will medication reviews and consults.</td></tr>
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<tr><td></td><td>Your term assessment will be based in part on feedback from the whole team about your performance.

Admissions
Most patients are transferred from other hospitals and some are direct admission. A formal admission the same day of transfer is essential. The JMO is expected to ensure that the patient is medically stable, and that the medical status and rehab goals are documented immediately, or during the next working day. Patients admitted from the community or from small regional hospitals also require a formal admission and comprehensive medical review. The key items to document are:
Presenting Complaint including summaries of injuries, ongoing restrictions for physiotherapy and when the follow up is for (i.e. non-weight bearing status, limitations on range of movement or management of cervical collars)
Social history
Summaries of injuries and management
Medication and Allergies
Current medical status (thorough examination to be documented) (if not stable then escalate to registrar or consultant for transfer back to acute service)
Consultants generally prefer to review these patients on the day of admission.

Outpatient Clinics:
These are conducted by the consultant and the registrar during the week. There are no formal arrangements at present for the PGY2 to attend but encouraged if able. A timetable of available clinics is provided with the orientation manual.

Talking with Relatives:
The usual means of communicating with relatives is through formal family meetings. These are held on at least one occasion for each client and their family during the admission. The PGY2s are encouraged to attend at least one during their term. Communication with relatives on other occasions is up to the judgement of the JMOs. Consultants generally encourage contact with relatives, except in relation to nursing care issues which should be addressed by the CNC. If it is felt that a consultant needs to be involved, he/she may be able to discuss urgent matters at short notice if necessary, or an appointment can be made through Rehabilitation reception.

Consent:
You may be asked to witness a consent for a surgical or invasive procedure. If this is not a simple procedure, or if you are not fully familiar with the procedure or possible complications, then you should insist that a member of the surgical team explain the procedure to the patient and witness the consent.</td></tr>
<tr><td>Work Routine
Provide an overview of the work routine</td><td>Work routine and tasks are outlined in more detail in the JMO Handbook.</td></tr>
<tr><td>Clinical handover procedure
Provide an overview of the handover procedure and</td><td>There is a handover three times per day during the week in the Namadgi meeting room (level 2, UCH). The handover is documented. Interruptions to handover time are minimised. Attendance is taken. There is an overlap of 30 minutes between morning and evening teams to allow for adequate handover.</td></tr>
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expectations in this training term	- At 0800 all medical officers meet the night team for handover. - At 1600 there is a similar meeting to handover (acute issues, expected admissions) to the evening staff. - At 2030 the evening doctors hand over to the night SRMO / CMO.
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The Rehabilitation Medicine Unit 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:** By the completion of this term the JMO may expect to acquire the following knowledge: **Clinical:** • Gain an understanding of the assessment and management of disability especially associated with acquired brain injury and common chronic neurological, rheumatological, musculoskeletal and orthopaedic conditions. Develop skills in physical examination, particularly of the musculoskeletal and neurological systems. • Gain an understanding of disability assessment and support including complex community transitional care, National Disability Insurance Scheme support, Transitional Therapy and Care. • Understand the fundamentals of deconditioning, sarcopenia and frailty. **Procedural:** Develop an understanding of and if available undertake procedures relevant to the musculoskeletal system e.g. joint aspiration, subacromial steroid injection. **Educational:** Depending on the ward, by the end of the term, the JMO should be able to: • Define the term “evidence-based medicine”, including some of the potential applications and limitations of the use of EBM in clinical practice. • Define the terms: sensitivity, specificity, positive predictive value, and negative predictive value. • Understand the indications and utility of commonly ordered pathology tests including FBC, EUC, LFT’s, ESR/CRP, Rheumatoid factor, ANA, INR, blood glucose and calcium. • Demonstrate a competent examination of the knee, hip and shoulder. • Discuss the management of stroke from the acute to the rehabilitation phase. • Understand the typical clinical presentation associated with common stroke syndromes, and management issues associated with these syndromes.

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- Demonstrate a capacity to manage common clinical problems including hypertension, diabetes, dyslipidaemia, depression, incontinence, musculoskeletal conditions and neuropathic pain.
- Demonstrate an ability to take a functionally orientated history and develop a management plan which considers disability and functional limitation.
- Demonstrate some understanding of the basic management issues relating to some of the more common chronic neurological and rheumatological conditions. This includes RA, MS, motor neurone disease, peripheral neuropathy and Guillain Barre Syndrome.
- Demonstrate an ability to identify typical features on standard CT brain imaging associated with common stroke syndromes.
- Develop skills with oral presentation of complex medical cases.
- Understand the role of health professionals and the function of an interdisciplinary team in patient management.
- Undertake and present a comprehensive problem orientated medical history and functional assessment.

Interpretive:
By the end of your term in rehabilitation you should be competent at preparing complex discharge summaries.
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<tr><td>Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.
Formal education opportunities should also be included in the unit timetable</td><td>

General Mandatory Education

- Mandatory RMO teaching is Thursdays 1300-1400. This is protected time for PGY 2. The venue and topics are confirmed via email. This teaching is conducted in person at TCH so should be attended from UCH via the Microsoft Teams platform.

Grand Rounds
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 Infectious Diseases Unit. Given transport difficulties, this should be attended from UCH via Microsoft Teams.

Term-Specific Training

- RMO teaching (Rehabilitation) is Fridays 12:30PM to 1:30PM, Namadgi Meeting Room, Canberra Hospital. A timetable of teaching sessions will be provided with an orientation booklet.
- Geriatric Education Meeting Tuesdays 12:30PM, TCH Auditorium (also online).
- Rehabilitation Journal Club / Case Presentation / Pathology and Medical Imaging review will be held in the first three weeks of each term. This is online (Teams) and Face to Face (Kamberra Meeting Room, CERC).
- Ward based teaching (ward rounds, informal registrar teaching).

Educational Resources:
A comprehensive range of reference material is held in the TCH hospital library and is available on the Intranet.
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During this term prevocational doctors should expect opportunities 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

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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 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 Morning Handover 1300 – Monday Shorts (non mandated) JMO teaching (streamed) 1600 Afternoon Handover	0800 Morning Handover 1600 Afternoon Handover	0800 Morning Handover 1600 Afternoon Handover	0800 Morning Handover 1300 Mandatory RMO Teaching 1600 Afternoon Handover	0800 Morning Handover 1230 JMO Teaching 1600 Afternoon Handover	0800 Morning Handover 2100 Evening Handover	0800 Morning Handover 2100 Evening Handover

UCH Teaching Timetable (exact days/times TBC):

- 2 Consultant-led full ward rounds twice weekly with each Consultant. (i.e.: 4 formal ward rounds-with a Consultant- per week)
- Registrar-led ward rounds daily to review all patients
- Weekly JMO teaching sessions – case presentations with either a consultant or registrar.

NB: Consultant rounds will vary according to term and roster schedule. JMOs are strongly encouraged to attend clinics

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<tr><td>Patient Load
Average Per Shift</td><td colspan="2">30 per ward</td></tr>
<tr><td rowspan="2">Overtime</td><td>Rostered overtime hours/week</td><td>8</td></tr>
<tr><td>Unrostered overtime hours/week</td><td>0</td></tr>
<tr><td>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.</td><td colspan="2">JMOs will be expected to work on the after-hours roster. After hours consists of:
• Evening shifts from 1630 to 2100 with another medical officer
• Weekends from 0800 to 2100 with another medical officer

There is a consultant on-call 24 hours a day (roster via CHS switch).</td></tr>
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List Other Relevant Documentation
Intern job description RMO job description JMO Handbook UCH Rehabilitation JMO Orientation Manual