

<b>A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:</b>	WESTMEAD HOSPITAL
<b>Training Term Based at:</b>	<i>If not at above location, please give off site facility name and location:</i>
<b>Offsite Term?</b> <i>Includes affiliated private hospitals, general practices, community-based medical services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, Collaborative Agreement to be attached</i>
<b>B: TERM NAME</b>	<b>GERIATRIC MEDICINE - ACUTE &amp; HOPE ED</b>
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b></p> <p>Welcome to the Geriatric Medicine Department (GMD) at the Westmead Hospital. We hope you enjoy your rotation.</p> <p>You are our representative throughout the hospital and to our patients and their families. Please represent us well. If there are problems with our system please bring them to our attention, but in the meantime deal with the situation in hand as well as you can and always with the patient's best interest central to your actions.</p> <p>To be effective as a clinician involved with the health care of the elderly it is important to switch from a purely internal medicine focus and include a geriatric and rehabilitation perspective. In order to provide solutions to difficult and complex problems rehabilitation, psychosocial and other geriatric problems need to be sorted out and priorities set for the patient's care.</p> <p>This inter-disciplinary process, comprehensive geriatric evaluation, will be stressed throughout the rotation. Orientation will be provided to you on your arrival at the term commencement.</p> <p><b>Please outline the patient case mix, acuity and turnover:</b></p> <p>The GMD cares for patients who are over 70 years of age encompassing a wide variety of clinical presentations, including stroke, usually on a background of multiple medical comorbidities and may also have psychosocial issues.</p> <p>GMD provides comprehensive multidisciplinary assessments for admitted patients that vary in acuity from acute to subacute such as rehabilitation and palliative care.</p> <p>GMD also provides early specialised geriatrics input to elderly patients presenting to emergency through the Healthcare for Older People Early (HOPE) - Emergency Department (ED) model of care. Longer stay patients transition to the acute geriatrics wards (B4bc and D4c) and the rehabilitation ward (C4c and A4a).</p> <p>Acute stroke patients are provided multidisciplinary care within the specialised acute stroke unit under the care of GMD geriatricians and may then transition to acute or rehabilitation wards as clinically indicated.</p> <p>From a junior medical officer (JMO) perspective, the GMD is organised into 2 broad streams. 6 JMOs are assigned to Acute Geriatrics (B4bc or D4bc) and HOPE ED – rotating between the two areas during the term, and 4 JMOs are assigned to Acute (B4bc or D4bc) and Rehab (C4c and A4a), again rotating between Acute and Rehab during the term.</p> <p><b>ACUTE &amp; HOPE ED Structure</b></p> <p>Acute Geriatrics is spread across 73 beds in two wards in B4b/c and D4b/c. Hope ED is an 8 bed geriatrics emergency and admissions unit adjacent to the ED (between ED &amp; radiology).</p>

	<p>The nominated JMO supervisor is the lead consultant for each ward area. The lead consultant oversees day-to-day operations of the ward, leads handover meetings and has frequent interactions with other ward consultants and non-medical staff. They will have direct interaction with the JMO when he/she is looking after their patients. Hence the supervisor will be in a good position to gauge the JMO's overall performance.</p> <p>At any given time, 4 JMOs will be allocated to Acute and 2 to HOPE ED. The 6 JMOs will move between these locations during the course of the 10 week term at intervals of 3-4 weeks. During the 10 week term, JMOs will spend 6-7 weeks in Acute and 3-4 weeks in HOPE ED.</p> <p>Consultants have 1 in 10 on call roster. All consultants conduct ward rounds 2-3 times per week.</p> <p>In Acute the 4 JMOs are allocated to one of the 2 acute wards. The patients will be divided equitably between the JMOs allocated to that ward by the Term supervisor. Each JMO will also be aligned to a Registrar who will be responsible for the same group of patients. Neither JMO nor Registrar will be aligned to a particular group of consultants. Over the course of the term the JMOs will work with all of the Geriatrics consultants, but in the short term (over several days), the interaction will be predominantly with the 2 or 3 consultants who are, or have recently been.</p> <p>Any outlying geriatrics patients will be divided equitably between the 4 acute JMOs under the direction of the term supervisor.</p> <p>In HOPE ED, the 2 JMOs will rotate, a week at a time (from Monday – Friday) between daytime shifts (08:30-17:00) and afternoon / evening shifts (13:00 - 21:30). Both shifts will coincide with the geriatrics registrar shift roster for HOPE ED. Hence JMOs in HOPE ED will have geriatrics registrar supervision for both shifts. The maximum and minimum number of weeks evening shifts per term is 3 and 2 respectively. Interns will not be allocated &gt; 2 weeks of evening shifts in a term, and any need to fill &gt; 2 weeks shifts in 11 or 12 week terms will be allocated to RMO1s.</p> <p>There is a daily consultant ward round in HOPE-ED. There is on site access to a consultant until 5:00pm and by telephone after this time.</p> <p>JMOs are allowed and encouraged to attend JMO education sessions during HOPE-ED weeks. These include the geriatrics clinical education meeting (Tuesdays: 1230 to 1400) medical grand rounds (Wednesday: 1300 to 1400) and hospital JMO teaching sessions.</p>
<b>Term Duration (Weeks)</b>	10 Weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050014
<b>Date of Accreditation by HETI</b>	Nov 2015

