

Prevocational Training Term Description: General Medicine

Date of term description version	January 2024
Date term last accredited	May 2020

Term Details

Facility	Goulburn Base Hospital				
Term name*	General Medicine				
Term specialty*	Medicine				
Term location					
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)*	One term (12-14 weeks)				
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)		This term is not accredited for afterhours work, except the on-call theatre cover roster.	

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.		Team 1 Intern: Dr Pushpa Wickramasuriya (VMO Physician) Team 2 Intern: Dr Ahmed Kaithal Shahir (VMO Physician) Team 2 RMO: – Dr Anindiya Banerjee
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.	Team 1: Dr Anthony Whelan (VMO Physician) Dr Athula Kosgallana (VMO Physician), Team 2: Dr Ganesh Ramanathan (VMO Physician)

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Medical Registrars from The Canberra Hospital		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors in this term who have undertaken EPAs training can assess EPAs		
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	
	The teams' structure is as follow Team 1 Consultants – Dr Pushpa Wickamasuriya, Dr Anthony Whelan, Dr Athula Kosgallana Medical Registrar – from TCH Medical Team 1 Intern Team 2 Consultants – Dr Ganesh Ramanathan, Dr Anindiya Banerjee, Dr Ahmed Kaithal Shahir Medical Registrar – from TCH Medical RMO Medical Team 2 Intern			

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. The JMO in the medical term is expected to have skills on par with JMO at a PGY1/PGY 2level. The JMO should be competent in history taking, physical examination, venepuncture, intravenous cannula insertion and indwelling catheter insertion. In the event, the JMOs are not familiar with a procedure (especially during the first term), they will be given supervision by the registrar or the VMOs. JMOs are strongly encouraged to liaise with their registrars and VMOs in regard to their findings and to direct patients' care.
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	Prior to commencing the rotation, the JMO will attend two days of orientation conducted by various Departments of Goulburn Base Hospital. The orientation program includes a half day introduction which outlines patient flows and geographical location and orientation of wards, equipment, facilities etc. The JMO will also receive an introduction to administration and IT systems. The JMO will be provided with time to do Mandatory Training as well. A separate term orientation will be organised by the medical team.

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 medical term is an ideal opportunity for JMOs to be exposed to patients with conditions encountered commonly in Specialist Physician Practice. At times, it may be quite busy but generally it is well structured with majority of patients located on a single ward and consultants' ward rounds being well spaced.

There are great learning opportunities during this term given Goulburn Base Hospital is not a specialized hospital. There will be wide variety of exposure including

(a) Acute Care

- Patients admitted for a variety of acute medical condition including (but not limited to) acute coronary syndrome, stroke, COPD, infection e.g. pneumonia and UTI, delirium and many more conditions.

(b) Chronic and Palliative Care

- Patients are also admitted for discharge planning issues given besides rehabilitation ward, there is no other subacute ward in Goulburn. Thus, there will be a lot of discharge planning issues that they will get exposure in. Moreover, they have a lot of learning opportunities during MDT meeting on every Thursday.
- The medical ward has 4 palliative care suites. These suites are reserved for palliative care patients especially the terminally ill patients.

JMOs are well supported by two Medical Registrars (one for each team 1 & 2 respectively) and the Consultant Physicians.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

- Review patients being admitted under their team together with registrar or VMO and assist in documenting clinical findings and management.
- Attend ward rounds by VMOs or Registrars giving priority to new admission and acutely ill patients. JMOs are expected to document clearly in eMR in regards to any changes in patient's condition and management plan.
- Perform procedures expected of PGY1/PGY 2. If inexperienced (especially in term 1), supervision will be provided by the registrar or VMO.
- In conjunction with the registrar, inform VMO of any new consults requested by other teams, new changes to existing patients and important blood test and radiological findings.
- Order investigations in an appropriate manner under the supervision of the registrar or VMO.
- Communicate with patients and their family where appropriate.
- Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines.
- Ensure Discharge summaries are completed in a concise and timely manner.
- Ensure each patient is given an accurate list of discharge medication and proper follow up plan.
- Attend Rapid Response calls and assist the registrar or VMO in managing these patients.
- Provide flexible support to the other medical intern if the workload is unequal.

