Prevocational Training Term Description: General Medicine

Date of term description version	January 2024
Date term last accredited	March 2023

Term Details

Facility	South East Regional Hospital				
Term name	General Medicine				
Term specialty*	Medicine				
Term location	South East Regional 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)*	13 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)		There are no limitations on 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 Darryl Mackender, VMO general physician SERH, gastroenterologist
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,	Dr Darryl Mackender Dr Sean Conte (from March 2024) Dr Jardeep Mandal

	conduct EPAs and contribute to assessment.	
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Medical registrars ICU registrar
	EPA Assessors	Dr Darryl Makender Dr Sean Conte Dr Jardeep Mandal Medical Team registrars

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
	There are 3 general medical teams in SERH, that cover acute medicine and slow stream/rehabilitation. Each team consists of consultant, registrar, and a PGY 1 or 2 medical officer. SERH has previously taken 2 PGY2 and 1 PGY1 medical officers. After ward rounds all JMOs (prevocational and registrars) share a work office, enabling collaboration and supervision during the process of completion of post-round tasks.		

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.	There are basic requirements for all NSW health staff including clinical training and compliance with NSW Health immunisation, working with children, occupational health and safety and medical registration and professional insurance policies. Other requirements: - To communicate professionally with nursing and paramedical personnel - To communicate professionally with the other team members. - To be committed to good patient care. - To be enthusiastic in both learning and teaching - To be willing to work with an assist other staff. - To be punctual, reliable, honest and behave in an ethical manner to patients and other staff. - To be efficient in the management of the ward workload and be able to prioritise tasks.
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	SERH provides a detailed orientation to the hospital on the first day. This program is run by the Director of Prevocational Education and Training and the JMO Support Officer. It is followed by an additional unit supervisor and Nurse Unit Manager introduction, and an introduction to the Director of Medical Services.

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.**	There are sessions on the electronic medical record systems, and on electronic prescribing. JMOs are shown how to access electronic resources including daily patient lists, contacts information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies. The orientation program is supplemented with an information handbook including the term ROVER, with necessary information and policies, and links to digital resources that include all necessary information are also provided.

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	SERH Medical Unit is staffed by three clinical teams. As described above each of these teams is staffed by a consultant, registrar, and PGY 1 or 2 doctor. The services provided cover the range of general medicine presentations to the hospital. These include respiratory, cardiac, endocrine, neurological, and other presentations. The range of acuity varies from ICU level care to slow-stream rehabilitation. Patients are distributed to the teams based on the expertise of each admitting physician and other logistical considerations including the role delineation of the hospital in relation to the investigation and treatment required for the patient. Average length of stay for patients admitted under the medical team is 4 days. An average caseload for each team could be 1-2 patients in ICU, 10 patients on the medical ward, and 4 patients in rehabilitation. The ICU is an open unit, in which admitting teams retain primary responsibility for care of their patients.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	**Daily tasks and responsibilities include the following:** 1) Obtaining an updated daily list of patients in the unit 2) Attending handover in the ED at 08:00 3) Attending multidisciplinary team meetings to help formulate management and discharge plans. 4) Attending ward rounds with the registrar and senior medical staff and clerking the round. 5) Admitting patients to the ward (in the case of direct admissions). 6) Regularly attending to the clinical job list as flagged by the nursing staff. 7) Maintaining clear and timely medical records. 8) Writing accurate medication charts as per NSW Health Policy. 9) Preparing comprehensive and relevant discharge summaries that will be sent to the patient' general practitioner well prior to the follow-up visit. 10) To contact patient's regular general practitioner (where applicable) on admission and discharge. 11) Charting intravenous fluids with reference to the patient's clinical status, observations, intake/output charts and blood tests. 12) Promptly escalating clinical care to a more senior doctor (be it registrar, Staff specialist, VMO, anaesthetist or ED doctor) where the JMO cannot fix the problem, does not feel confident to do so or when asked to do so by a senior nurse.

