

Prevocational Training Term Description: Rheumatology, Immunology and Dermatology

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

Term Details

Facility	Canberra Health Services				
Term name*	Rheumatology, Immunology and Dermatology				
Term specialty*	Internal Medicine				
Term location	The 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	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The CRMEC has not placed any conditions or 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 Chandi Perera (Rheumatology)	
Clinical team supervision	Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical practitioner	Rheumatology 5124 3107 Dr. Chandi Perera A/Prof. Kathleen Tymms Dr. Ted Tsai

	<p>(PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.</p>	<p>Dr. Peta Pentony Dr Kokum Dissanayake Dr Katie Morrisroe</p> <p>Immunology– 5124 8444 Dr. Katrina Randall Dr. Carolyn Hawkins Dr. Gary Chew Dr. Wei-I (Winnie) Lee Dr. Yeri Ahn Dr. Timothy West</p> <p>Dermatology – 5124 2322 Dr. Andrew Miller</p>	
	<p>Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.</p>	<p>Rheumatology – Two advanced trainees (one for inpatients & consults and one for outpatient clinics)</p> <p>Immunology - Two advanced trainees (one for Clinical Immunology (inpatients, outpatients & consults) and one for Immunopathology).</p> <p>Dermatology - Two advanced trainees (one for inpatients & consults and one for outpatient clinics)</p> <p>After hours supervision by M1 (medical registrar), or otherwise specialty registrar/consultant on-call.</p>	
	<p>EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.</p>	<p>All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.</p>	
<p>Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.</p>	<p>Ward Based</p>	<p>Team Based</p>	<p>Other</p>
<p>One PGY2 doctor is allocated to cover all three clinical teams. In this term, Rheumatology generally has 3-8 inpatients, immunology 1-2 inpatients and dermatology 0-1 inpatients. Patients are seen daily by the JMO with the advanced trainee or consultant. There is an expectation that there is some give and take and flexibility between the three teams to enable the JMO to prioritise ward work and rounding, with priority given to the sickest and busiest teams.</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.

Basic Clinical Training

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**

JMOs should contact Dr Perera to organise an initial orientation to the term. Chandima.Perera@act.go.au or stephanie.Mcnamara@act.gov.au (Rheumatology office manager). JMOs should also contact advanced trainees from all three disciplines. Contacting supervisors from all three units is essential during the first week of rotation.

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 rheumatology, dermatology and immunology teams aim to:

- Provide excellence in the care of rheumatology, dermatology, and immunology patients within Canberra Hospital.
- Foster teaching and research of rheumatology, dermatology, and immunology within the hospital.
- Care for inpatients and outpatients with rheumatological, dermatological and immunological diseases.
- Consult on inpatients with rheumatological, dermatological and immunological diseases under the care of other units.
- Provide advice on the management of patients with rheumatological, dermatological and immunological diseases.
- Teach nursing and allied health on rheumatological, dermatological and immunological diseases.

This term forms part of Medical Pod 3

Medical Pod 3 includes:

- Home in the Hospital (HITH)
- Respiratory & Sleep Medicine
- Cardiology
- Rheumatology Immunology & Dermatology
- Endocrinology
- Medical Support Placements

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

	<p>specialties’ teaching programme. PGY 2 are expected to attend general intern teaching sessions held every Thursday afternoon.</p> <p>Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the coordination of the working unit.</p> <p>Within your pod you will have one or two weeks of evening shifts. Handover will be conducted at a nominated site where all JMO’s for the pod must meet to handover relevant information, evening to night shift handover is held in the main auditorium. A week of night shifts will also occur during your term. Following this you will have 5 days off, 2 days on call . Alternatively, arrangements can be made to allow for leave provided adequate warning is given.</p> <p>By allocating sets of evenings, nights and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod who you will be familiar with. 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 more focused handover and utilise relevant electronic 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>As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four-hour period to provide better communication with general practitioners and other external care givers.</p> <p>You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bedside teaching conducted by the other specialties within your pod where possible. All JMOs will be required to work weekends as dictated by the roster.</p> <p>The Rheum/Immuno/Derm term is demanding due to its high complexity patients despite moderate patient numbers; as well as its mix of 3 specialties. Good time management and organisational skills are required to ensure equal participation with all 3 subspecialty teams.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>Daily Duties: Attend morning handover. The JMO should try to attend at least half of one outpatient session per week and include each of the three disciplines. The JMO should also jointly be responsible, with the registrar, for the assessment and care of patients attending HITH under the care of one of the consultants.</p> <p>Under the supervision of the registrar, the JMO is responsible for the day-to-day management of patients under the rheumatology, dermatology and immunology units.</p>

All patients should be seen daily until discharge. The JMO should encourage the medical student's participation in the unit.