<b>C: TERM CATEGORY</b> <i>Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify)</i>	Medicine	<b>If other please specify:</b>
<b>Is the term a PGY1 or a PGY2 term?</b>	<b>PGY1</b> <input checked="" type="checkbox"/>	<b>PGY2</b> <input checked="" type="checkbox"/> <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>

**D: TERM CAPACITY**

Please indicate the term capacity – total number of PGY1s and PGY2 trainees

PGY1

6

PGY2

MAXIMUM NUMBER OF TRAINEES IN TERM

6

NOTE: number of PGY1s + number of PGYs=maximum Capacity

**E: TERM SUPERVISION****Name and Position of Term Supervisor**

Responsible for trainee term orientation and assessment

**Acute Geriatrics (B4b/c, D4b/c) :** *Siu-Ming Yau*  
**HOPE-ED:** *Vana Tam*

*Called via Switch Dept. 8890 5555 or pls refer to Clinical Team Structure below.*

**Term Supervisor Contact with Trainee**

Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term

**General Contact:**

*Term Supervisor – See Above*  
*Call Switchboard Dept. 8890 5555*

**Orientation:**

*Formal orientation provided for all JMOs in Educational Meeting sessions at the beginning of the term.*

**Mid Term:**

*Completed at an agreed time between JMO and supervisor.*

**End of Term:**

*Completed at an agreed time between JMO and supervisor.*

**Primary Clinical Supervisor (if not Term Supervisor)**

Consultant or senior medical practitioner with experience in managing patients in the relevant discipline

**Name, Position and Contact details**

*Term Supervisor / Staff Specialist - see above*

**Immediate Supervisor with direct responsibility for day to day supervision****Position and Contact details**

*All staff specialists (see below doctor lists)*  
*Advanced physician trainees:*  
*Rotating basic trainees attached to the JMO's team*

**Clinical Team Structure**

Provide positions of all members of the clinical team who provide supervision and bedside teaching to pre-vocational trainees including AMO's and Registrars. Please also identify how PGY1 & 2s will be distributed amongst the teams

**Name, Position and Contact details**

*Dr Peter Landau*  
*Dr Ming Loh*  
*Dr Raymond Ca*  
*Dr Poorani Muruganatham*  
*Dr Andrew Evans*  
*Dr Vana Tam*  
*Dr Lakshmi Venkateswaran*  
*Dr Asif Saber*  
*Dr Siu Ming Yau*  
*Dr Shailesh Shettar*

*All the above clinicians are happy to be contacted on their mobile which will be provided at orientation to the term or call Westmead Switch Dept. 8890 5555*

**Departmental Secretary:**

*Gertrude Adams 8890 7946*

*DOMICILIARY CARE INTAKE 8890 6903*  
*C4C 8890 6730, 8890 6804 NUM 8890 7508*  
*D4B 88909 8859*  
*D4C 8890 6839, 8890 6732 NUM 8890 6840*

