

## Prevocational Training Term Description: General Medicine

<b>Date of term description version</b>	January 2024
<b>Date term last accredited</b>	April 2022

### Term Details

<b>Facility</b>	North Canberra Hospital (NCH)				
<b>Term name*</b>	General Medicine				
<b>Term specialty*</b>	Medicine				
<b>Term location</b>	4E, 4W, 5E (MAPU) , 5W Xavier Building				
<b>Classification of clinical experience in term*</b> (Highlight maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute and 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/ <u>discontinuous overarching supervision</u> (e.g., relief term or nights with limited staff). Note: this will be determined by CRMEC based on how whether this is discontinuous supervision and education experience within the term				Yes	No
<b>Term duration (weeks)*</b>	One term (13 weeks)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	10	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	<ul style="list-style-type: none"> <li>Each of the three medical teams must be assigned three PGY1/2 doctors each term</li> <li>One PGY2 doctor will be assigned to work across all three team in blocks</li> <li>JMOs must be assigned to a specified term supervisor before commencement of the term</li> </ul>		

### 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.	James Riddell Alex Turbayne Shyamalee Crocker Brooke Denyer Lin San Wong PK Tan Ken Khoo Tony Kwan Qaiser Niazi Yashneel Prasad Lea Currie
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<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 education, conduct EPAs and contribute to assessment.	<b><u>Gen Med Team 1</u></b> Dr Ken Khoo (Rheum) Dr Michael Kang (Geries) Dr Yashneel Prasad (Resp) Dr Alex Turbayne (Gastro)		
		<b><u>Gen Med Team 2</u></b> Tony Kwan (Renal) Shyamalee Crocker (Renal) Terence Ting (Resp) Brooke Denyer (Gen Med)		
		<b><u>Gen Med Team 3</u></b> Saidul Ansary (Resp) Thiru Prasanna (Onc) Lin San Wong (Rheum) Qaiser Niazi (Respiratory)		
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	General Medicine registrars and Advance Trainees in MAPU		
	<b>EPA Assessors</b> Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors and registrars must have completed EPA training to be an EPA assessor.		
<b>Clinical Team Structure*</b>	Ward Based	Team Based	Other	
	The clinical teams are ward based on 5 EAST (MAPU), 5 WEST, 4 EAST, and 4 WEST.			

## Commencing the Term

<p><b>Requirements for commencing the term*</b></p> <p>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.</p>	<p>The junior doctors will need to have completed their Digital Health Record training prior to commencing the term.</p> <p>The junior doctors will need to complete Basic Life Support (BLS) accreditation which can be organised through learning and development.</p>
<p><b>Orientation</b></p> <p>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.</p>	<p>Start of term Orientation delivered by Medical Administration.</p> <p>Mandatory ward orientation with CNC of the department.</p> <p>The Medical Team Unit provides a comprehensive orientation program which includes:</p> <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Rounding schedule</li> <li>• Starting times</li> <li>• Responsibilities</li> <li>• Tour of the unit</li> <li>• Weekly schedule</li> <li>• Clinical policies</li> </ul> <p>The supervisor will provide orientation specific to the unit.</p>

## 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>Most acute general medical admissions come through Emergency and are cared for by the consultant on call. Occasionally, patients are admitted by a consultant under their care as elective admissions for investigation or management. Patient casemix is very broad covering a range of common medical conditions. Neurology and cardiology admissions tend to be admitted under those teams directly. The turnover of patients can be variable depending on the severity of the acute illness and their co-morbidities.</p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b></p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>JMOs can expect to undertake the following responsibilities:</p> <ul style="list-style-type: none"> <li>• Provide continuing care of all patients on the team under the supervision of the registrars/consultants.</li> <li>• Attend ward rounds. This includes patients on allocated ward and potentially patients on outlying wards due to overflow.</li> <li>• Attend patient conferences &amp; to assist in discharge planning.</li> <li>• Ensure appropriate documentation is up to date including a daily review of each patient's condition, a review of current management and outlining a future plan.</li> <li>• Implement plans devised from the ward round.</li> <li>• Ensure that all fluid charts and medication charts are up to date.</li> </ul>

