

Prevocational Training Term Description: Hospital in the Home

Date of term description version	January 2024
Date term last accredited	April 2022

Term Details

Facility	North Canberra Hospital (NCH)				
Term name*	Medical Services – Hospital in the Home (HITH)				
Term specialty*	Medicine				
Term location	Level 6E - Xavier Building				
Classification of clinical experience in term* (Highlight a 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)
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). Note: this will be determined by CRMEC based on level of discontinuous supervision and education experienced within the term				Yes	No
Term duration (weeks)*	One term (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)		There are no limitations or conditions 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 Michael Wu	
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.	Dr Lisa Bell (HITH Medical Director) Dr Brooke Denyer Dr Jamie Christie

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	CMOs ID/HITH AT	
	EPA Assessors 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.	
Clinical Team Structure*	Ward Based	Team Based	Other
	HITH is both ward based, and team based. It is composed of consultants, senior medical practitioners, RMO, nurses, and allied health professionals. It is based on Ward 6E.		

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.	The RMO will not require any special skills or knowledge, apart from those that he/she would normally need on any ward shift - basic clinical skills. They are expected to have completed all the mandatory training including BLS and Fire 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 RMO to the term requirements and clinical expectations within the first week of starting the term.	Start of term Orientation delivered by Medical Administration. Mandatory ward orientation with CNC of the department. The RMO reports to the HITH unit at the start of term. The Director of HITH will provide a formal orientation for the RMO during the first week of term. The protocols for the more common HITH diagnoses are available within HITH as well as on the NCH intranet. The supervisor will provide orientation specific to the unit.

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	North Canberra Hospital (NCH) is an Urban hospital for the population of the Australian Capital Territory (ACT) and surrounding NSW with a population of 600,000. The Hospital in the Home (HITH) service, located on ward 6E , provides hospital-level care to patients who are living at home, even though they are officially inpatients of the hospital. The service recipients can currently be divided into two categories for whom the RMO will be responsible: <ol style="list-style-type: none"> 1. Inpatients being treated at home. 2. Day-only patients who require regular infusions. <p>Majority of HITH patients have an infectious disease as their primary diagnosis; however, many have other co-morbidities (e.g., diabetes, renal failure, vascular disease, heart failure) that may also require ongoing medical input due to exacerbations relating to</p>
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	<p>their acute illness. Other primary HITH diagnoses may include heart failure and eating disorders. As the clinical load at NCH's HITH has been very infectious disease (ID) heavy, we work very closely with the ID physicians. The RMO will have the opportunity to be involved in clinic reviews of HITH patients by ID physicians. It is expected that the HITH RMO's knowledge in the discipline of infectious diseases will increase.</p> <p>Typical examples of HITH patients include those with cellulitis, urinary tract and respiratory infections requiring short term intravenous (IV) antibiotics and also patients requiring long term IV antibiotics for conditions such as osteomyelitis and endocarditis. There may also be patients receiving IV frusemide for decompensated cardiac failure/fluid overload. HITH services operate 7 days per week, although the HITH RMO is not expected to work over the weekends.</p> <p>HITH works as a functional unit allowing RMOs within it to attend the teaching sessions scheduled in the unit when able as well as the medical teaching programmes available in NCH.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>HITH RMO will be expected to:</p> <ul style="list-style-type: none"> • Clerk the patients who are admitted to/transferred to HITH. • Perform formal and thorough assessment of patients during their admission in the HITH clinic setting and adjust treatment plans in discussion with senior HITH staff. • Manage medications in liaison with HITH pharmacist and Senior HITH staff. • Complete discharge summaries in a timely manner to facilitate good communication with GPs regarding the admission history and ongoing followup plans when required. HITH unit RMO will often liaise with GPs while the patients are still inpatients so as to ensure that there is no confusion regarding the patient seeing their GP while still an inpatient with HITH. As a team member of HITH, the RMO will be expected to make additions to the discharge summaries of patients as important events take place over the duration of their admission. These updated and enriched summaries will enhance communication with general practitioners and other external care givers. • Accompany HITH Senior Medical officer (CMO) and Staff Specialist on take during ward rounds. Discussion of management plans will be done with the supervision of the CMO and/or Staff Specialist. • See medical and surgical patients with often complex but stable medical problems on a daily basis. • RMOs will be able to provide up-to-date information to staff specialists during ward rounds and as required, on shift as HITH consultants are onsite during the day rather than only during ward rounds. The junior doctors will be working more closely with HITH staff specialists when reviewing patient's management and progress as well as reviewing ward/ED/other referrals. RMOs will also have the opportunity to be involved in home visit reviews including to residential and aged care facilities.