	GDH	8890 7470, 8890 6973
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### F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<p><b>This section may include:</b></p> <ul style="list-style-type: none"> <li>• Courses (e.g. life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed</p>	<p>The Geriatric Medicine Department conducts an orientation session for new JMOs rotating through Geriatric Medicine and this is held at the Continuing Medical Education Meeting on the First Tuesday of the term.</p> <p>Educational resources Westmead JMO Handbook CIAP site via Intranet Internet</p>
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### G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objectives</b>	<b>1</b>	If this term is to have educational significance you need to set explicit goals at the outset. We recommend that you discuss your goals with the team AMO early in the term. Please do this within two weeks of commencement of your geriatrics rotation.
	<b>2</b>	Suggested are the skills relevant to clinical method. This might particularly focus on the accurate assembly of historical and clinical examination data and the synthesis of this information in the context of the commonly occurring medical conditions. Particular emphasis could be on: - Assembling historical data from informants other than the patient e.g. family members, the general practitioner, other hospitals, nursing homes, community workers and neighbours - Examination of the central nervous system in the elderly, including assessment of balance and gait. - Examination of the cognitive state, including screening and more detailed screening cognitive assessment - Documenting functional capacity (activities of daily living and instrumental activities of daily living) - Describing the social network - Establishing medical and rehabilitation priorities - Communicating with families - Communicating with doctors and other health professionals
	<b>3</b>	Specific educational opportunities will include the following: - To understand the common manifestations of normal ageing - To be able to discriminate between the manifestations of normal ageing and the consequences of disease processes or long-term behavioural factors - To reflect upon one's personal attitudes to ageing and to the elderly - To understand the implications of the common diseases of the elderly in terms of mental, physical and social functioning (disability and handicap) - To have basic knowledge about the clinical assessment and management of the common medical problems of our community - To understand the roles of other key health professionals including nurses, social workers, physiotherapists, speech pathologists, occupational therapists, dieticians and pharmacists - To understand the role of the patient's informal support system in domiciliary care and to appreciate the strengths and limitations of this system - To know the range of home and community care services available to the elderly, as well as how to access these services and understand their limitations - To appreciate key concerns relevant to palliative care - To understand the ethical dimension and the process of decision making when providing care at the end of life.
	<b>4</b>	All geriatricians conduct regular ward rounds at least twice per week and provided bedside teaching during these sessions.

	<b>5</b>	Daily consultant led "board round" At least twice weekly formal AMO Ward rounds Post-take ward rounds Daily rounds of unstable patients Twice weekly formal case conferences
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## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

**Please list expectations**

The JMO is responsible for day to day patient care. This responsibility will be graduated according to the level of his or her training. It will be subject to registrar and AMO review and supervision according to the level of care being provided to the patient. Interns and residents are expected to assume increasing levels of responsibility with advancement through the internship and residency. Regard the patients as your own.

Specific duties will include:

- Daily clinical review of the patient
- Maintenance of the medical record
- Communication of significant change in condition to the registrar
- Maintaining ongoing liaison with the patient, family and relevant hospital staff
- Attending daily registrar review rounds
- Attending AMO unit ward rounds
- Attending weekly ward inter-disciplinary patient care meetings
- Preparing patient discharge summaries and organising most discharge care plans
- Completing the medical record front sheet accurately
- Attending the Division of Medicine weekly grand rounds and Departmental CE meetings

### **PROTOCOLS**

A minimum level of review and documentation in every case is to include:

- Folstein Mini Mental State Examination or in cases of non-English speaking patients, the Rowland's Universal Dementia Assessment Scale (RUDAS)

Other areas of routine general concern are:

- Special senses (eyes and ears)
- The mouth and dentistry
- Gait and balance
- Affect and any disturbance of mood
- Sphincters
- Living situation and informal support network.

### **ADDITIONAL INFORMATION**

#### **DAILY "BOARD ROUND"**

A multi-disciplinary case discussion in the form of a board round is undertaken each morning at 8:30. This is led by the B4bc/D4bc Clinical Lead Staff Specialist or Geriatric Medicine Advanced trainee. Attendance by JMOs is compulsory.

Each AMO rounds at least twice per week on their patients and on post take days. Please consult with individual consultants regarding timing.