Investigation results are to be checked at the end of each day and discussed with registrars and/or consultant; daily late afternoon paper round/progress discussion with registrars.

The JMO is responsible for ensuring safe and best practice follow up arrangements for all discharged pts. This includes clear after-care plan in discharge summaries and making referrals and arrangements for any relevant outpatient clinic follow-up appointments, radiology appointments, HITH, day therapy unit, and/or the outpatient Spinal Pain Service.

Ward Rounds & Presentations:

- The JMO should attend all ward rounds including inter-unit consultations.
- The specific diagnoses and problem list are to be documented as discussed during patient ward rounds. Any other dictated letters are the responsibility of the registrar or specialist.
- The JMO is responsible for presenting all new patients in the rheumatology unit to the consultants every Wednesday in the Departmental teaching meeting/weekly combined ward round and entering and updating patient details in the handover on DHR.
- The JMO should attend the unit book round on Tuesdays at 1pm that is conducted by the Immunology AT.
- The JMO may have the opportunity to present rheumatology patients at the quarterly morbidity and mortality meeting under the supervision of the registrar and consultant.

Grand Rounds:

JMOs are expected to attend grand rounds.

The JMO may be asked to present at grand rounds during the term. These must be presented according to the guidelines issued by the Academic Unit of Internal Medicine. The case will usually be presented by the JMO or registrar followed by a discussion by the registrar and/or consultant. Presentations must be rehearsed.

End of term:

At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.

Consultations:

The JMO is not directly responsible for patients on whom the Dermatology unit are consulted by other units. However, the JMO should attend all rounds on consultations as this provides an ideal vehicle for continuing education.

Outpatients:

The JMO is not required to attend outpatient clinics, however attendance is encouraged. The outpatient clinic is intended to be a teaching vehicle for both the JMO and medical students.

	<p>Pathology and medical Imaging tests: All tests must have an indication. It is important to have an interpretation plan in place prior to ordering the test so that the results may be useful in the patient's management. Once tests are ordered please ensure tests are followed through and that the consultant is informed if there is likely to be a difficulty or delay in performing the tests.</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>Internal Medicine Handover from 8am – 8:30am Building 2 level 3 conference room 1.</p>
<p>Safety</p>	<p>Occupational Violence While rare, occupational violence is a risk in all departments. JMOs should:</p> <ul style="list-style-type: none"> • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). <p>Pregnancy PGY1/2 who are pregnant or trying to conceive should be aware of the following:</p> <ul style="list-style-type: none"> • Where possible, ensure immunisations are up to date prior to conception. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Rigorous adherence to the 5 moments of hand hygiene is essential to maintain patient and clinician safety. • Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. • Take care with patients who may have communicable infections associated with congenital infection (e.g. varicella-zoster, CMV, parvovirus) and discuss with your supervisor options for reducing risk of infection. • Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). • Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) . • Be alert around patients who are delirious, confused or known to have previously engaged in violence. <p>The Rheumatology, Immunology and Dermatology Departments support Speaking Up For Safety of patients and staff.</p>
<p>Opportunities for Indigenous Health</p>	<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*

CLINICAL MANAGEMENT:

Rheumatology

By the end of the term the JMO should:

- Be able to take a complete history and examination of patients suffering from low back pain, arthritis, connective tissue disease, and musculoskeletal complaints.
- Be able to outline broad principles of further assessment and management in these patients.
- Develop specific skills in joint examination.
- Develop an ability to interpret full blood count, general biochemistry and basic immunological tests.
- Develop an understanding of the broad outlines of relevant clinical pharmacology of anti-rheumatic and immunosuppressive drugs.

