

## Prevocational Training Term Description: Rehabilitation Medicine

<b>Date of term description version</b>	April 2024
<b>Date term last accredited</b>	May 2020

### Term Details

<b>Facility</b>	Goulburn Base Hospital				
<b>Term name*</b>	Rehabilitation				
<b>Term specialty*</b>	Rehabilitation				
<b>Term location</b>					
<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>	One term (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)	This term is not accredited for afterhours work, except the on-call theatre cover roster.		

### 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.	<b>Dr Roslyn Davis (VMO Rehabilitation)</b>
<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	<b>Dr Jennifer O'Riordan (VMO Rehab Physician)</b>

	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.	Rehab Registrar	
	<b>EPA Assessors</b> 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	
<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
	The team has 1 consultant (Dr Roslyn Davis for Monday and Friday; Dr Jennifer O’Riordan for Wednesday, Thursday and Friday), 1 rehab registrar and 1 intern.		

## 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.	Basic Clinical Training.  Rehab Intern (Rehabilitation) broad range of patients, working closely with the multidisciplinary team. Ability to know the roles and range of knowledge and skills of the allied health team- OT, physio, social worker, speech pathologist and dietician. Cannulas, venepuncture, ABG’s, NG tubes, IDC, skin biopsies ( occasionally) Management of clinical reviews, rapid responses are not rare.
<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>	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 orientation term orientation will be conducted during the two days orientation by Dr Jennifer O’Riordan.

## Overview of the Unit

<p><b>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</b></p>	<p>Rehabilitation term is an excellent opportunity to learn various conditions in the rehabilitation setting. Goulburn Base Hospital Rehabilitation Unit is handling around 18-24 patients. Given the rehabilitation unit is located in the hospital, rehabilitation unit does accept early admissions to rehab e.g. post stroke. This will give an ideal opportunity to learn from a wide variety of patients. Given the unit is not specialised, the exposure will be wide.</p> <p>The rehabilitation intern will be well supported by the Rehabilitation Physician and Rehabilitation registrar. There will be daily consultant ward rounds.</p> <p>The various conditions include:</p> <ul style="list-style-type: none"> <li>• CVA: infarction or haemorrhagic. Admitted as early as 3 days post stroke if stable.</li> <li>• Medical illnesses post-acute e.g. Pneumonia, sepsis, infections, cardiac- CCF, IHD, post op CABG</li> <li>• COPD, advanced pulmonary diseases, musculoskeletal- injuries, disc, radiculopathy</li> <li>• Arthritis, pain conditions, spinal cord injury patients admitted with acute medical conditions</li> <li>• Occasionally more acute spinal e.g. Epidural hematoma. Neurological- MS, Parkinson's, and other variants such as progressive supranuclear palsy</li> <li>• Amputees post-surgery for pre-prosthetic or non-prosthetic rehab. Post-op arthroplasty patients. Geriatric assessment, management and rehab for patients with falls, fractures. Younger patients post multi-trauma</li> <li>• Head injury, cervical spine injuries</li> </ul> <p>The main work for the rehab medical team is management of medical conditions. Most of the complex surgical patients coming to rehab have significant medical co-morbidities.</p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b>          Provide an overview of the routine duties and responsibilities</p>	<ul style="list-style-type: none"> <li>• Review patients being admitted under their team together with registrar or VMO and assist in documenting clinical findings and management</li> <li>• 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.</li> <li>• Perform procedures that is expected of PGY1/PGY 2. If inexperienced (especially in term 1), supervision will be provided by the registrar or VMO.</li> <li>• 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.</li> <li>• Order investigations in an appropriate manner under the supervision of the registrar or VMO.</li> <li>• Communicate with patients and their family where appropriate.</li> <li>• Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines.</li> <li>• Ensure Discharge summaries are completed in a concise and timely manner.</li> <li>• Ensure each patient is given an accurate list of discharge medication and proper follow up plan.</li> <li>• Attend Rapid Response calls and assist the registrar or VMO in managing these patients.</li> <li>• Educational Requirement             <ul style="list-style-type: none"> <li>○ Attend as many educational sessions as possible</li> <li>○ Present in Journal Club (roster will be given at the start of the rotation)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Present a case on one occasion during Thursday Grand rounds.</li> <li>● Provide flexible support to the other medical intern if the workload is unequal.</li> </ul>
<b>Work Routine</b> Provide an overview of the work routine	0800 – handover will be obtained by the rehab registrar. 0830 – there will be a journey board 0900 – 1600 – Ward Round followed by post ward round duties.
<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	0800 – the rehab registrar will get a handover from ICU registrars. 1200 (Tuesday and Wednesdays) the HITH/Floater JMO will get a handover from the medical registrar. 1600 the medical JMOs will handover to the evening ward cover.
<b>Opportunities for Indigenous Health</b>	Aboriginal and Torres Strait islander patients may present 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. The JMOs will have opportunities to have education on Indigenous Health including <ul style="list-style-type: none"> <li>(a) 1 session in weekly teaching</li> <li>(b) 1 grand rounds on Indigenous Health</li> <li>(c) Mandatory Training on Indigenous Health</li> </ul>