#### **POST-TAKE ROUND**

This most important activity is to review all patients admitted in the past 24 Hrs. The registrar (+/- the intern/RMO) must review all new patients admitted in the past 24hrs first thing in the morning. This round should always begin in wards B5b (medical high dependency ward) and D4B (The Stroke Unit). Specific details relating to consultations, outpatient clinics, the geriatric day hospital and domiciliary care appear below. Admissions, bed control and the even distribution of workload will be monitored and adjusted on an ongoing basis by the Advanced Trainee in Geriatric Medicine.

#### **LIAISON WITH YOUR CONSULTANT**

Consultants wish to be notified of any significant change in their patient's condition. Usually this is done by the registrar. If you are in any doubt, contact the appropriate consultant directly. They don't bite and are appreciative of being kept abreast of developments.

#### **REGISTRAR**

The registrar is responsible for day to day patient care and for maintaining close liaison

	with the AMO. This responsibility includes supervision of the intern/resident in his/her duties and for verifying the satisfactory completion of these duties.	
	<p>HOSPITAL ADO</p> <p>All JMOs are expected to take their allocated quota of ADOs at some stage during their Geriatric Medicine Term. These are negotiated between your consultant registrar and other JMO in your team.</p>	
<b>Patient Load</b> <i>(average per shift)</i>	<b>Patient Load per trainee</b> 10-15 for Acute; 8 for HOPE-ED	<b>Patient load total for team</b> 60-70
<b>After hours Roster</b>  <i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i>	<p>The JMO participates in the Westmead Hospital evening and weekend ward overtime. Supervision is provided by the following on site staff:</p> <ul style="list-style-type: none"> <li>- Medical Registrar</li> <li>- Surgical Registrar</li> <li>- Anaesthetic Registrar</li> <li>- ICU Registrar</li> </ul> <p>In addition, all Geriatrics JMOs will participate in a 4 hr weekend geriatrics shift (10:00-14:00) on Saturdays and Sundays. Each JMO will be rostered to 2 such shifts during the course of the term. The general ward overtime roster will be reduced proportionately to account for this.</p> <p>In addition one of the two HOPE ED JMOs will be rostered to afternoon /evening shifts, during which time they cannot be rostered to general ward overtime.</p>	

### I: SIGN OFF

*Terms will not be considered unless this section is completed.*

<b>Revision date and by who</b> <i>(Name and Position)</i>	
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	
<b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i>	

### HETI OFFICE USE ONLY – Approved by PAC or PAC Member

<b>Date</b>	
<b>Signature/TRIM DOC number of PAC minutes</b>	

**J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start & Finish Time 8:30 – 17:00 830-900 Daily White Board meeting with multidisciplinary team	Start & Finish Time 8:30 – 17:00 830-900 Daily White Board meeting with multidisciplinary team	Start & Finish Time 8:30 – 17:00 830-900 Daily White Board meeting with multidisciplinary team	Start & Finish Time 8:30 – 17:00	Start & Finish Time 8:30 – 17:00		
Individual team Timetables are available	1230-1400 Unit CME Mtg LT4		0900-1000 XRay Mtg SemRm1 Radiology	1200-1300 Stroke Unit Mtg D4b	10:00-14:00 Geriatrics Weekend shift (1 JMO rostered per weekend)	10:00-14:00 Geriatrics Weekend shift (1 JMO rostered per weekend)
		1300-1400 Medical Grand Rounds	1300-1400 Protected JMO Education Session			
HOPE ED PM 13:00-21:30	HOPE ED PM 13:00-21:30	HOPE ED PM 13:00-21:30	HOPE ED PM 13:00-21:30	HOPE ED PM 13:00-21:30		

**Important notes about completing this timetable:**

- Please include the start and finish times of the shifts the trainees will be rostered to
- Please show the activities that the trainee are expected /rostered to attend – these include all educational opportunities (both train facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospitals after hours team. Please include approximate time of activities where possible
- If there are extended shifts or evening shifts as part of the term, please attach four weeks of roster for the whole team. If the term includes evening shifts, please ensure it meets the requirement for evening shifts (refer to accreditation procedure)