Work Routine Provide an overview of the work routine	<ol style="list-style-type: none"> (1) The Medical Registrars are expected to get handovers from night ICU registrar at 0800. After this, the registrars and JMOs will conduct ward rounds and ward duties. (2) At 0900 – there is a journey board (except for Thursdays where there is a MDT meeting at 1000). (3) After the 0900 journey board, there will be consultant ward rounds. (4) After the ward rounds, the JMOs are expected to perform the normal duties of a JMO such as discharging patients, reviewing patients as necessary and performing simple procedures and ward duties. Generally the JMOs are not expected to admit the patients except to assist the medical registrars to admit patients from ED. (5) They are expected to handover to the evening RMO at 1600. If they are not able to finish their duties by 1630 (including handover), they will be paid overtime as per NSW policy.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	0800 – the medical registrars will get a handover from ICU registrars. 1600 the medical JMOs will handover to the evening ward cover.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients may present within this term and JMOs can 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 learning objectives <ul style="list-style-type: none"> • To develop competence in effectively and safely assessing, evaluating, and managing patients (including undertaking physical examination and history taking) with the following common medical diseases: <ul style="list-style-type: none"> ○ Acute Coronary Syndrome ○ Acute Asthma ○ Acute Respiratory Failure ○ Acute Cardiac Arrest ○ Acute Cardiac Failure ○ Cerebrovascular Disease ○ Diabetes Mellitus ○ Acute Renal Failure ○ Delirium ○ Geriatric and rehab conditions including dementia, frailty, geriatric syndromes, amputee, spinal cord injury, neurological conditions (e.g., Parkinson’s, MS) • To develop an understanding of the complex interaction of physical, physiological, social and cultural factors that determine the specific clinic problems of an individual patient. • To develop effective communication skills with patients, their relatives and other health care professionals.
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	<ul style="list-style-type: none"> • To develop skills in appropriate ordering of laboratory test and subsequent interpretation of results. • To recognize ECG changes of acute coronary syndrome and common arrhythmias. • To develop skills in the following procedures: <ul style="list-style-type: none"> ○ Intravenous cannulation and venipuncture ○ ABG ○ IDC insertion ○ Pleural aspiration (under supervision) ○ Lumbar puncture (under supervision) ○ Ascitic tap (under supervision) 			
<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>A comprehensive formal JMO education program has been established. JMOs are expected to make every effort to attend as many educational activities as possible.</p> <p>(1) Journal Club</p> <p>(a) Time – Tuesday at 9.15AM.</p> <p>(b) Place – ICU Meeting Room</p> <p>(c) Expectation – JMOs are expected to attend and participate in presentation of journals. Registrar and VMOs will guide the JMOs through this process.</p> <p>(2) Formal Teaching</p> <p>(a) Time – Wednesday 1330 to 1500.</p> <p>(b) Place – Thomas Marsden Room</p> <p>(c) Expectation – JMOs are expected to attend this education session which is protected time (medical registrar will carry your pager).</p> <p>(3) Thursday Grand Rounds</p> <p>(a) Time – 1pm on Thursdays;</p> <p>(b) Place – Teams Meeting</p> <p>(c) Expectations – JMOs are expected to attend this session and present in 1 grand round during their rotation under the supervision of VMO. In addition, there will be local and outside speakers to provide good educational opportunities for the JMOs.</p> <p>(4) Discharge Summary Meetings</p> <p>(a) Time – 2pm – 3pm on Thursdays</p> <p>(b) Place – Thomas Marsden Room</p> <p>(c) Expectations – the medical JMO is expected to attend this session and present all the discharge summaries that they have signed off. The coders will explain the coding section. There will be medical consultants and GPs to provide feedbacks on discharge summaries. It is highly likely EPA 4 will be completed during these sessions. Prior to these sessions, Dr Ganesh Ramanathan will conduct the first session i.e. presenting the discharge summaries he completed to ensure the JMOs know what to expect.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p style="text-align: center;">EPA 1</p> <p style="text-align: center;">Clinical Assessment</p>	<p style="text-align: center;">EPA 2</p> <p style="text-align: center;">Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3</p> <p style="text-align: center;">Prescribing</p>	<p style="text-align: center;">EPA 4</p> <p style="text-align: center;">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
0800 – Handover	0800 – Handover	0800 – Handover	0800 – Handover followed by ward round	0800 – Handover	No Weekend	No weekend
0900 – Journey Board followed by ward round	0900 – Journey Board followed by Journal Club. This will be followed by ward round	0900 – Journey Board followed by ward round	1000 – MDT meeting	0900 – Journey Board followed by ward round		
1200 – 1230 – Lunch	1200 – 1230 – Lunch	1200 – 1230 – Lunch	1200 – 1230 – Lunch	1200 – 1230 – Lunch		
1230 – 1600 – Ward Work	1230 – 1600 – Ward Work	1230 – 1600 – Ward Work	1300-1400 – Grand Rounds	1230 – 1600 – Ward Work		
1600 – 1630 - Handover	1600 – 1630 - Handover	1600 – 1630 - Handover	1400 – 1500 – Discharge Summary Meetings.	1600 – 1630 - Handover		
			1500-1600 – Ward Work			
			1600 – 1630 - Handover			



Patient Load Average Per Shift	10-15 patients a day (Team 1 and 2)	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	5 – 8 (on average)
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.	This term is not accredited for after hours rosters, excepting on-call theatre cover as per below. Weekday cover <ul style="list-style-type: none"> - 1 in 9 weekday cover from 1600 to 2030 for theatres only. - This is oncall basis. - If there is an emergency in theatre, the JMO oncall will be called in to assist in theatre. 	

Other Relevant Documentation