## Education, Learning and Assessment

<b>Term Learning Objectives</b> List the term-specific learning objectives*	Learning Objectives are mapped according to Prevocational Outcome Statement by Australian Medical Council  Domain 1: Practitioner <ul style="list-style-type: none"> <li>(1) The junior doctors will be expected to develop practical knowledge with common topics within rehabilitation medicine including but not limited to               <ul style="list-style-type: none"> <li>(a)</li> </ul> </li> <li>(2) Develop ability to do rehabilitation admissions including history taking, performing physical examinations and ordering investigations. Rehabilitation registrar is expected to assist the junior doctors in achieving this objective.</li> <li>(3) Develop an understanding of interpreting common investigations including but not limited to blood tests, radiology test, ECG, spirometry, urinalysis</li> <li>(4) Develop procedural skills including ABG, IDC insertion, venesection and IV cannula insertion.</li> <li>(5) Develop practical knowledge to support Aboriginal and Torres Strait Islander patient care. We will provide education and grand round sessions.</li> <li>(6) Perform proper documentation including performing proper discharge summaries and discharge reconciliation. We have discharge summary meetings to assist with this.</li> </ul>
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	<p>(7) Develop ability to communicate with patients and family.</p> <p>Domain 2: Professional and Leader</p> <ol style="list-style-type: none"> <li>(1) Develop ability to manage time and workload demands.</li> <li>(2) Develop ability to work collaboratively with other healthcare professionals.</li> </ol> <p>Domain 3: Health Advocate</p> <ol style="list-style-type: none"> <li>(1) Develop skills to perform basic health promotions including but not limited to eating healthily, maintain healthy lifestyle, smoking and alcohol cessation.</li> <li>(2) Develop understanding on how to apply who-of-person-care including physical, emotional, social, economic, cultural, spiritual and geography location factors. In particular, in this rural rotation, JMOs are expected to learn on how rurality will affect our day to day clinical decision making.</li> <li>(3) Develop an understanding of Indigenous health and apply knowledge of Aboriginal and Torres Strait Islander people’s culture and past events that might affect our day to day clinical decision making.</li> </ol> <p>Domain 4</p> <ol style="list-style-type: none"> <li>(1) Develop an ability of critically appraise the scientific literature.</li> <li>(2) JMOs will be given the opportunity to be involved in clinical audits if they are interested. At the time of writing, this is not a mandatory requirement.</li> </ol>
<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 education program has been established for JMOs seconded to Goulburn Base Hospital. JMOs are expected to make every effort to attend as many of these educational activities as possible.</p> <ol style="list-style-type: none"> <li>(1) Journal Club             <ol style="list-style-type: none"> <li>(a) Time – Tuesday at 9.15AM.</li> <li>(b) Place – ICU Meeting Room</li> <li>(c) Expectation – JMOs are expected to attend and participate in presentation of journals. Registrar and VMOs will guide the JMOs through this process.</li> </ol> </li> <li>(2) Formal Teaching             <ol style="list-style-type: none"> <li>(a) Time – Wednesday 1330 to 1500.</li> <li>(b) Place – Thomas Marsden Room</li> <li>(c) Expectation – JMOs are expected to attend this education session which is protected time (rehab registrar will carry your pager).</li> </ol> </li> <li>(3) Thursday Grand Rounds             <ol style="list-style-type: none"> <li>(a) Time – 1pm on Thursdays;</li> <li>(b) Place – Teams Meeting</li> <li>(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.</li> </ol> </li> <li>(4) Discharge Summary Meetings             <ol style="list-style-type: none"> <li>(a) Time – 2pm – 3pm on Thursdays</li> <li>(b) Place – Thomas Marsden Room</li> </ol> </li> </ol>

	<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><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 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 Handover and Morning Board Round	8.00 Handover and Morning Board Round	8.00 Handover and Morning Board Round	8.00 Handover and Morning Board Round	8.00 Handover and Morning Board Round	No accredited weekend shifts	No accredited weekend shifts
	9.00-10.00 Journal Club					
Ward Round	Ward Round	Ward Round	Ward Round	Ward Round		
Clinical duties	12.00-14.00 Multidisciplinary meeting	13.30-15.00 Intern Teaching (Mandatory)	13.00-14.00 Grand Rounds 14.00-15.00 Discharge Review Meeting as advised	Clinical duties		
16.00 Handover	16.00 Handover	16.00 Handover	16.00 Handover	16.00 Handover		



<b>Patient Load</b> Average Per Shift	18-24 patients	
<b>Overtime</b>	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <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> 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.	No weekend Shifts  This term is not accredited for after hours rosters, excepting on-call theatre cover as per below.	

**List Other Relevant Documentation**

Intern job description  
 RMO job description  
 Rover Guide