	<ul style="list-style-type: none"> <li>• Arrange investigations and follow up on results. Ensure the registrar is aware of abnormal results, as soon as practically possible.</li> <li>• Ensure continuity of patient care by handing over relevant clinical details to the afterhours JMOs on the next shift and receiving handover information from the afterhours JMOs on the previous shift.</li> <li>• Admit patients not arriving through Emergency Department.</li> <li>• Electronic Discharge Referrals should be up to date. Preferably, a copy is given to the patient on discharge and an electronic copy is sent to their GP. In other cases, they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge.</li> <li>• Attend and participate in Grand Rounds and weekly medicine department meetings. Present cases in clinical meetings as requested.</li> <li>• Endoscopies are a useful learning situation. The JMOs should attend at least one session during their term. This should be discussed with Dr Magarry.</li> <li>• Participate in the Friday cardioversion session in CCU with the Director of Cardiology.</li> <li>• Deliver effective handover at the end of the term to the incoming junior doctor on rotation.</li> <li>• Welcome to attend /take part in Endocrinology Clinics.</li> </ul>
<p><b>Work Routine</b> Provide an overview of the work routine</p>	<p>JMOs should attend the morning handover which usually takes place between 0800 and 0830 (apart from 0730 – 0800 on Tuesdays). JMOs should proceed to ward round with their clinical teams. JMOs may need to participate in multidisciplinary meetings involving nurses and allied health professionals to discuss management and discharge plans for each patient. JMOs are to implement other plans from ward rounds including arranging investigations, treatment, and consultations from other specialties. JMOs are responsible for liaising with pharmacists and nurses about medication prescriptions and changes. JMOs should provide timely feedback to the clinical team about test results, treatment outcomes, and other feedback from the patient/families. JMOs should make sure that there is continuous treatment for the next shift/day. JMOs should provide effective handover to their counterpart for the next shift. They will also need to provide handover to weekend staff so that reviews and treatment/discharge plans can be actioned.</p>
<p><b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term</p>	<p>Morning handover on weekdays takes place at 0800 – 0830 at function room in the Lewisham Building except for Tuesday (0730 – 0800). Morning handover on weekends takes place at 0800 – 0830 in Level 3 JMO lounge.</p> <p>Afternoon handover on weekdays takes place at 1600 – 1630 in Level 3 JMO lounge.</p> <p>Night handover on weekdays and weekends takes place at 2100 – 2130 in Level 3 JMO lounge.</p>

<b>Opportunities for Indigenous Health</b>	Patients with Aboriginal and Torres Strait Islander background may present within this term. RMOs 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.
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## Education, Learning and Assessment

<b>Term Learning Objectives</b> List the term-specific learning objectives*	<ul style="list-style-type: none"> <li>• To become proficient in history taking, ensuring all relevant information is obtained.</li> <li>• To perform a thorough physical examination and be able to elicit physical signs.</li> <li>• To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis.</li> <li>• To use laboratory and radiological investigations for clearly specified purposes whilst keeping the cost in mind.</li> <li>• To develop organisational skills and effective time management.</li> <li>• To gain experience and proficiency in working in a multidisciplinary team.</li> <li>• To understand the management of common general medical conditions which may include falls in the elderly, dementia and delirium, stroke, diabetes, back pain, pneumonia &amp; sepsis.</li> <li>•</li> </ul>			
<b>Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.</b> Formal education opportunities should also be included in the unit timetable	JMOs are encouraged to attend as many educational events as possible.  General education <ul style="list-style-type: none"> <li>• Tuesday 1300 – 1500 protected JMO teaching.</li> <li>• Wednesday 1200 – 1300 Grand rounds.</li> </ul> Term-specific education <ul style="list-style-type: none"> <li>• Neurology Journal Club Meeting (Monday 1200 – 1300)</li> <li>• Physician meetings (Tuesday 0800 - 0900) and the JMOs will be encouraged to present</li> <li>• Neuroradiology meeting (Friday 0800 - 0900, weeks 1&amp;3 of the calendar month)</li> </ul>			
<b>During this term prevocational doctors should expect to have opportunity to complete the following EPAs* (Highlight all that apply)</b>	<b>EPA 1</b> Clinical Assessment	<b>EPA 2</b> Recognition and care of the acutely unwell patient	<b>EPA 3</b> Prescribing	<b>EPA 4</b> Team communication – documentation, handover and referrals

## 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 – 0830 Handover	0730 – 0800 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover	0800 – 0830 Handover
Post Take Ward Round Following Handover	0800-0900 Division of Medicine Clinical Meeting	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	0800 – 0900 Neuro-Radiology Meeting	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover
Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover	Post Take Ward Round Following Handover		
1200 – 1300 Neurology Journal Club	1300 – 1500 Education Program for JMOs	1200 – 1300 Grand Rounds				
1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover		
2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover	2100 – 2130 Handover

<b>Patient Load</b> Average Per Shift	Gen Med wards: 22-30 patients per team. Team is 2 Registrars and 2 JMOs  MAPU ward: 30-50 patients with 1-2 ATs, 2-3 Registrars and 3 SRMOs, 2 JMOs	
<b>Overtime</b>	Rostered overtime hours/week	10 hours/week
	Unrostered overtime hours/week	4-5 hours /fortnight which can change due to seasonal changes or activity.
<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 an after hours 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.	The JMOs are required to do 3 weeks of evening shifts (1300 – 2130) and 4 weekend shifts (0800 – 2130) throughout the term. The JMOs are responsible for looking after the medical wards at NCH.  Onsite supervision is provided by on call medical registrars after-hours.	

### List Other Relevant Documentation

Intern job description  
 RMO job description  
 Scope of Practice