Immunology

By the end of the term the JMO should:

- Develop an understanding of the broad approach to management of complex autoimmune and inflammatory disease, particularly systemic lupus erythematosus and systematic vasculitides, Immune deficiencies (especially primary antibody deficiency), Secondary immune deficiency, Sarcoidosis and hypersensitivity disorders including allergy.
- Develop an understanding of the principles and risks of immunosuppression and immune modulating therapies.
- Develop an understanding of the risks of immunoglobulin replacement therapy.

Dermatology

By the end of the term the JMO should develop an understanding of the process to diagnose and manage the following common and/or important dermatological conditions:

- Eczema
- Psoriasis
- Drug eruption
- Actinic keratosis
- Basal cell carcinoma
- Squamous cell carcinoma
- Benign skin tumours (verruca, vulgaris, seborrheic keratosis)

Procedural:

By the end of term:

- Observe aspiration and injection of knee and/or shoulder joint.
- Observe skin (allergy) testing, challenges.
- Perform cryotherapy.
- Perform skin biopsy.

	<p>Educational: Develop an understanding of the process of problem orientated research and conduct basic Medline search. Develop an ability to do clear and concise case presentations.</p> <p>Interpretive: By the end of your term you should be competent at preparing an initial assessment and have developed an ability to assist in managing complex patients. You should also have improved skills for joint examination and be able to undertake competent oral presentations of complex medical cases; and understand the processing and interpretation of a skin biopsy.</p>			
<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. Formal education opportunities should also be included in the unit timetable</p>	<p><u>General Mandatory Education</u></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 JMOs Mandatory RMO teaching is Thursdays 1400-1500. <p>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 Unit.</p> <p><u>Term-Specific Training</u> Combined Rheumatology/Immunology/Dermatology Unit Meeting: This meeting is conducted on rotation by the Consultants in the combined unit. The JMO may be involved in a case presentation and may be encouraged to perform some basic research with regard to the presentation at the meeting.</p> <p>Prepare and present material for quarterly M&M meetings.</p> <p>The JMO should update clinical details for rheumatology in patients in the rheumatology Redcap database each Tues.</p> <p>Educational Resources: rheumlearningportal.wordpress.com</p> <p>AMO Teaching: Dr Kokum Dissanayake, Dr Katie Morrisroe, Dr Pentony, A/Prof Tymms, Dr Perera, Dr Dorai-Raj, Dr Tsai, Dr Miller, Dr Drummond, Prof Cook, Dr Randall, Dr Hawkins, Dr Chew.</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
8.00-8.30 morning handover 9.00 Immunology Radiology meeting (first Monday of the month)- via Teams 8:30 Inpatient ward-round	8.00-8.30 morning handover 8:30 Inpatient ward-round 13.00 Immunology book round 14.30-16.00 Intern teaching session	8.00-9:00 Rheumatology / Immunology / Dermatology Education meeting (journal club, M&M, histopathology, case based presentations) 9.00 Consultant Rheum WR 10.30 Rheumatology X-ray meeting	8.00-8.30 morning handover 8:30 Inpatient ward-round 13.00-14.00 MEU teaching	8.00-8.30 morning handover 8:30 Inpatient ward-round Afternoon: Dermatology Outpatients clinic (weeks 1 & 3 in bldg 11 (Paediatric or Sexual Health) and 2 & 4 in bldg 3).		

Patient Load Average Per Shift	10	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0 - 1
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.	Rheumatology, Immunology and Dermatology is part of Med Pod 3. Medical Pod 3 includes: <ul style="list-style-type: none"> • Gastroenterology and Hepatology • Home in the Hospital (HITH), • Respiratory Medicine, • Cardiology, • Rheumatology Immunology & Dermatology, • Psychiatry, • Endocrinology Within Medical Pod 3, each Junior Medical Officer will be expected to cover one to three weeks of evening shifts from 3-11.30pm. Additionally, each JMO will be expected to cover one week of night shifts from 9pm – 8am (8.30pm-8am on weekends). Following this you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Finally, each JMO will be expected to cover three to five weekend shifts (either Medical Pod 3 from 8am to 8.30pm or Gastroenterology from 8am to 4.30pm) throughout the term. Onsite supervision in the form of the Medical Registrar (M1) is available if support is required during after hour periods.	

List Other Relevant Documentation

Intern job description
 RMO job description
 JMO Handbook