	13) Arranging consultations with other teams in the hospital including allied health and discharge planning. 14) Attending to the administrative duties of declaring life extinct and completing death and cremation certificates with reference to the NSW Coroner's Act and relevant NSW health policies. 15) Responding to MET and arrest calls as per the detailed orientation on the first day. 16) Arranging necessary investigations, including liaising with pathology and radiology services; collating investigation results and informing the registrar of significant abnormalities. 17) Assisting with arrangements to transfer patients to tertiary referral hospitals which may include liaising with retrieval and ambulance staff, accepting registrars and bed managers. 8) Liaising with patient's family. 19) Assist with medical and nursing student education. Weekend Overtime: Expected weekend overtime roster 1 weekend day (Saturday or Sunday) in every 3 weekends from 08:00-20:00. Medical Registrar to round with consultant on call, PGY1 or PGY2 to attend to ward jobs and emergencies.
Work Routine Provide an overview of the work routine	Full details of the work routine are available in the term ROVER, which will be provided during orientation to the term. In general terms the work routine is as follows: • 08:00 handover in ED meeting room (adjacent to resuscitation) • 08:30 ward rounds. Ward rounds should start in ICU and progress from there as decided by the team. • Post ward round jobs • 16:00 – handover to after-hours JMO and/or ICU registrar of relevant patients
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	**IN HOURS:** The medical registrar in the first instance, via their pager or phone. If the registrar is unavailable, then one of the physicians can be called on their mobile phone. **AFTER HOURS (and in emergencies):** there are additional senior medical officers in the Emergency Department, anaesthetics and ICU.
Opportunities for Indigenous Health	6.6% of the population of Bega Valley are indigenous. There are frequent admissions of indigenous patients to SERH, and an active Aborigional Liaison Service within the hospital. JMOs are encouraged to interact with this service and refer all indigenous patients on admission to the ALOs.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	Learning objectives must be discussed with the term supervisor in the first 2 weeks of term. **CLINICAL MANAGEMENT:** **Knowledge** It is expected by the end of the term that the resident: • Could take a thorough medical history and perform a medical examination of the patient. • Recognise and act to escalate care of the deteriorating patient on the ward • Effectively manage medications including insulin and anticoagulants • To know what relevant investigations are required for most general medical problems • Assess the needs of palliative care patients and their families and respond to common problems experienced in palliative care. • Assess and manage the patient with delirium and drug/alcohol withdrawal • Participate in the multidisciplinary process of discharge planning **Skills** General Medicine at SERH provides many opportunities for medical skill development, including: • Venesection, cannulation and ABG sampling, including the use of bedside ultrasound to assist finding vessels • Bladder catheterisation • Drainage of pleural and ascetic fluid using ultrasound guidance • Emergency sedation of the agitated patient Observational experience of neonatal, paediatric and ambulatory care medicine – the JMO will not be responsible for treating or managing these patients but may observe the paediatrician, physician or GPVMO. **COMMUNICATION:** By the end of the term the JMO may expect to be more confident in communicating with a diverse patient group including Indigenous and non-English speaking patients. Relaying distressing news and communicating with the family and loved ones of critically unwell patients are an important part of the JMO role in this term. Effective communication with nursing and allied health staff is a crucial skill and learning how to balance respectful listening with clinical leadership is a foundation for work as a registrar and beyond. Making logistical arrangements to facilitate consultations, investigations and transfers of patients will furnish the RMO with important practical skills for work within a complex healthcare system. **PROFESSIONALISM:** By the end of the term the JMO may expect to have developed their professional skills in the following areas: team communication, setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understanding the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.

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	**Education opportunities** The General Medicine JMO will be expected to participate in the JMO teaching program, with protected teaching every Wednesday from 12:30 – 14:30. This program is mapped to the Australian Curriculum Framework for junior doctors, and is designed to address the education requirements of JMOs as the progress through their first prevocational year. Other learning opportunities include: • Community Medical Grand Rounds are held every 2nd month on a Wednesday evening. These will be advertised to all JMOs, and JMOs will have the opportunity to present at these. • CRC meetings are held monthly. • GCTC meetings are held once per term. • There are additional teaching sessions each week with paediatrics, ED, surgical, and orthopaedics. The details of these are available on the education calendar on MS Teams, and on SharePoint. There are also additional simulation based education sessions. Interns present at SERH for 9 months or more are also eligible to apply for education scholarships through HETI. Past JMOs have used this to access various courses including ALS, trauma workshops, surgical skills, child and maternal health diploma course. **Research opportunities** There are opportunities for interns to conduct and present audits in the department. There is also an emerging research network within Southern NSW LHD, and there is opportunity for motivated JMOs to participate in this. **Resources** There is easy access to the CIAP website for online information including UpToDate. The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of the ANU School of Medicine and Psychology Clinical Training Facility, which is located on the hospital campus. There is also the facility for eduroam access for those JMOs with ongoing university commitments.

During this term prevocational doctors should expect 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

TIMETABLE *(the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	08:00 Handover in ED Ward Round	08:00 Handover in ED Ward Round	08:00 Handover in ED Ward Round	08:00 Handover in ED Ward Round	08:00 Handover in ED Ward Round	1 in 5 Rostered Overtime 0800-2000	1 in 5 Rostered Overtime 0800-2000
	10:00 - Ward MDT Organisation and Completion of Ward Jobs Prepare Discharge Summary for patients expected to be discharged on the next day	10:00 - Ward MDT Organisation and Completion of Ward Jobs Prepare Discharge Summary for patients expected to be discharged on the next day	10:00 - Ward MDT Organisation and Completion of Ward Jobs Prepare Discharge Summary for patients expected to be discharged on the next day	10:00 - Ward MDT Organisation and Completion of Ward Jobs Prepare Discharge Summary for patients expected to be discharged on the next day	10:00 - Ward MDT Organisation and Completion of Ward Jobs Prepare Discharge Summary for patients expected to be discharged on the next day	Attend to ward jobs, discharge patients, planned clinical reviews and respond to ward requests for clinical reviews, collection of blood, insertion of cannulas and other minor procedures	Attend to ward jobs, discharge patients, planned clinical reviews and respond to ward requests for clinical reviews, collection of blood, insertion of cannulas and other minor procedures
PM		13:00-14:00 Surgical teaching	12:30-14:30 JMO Education		13:00-13:30 Weekend handover		
	16:00 Review patient progress with Registrar and Consultant	16:00 Review patient progress with Registrar and Consultant	16:00 Review patient progress with Registrar and Consultant	16:00 Review patient progress with Registrar and Consultant	16:00 Review patient progress with Registrar and Consultant		

Patient Load Average Per Shift	5-20	
Overtime	Rostered overtime hours/week	4
	Un-rostered overtime hours/week	Varies
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: • 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.	**AFTER HOURS (and in Emergencies):** The JMO will participate in the after-hours roster. This provides ward cover between 16:30 and 20:00 weekdays, and from 08:00 – 20:00 on weekends. There is a medical registrar rostered on during these hours, and other additional senior medical officers in the Emergency Department, anaesthetics and ICU.	

List Other Relevant Documentation

- SERH General Medicine Term ROVER
- SERH JMO Supervision guideline