A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:	WESTMEAD HOSPITAL
Training Term Based at:	*If not at above location, please give off site facility name and location:*
Offsite Term? *Includes affiliated private hospitals, general practices, community-based medical services*	Yes ☐ No ☒ *If yes, Collaborative Agreement to be attached*

B: TERM NAME	GERIATRIC MEDICINE - ACUTE & REHABILITATION
Overview of Unit or Service	**Please outline the role of the unit and range of clinical services provided:** Welcome to the Geriatric Medicine Department (GMD) at the Westmead Hospital. We hope you enjoy your rotation. 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. 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. 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. **Please outline the patient case mix, acuity and turnover:** 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. GMD provides comprehensive multidisciplinary assessments for admitted patients that vary in acuity from acute to subacute such as rehabilitation and palliative care. 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 (Rehab) ward (C4c and A4a). 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. From a junior medical officer (JMO) perspective, the GMD is organised into 2 streams. 6 JMOs are assigned to Acute Geriatrics (B4bc or D4bc) and HOPE - ED rotating between the 2 areas during the term, and 4 JMOs are assigned to Acute (B4bc or D4bc) and Rehabilitation (Rehab) (C4c and A4a) rotating between Acute and Rehab during the term. **ACUTE & REHAB Structure** Acute Geriatrics is spread across 73 beds in two wards in B4b/c and D4b/c. Geriatrics Rehabilitation is spread across 35 beds in two wards in C4c and A4a. 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. Of the 4 JMOs assigned to the Acute / Rehab stream, at any given time there will be 2 assigned to Acute Geriatrics (B4bc or D4bc) and 2 assigned to Rehab (C4c and A4a). These 4 JMOs in the Acute / Rehab stream will swap between the two areas at the mid-term mark spending equal amounts of the term in each ward During the rotation in Acute Geriatrics, JMOs will be dealing with acutely unwell geriatric patients who have multiple medical and psychosocial issues. Some will require management in the High Dependency Unit and occasionally in the Intensive Care Unit. The patients who JMOs will look after in the rehabilitation ward are subacute and their management is focussed on restorative care and optimisation of function prior to returning to the community. Consultants have 1 in 10 on call roster. All consultants conduct ward rounds 2-3 times per week. The patients on the acute and rehab wards will be divided equitably between the JMOs assigned to these ward areas by the Term supervisor. In the acute ward, each JMO will be aligned with a Registrar who will be responsible for the same group of patients. Neither the 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, on call. This is already happening in the Older Persons Evaluation and Rapid Assessment unit. In the rehab ward, there are 2 consultant teams of 5 consultants each. JMOs will be assigned to 1 consultant team.
Term Duration *(Weeks)*	10 Weeks
HETI Term Identifier Number *HETI Assigned after accreditation decision*	050013
Date of Accreditation by HETI	Nov 2015

C: TERM CATEGORY *Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify)*	Medicine	**If other please specify:**
Is the term a PGY1 or a PGY2 term?	**PGY1** [X] **PGY2** [X] ***Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term***	

D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees	**PGY1** 4 **PGY2** **MAXIMUM NUMBER OF TRAINEES IN TERM** 4 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 Geriatric rehabilitation (C4c, A4a): Cristina Ciobano 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 **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 prevocational 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 Poorani Muruganantham 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 Switchboard Dept. 8890 5555 Departmental Secretary: Gertrude Adams 8890 7946 DOMICILIARY CARE INTAKE 8890 6903 C4C 8890 6730, 8890 6804 NUM 8890 7508 D4B 8890 8859 D4C 8890 6839, 8890 6732 NUM 8890 6840 GDH 8890 7470, 8890 6973

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

This section may include: • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed	The GMD 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. Educational resources Westmead JMO Handbook CIAP site via Intranet Internet

G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	**1**	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.
	2	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
	3	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.
	4	All geriatricians conduct regular ward rounds at least twice per week and provided bedside teaching during these sessions.

	5	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

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations

All intern/resident (JMO) duties and responsibilities are in the context of and consistent with the relevant rules and regulations of the hospital and the State. The generic expectations of all residents have been documented by medical administration.

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 board round is undertaken each morning at 8:30. This is led by the Acute or Rehab Clinical Lead Staff Specialist or Geriatric Medicine Advanced trainee. Attendance by JMOs is compulsory.

In rehabilitation, consultant-led multidisciplinary discharge planning case conferences are held twice weekly.

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. 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. HOSPITAL ADO 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.
Patient Load *(average per shift)*	**Patient Load per trainee** 13-18 **Patient load total for team** 60-70
After hours Roster *Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours*	The JMO participates in the Westmead Hospital evening and weekend ward overtime. Supervision is provided by the following on site staff: - Medical Registrar - Surgical Registrar - Anaesthetic Registrar - ICU Registrar 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, with a rostered ADO before the weekend. The general ward overtime roster will be reduced proportionately to account for this.

I: SIGN OFF *Terms will not be considered unless this section is completed.*	
Revision date and by who *(Name and Position)*	
Endorsement by Term Supervisor *(Name, Date and Signature)*	
Endorsement by GCTC Chair (or representative) *(Name, Date and Signature)*	

HETI OFFICE USE ONLY – Approved by PAC or PAC Member	
Date	
Signature/TRIM DOC number of PAC minutes	

J: TERM / UNIT TIMETABLE AND INDICATVE DUTY ROSTER						
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
830-900 Daily White Board meeting with multidisciplinary team	830-900 Daily White Board meeting with multidisciplinary team	830-900 Daily White Board meeting with multidisciplinary team				
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			
Start & Finish Time 8:30 – 17:00	Start & Finish Time 8:30 – 17:00	Start & Finish Time 8:30 – 17:00	Start & Finish Time 8:30 – 17:00	Start & Finish Time 8:30 – 17:00		

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)