	<ul style="list-style-type: none"> • Participate in bedside teaching carried out by the other specialties consulting within HITH (e.g., Infectious Diseases, Oncology, General and speciality surgical units). • Learn some of the unique challenges and opportunities that arise in managing an inpatient at HITH and the social/ health constraints of treatment in this setting. • Get exposure to a variety of complex longer term infectious diseases (e.g., endocarditis, osteomyelitis, bacteraemia, other deep seated abscesses, and post-operative infections). • Gain experience to use innovative antibiotic delivery methods to facilitate the use of IV antibiotics at home (e.g., 24-hour antibiotic infusions rather than multiple daily dose prescribing). • Embrace and equip with novel remote monitoring and telehealth technology to facilitate assessment. • Medical review at home with nursing staff particularly for patients in residential and aged care facilities.
Work Routine Provide an overview of the work routine	The RMO will have a debrief with the senior medical officer over the major tasks for admitted patients and potential admissions in the morning. The RMO will attend a multidisciplinary handover every day at 0930. The RMO will conduct a ward round with the HITH consultant / senior medical officer. The RMO may also conduct a ward round with consultant from subspecialties. The RMO will clerk new admissions. The RMO may also need to discuss with allied health team about evolving plans for already/newly admitted patients throughout the day.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Handover will be conducted at 0930 each day and is a multidisciplinary handover involving medical, nursing, pharmacy, and allied health staff. This focussed handover enables RMOs to follow up on relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from the respective HITH team members.
Opportunities for Indigenous Health	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.

Education, Learning and Assessment

Term Learning Objectives

List the term-specific learning objectives*

Clinical learning objectives:

- Improve understanding of some of the unique challenges and opportunities that arise in managing an inpatient at home, including a myriad of complex longer term infectious diseases (e.g., endocarditis, osteomyelitis, bacteraemia, other deep-seated abscesses, and post-operative infections).
- To gain understanding of the longer term infectious diseases in the setting of sometimes complex underlying medical conditions.
- Gain exposure to remote monitoring and telehealth technology to facilitate medical review at home.
- Gain confidence in the use of innovative antibiotic delivery methods to facilitate the use of IV antibiotics at home (e.g., 24-hour antibiotic infusions rather than multiple daily dose prescribing).
- Build knowledge in the discipline of Infectious Diseases, including management of patients with multi-resistant organisms and/or more complicated subacute infective diseases.
- Gain competency in performing the following procedures:
 - IV cannulation (definitely)
 - Venepuncture (definitely)
 - Wound management (depending on demand) – including simple through to complex wound dressings including PICO and VAC dressings
 - Lymphoedema management
 - PICC line insertion* (depending on demand)

Communication learning objectives:

- Enhance skills in communicating directly with a variety of speciality registrars and consultants, both in person and over the phone.
- Enhance effective (both written and verbal) communication between medical and nursing staff.

Detail education and research opportunities and resources specific to this training term that will be available to the RMO during the term.

Formal education opportunities should also be included in the unit timetable

RMOs are encouraged to attend as many educational events as possible.

General education

- Tuesday 1300 – 1500 protected teaching.
- Wednesday 1200 – 1300 Grand rounds

Term-specific education

- Medical Division Teaching 0800 – 0900 Tuesdays
- HITH M&M – 4-6 weekly
- HITH team meeting – 4 weekly
- Weekly short/long case meeting with HITH Director – Thursday 1300-1400
- A weekly meeting with the HITH supervisor to discuss your progress and any issues that arise

	<ul style="list-style-type: none"> Teaching on the run daily - RMOs will work closely with CMOs and staff specialists through the working day allowing for a much higher level of bedside teaching than other ward attachments. <p>Educational Resources: A comprehensive range of reference material is available through the hospital library, including e-journals, and other resources are available on the hospital Intranet. HITH service has many resources available with respect to patient management policies and procedures.</p> <p>RMO Teaching HITH CMOs and Staff Specialists will supervise the RMO for procedures until they are deemed proficient.</p> <p>Registrar Teaching Registrars reviewing patients in HITH have an opportunity to provide education for the HITH RMO about subspecialty conditions and supervise RMOs to conduct respective procedures.</p>			
During this term prevocational doctors should expect opportunity 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

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
0830 – 1230 New Patient Admissions and clinic reviews with CMO/Staff specialist	0800 – 0900 Medical division teaching 0900 – 1230 New Patient Admissions and clinic reviews with CMO/Staff specialist	0830 – 1230 New Patient Admissions and clinic reviews with CMO/Staff specialist Monthly HITH team meeting	0830 – 1230 New Patient Admissions and clinic reviews with CMO/Staff specialist	0830 – 1230 New Patient Admissions and clinic reviews with CMO/Staff specialist	0800 – 0830 Handover	0800 – 0830 Handover
Clinic reviews	1300 – 1500 JMO Teaching Clinic reviews	1200 – 1300 Medical Grand Rounds Monthly HITH M&M Clinic reviews	1300 – 1400 Short/Long case presentation with HITH Director Clinic reviews	Clinic reviews		
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

Patient Load Average Per Shift	15-25 patients admitted to HITH at a time, managed alongside HITH CMO and Specialists and HITH nursing staff	
Overtime	Rostered overtime hours/week	5.1 hours
	Unrostered overtime hours/week	Average of 4 hours per fortnight which can change due to seasonal changes or activity.
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.	The RMOs are required to do: 1 week of evening shifts (1300 – 2130) 3 weekend shifts (0800 – 2130) 2 weeks of nights throughout the term. The RMOs will be covering the general medical wards. The onsite supervision will be from the afterhours medical registrars with the on call medical consultants providing oversight.	

List Other Relevant Documentation

Intern job description
 RMO job description
 JMO regular duties
 Rover Guide