

# NSW Prevocational Training Term Description

<b>A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. DrUITT Hospital</b>	
<b>Training Term Based at</b>	<i>If not at above location, please give off site facility name and location:</i> <b>Blacktown Hospital</b>
<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: MEDICINE 3 – GERIATRICS and REHABILITATION MEDICINE</b>	
<b>Overview of Unit or Service</b>	<p>Medical services at Blacktown Hospital include Geriatric Medicine, Neurology, Respiratory, Gastroenterology, Cardiology, Endocrinology, Nephrology, Infectious Diseases and Medical Oncology Services. Other clinical services include Paediatrics, Obstetrics &amp; Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>This unit is involved in the management of patients with a wide range of Geriatric and Neurological conditions and patients requiring rehabilitation. Patients admitted under Geriatric Medicine are generally &gt; 70 years of age (&gt;55 years of age in the case of indigenous Australians) with multiple co-morbidities. The unit manages a mix of acute geriatric as well as aged and working aged rehabilitation patients. Conditions commonly encountered during this term include delirium, dementia, Parkinson's disease and other neurodegenerative disorders, stroke as well as all of the common general medical conditions encountered in aged persons. Rehabilitation patients commonly encountered during the term include patients following neurosurgery, orthopaedic surgery and non-traumatic spinal injuries and other acquired neurological conditions.</p>
<b>Term Duration (Weeks)</b> <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	<b>009006</b>
<b>Date of Accreditation by HETI</b>	December 2016

<b>C: TERM CATEGORY</b>	Medicine <input checked="" type="checkbox"/>	Surgery <input type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input type="checkbox"/>	_____
<b>Is the term a PGY1 or a PGY2 term?</b>	PGY1 <input checked="" type="checkbox"/>	PGY2 <input checked="" type="checkbox"/>			
	<i>Please note that a PGY2 ONLY accredited term may not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>				

<b>D: TERM CAPACITY</b>						
<b>Please indicate the term capacity – total number of PGY1s and PGY2 trainees</b>	PGY1	2	PGY2	0	<b>TOTAL NUMBER OF TRAINEES IN TERM</b>	2

## E: TERM SUPERVISION

<p><b>Name and Position of Term Supervisor</b></p> <p><i>Responsible for trainee term orientation and assessment</i></p>	<p><b>Dr Gary Cheuk, Geriatrician</b></p>
<p><b>Contact Plan with Trainee</b></p> <p><i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i></p>	<p><b>General Contact:</b> Term Supervisor/Trainee contact will be at least 3 times a week during Ward Rounds, Multidisciplinary meetings, Unit Education meetings, and bedside teaching sessions. Additionally, contact is during occasional Post-take rounds on days following On-take and also over the phone as required.</p> <p>Formal mid-term and end of term meetings between the trainee and term supervisor will be scheduled. The trainee is encouraged to meet with the term supervisor at any stage throughout the term to discuss issues as they arise.</p> <p><b>Orientation:</b> Departmental orientation will occur in week 1 of each new term.</p> <p><b>Mid Term:</b> Formal mid-term assessment meeting will occur between trainee and term supervisor in week 5 of the Term. At the meeting trainee progress will be discussed, opportunities for learning and professional development for the remainder of the term will be identified, and the trainee will have the opportunity to raise any areas of concern with the term supervisor.</p> <p><b>End of Term:</b> Formal end of term assessment meeting will occur between trainee and term supervisor in week 10 of the Term. At this meeting the trainee's performance throughout the term will be evaluated, and the trainee will be given the opportunity to give feedback of their experience throughout the term.</p>
<p><b>Primary Clinical Supervisor (if not Term Supervisor)</b></p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>N/A</p>
<p><b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b></p>	<p>Attending Medical Officers will provide daily supervision either on-site or via the telephone. Weekend Geriatric PGY1 and PGY2 shifts will be directly supervised by one of the Consultant Geriatricians, including a face to face ward round and ongoing telephone contact throughout the remainder of the shift. On site medical registrar cover is also available throughout any weekend shifts.</p> <p>Additional on-site daily supervision will be provided by the advanced trainee Basic Physician Trainee or SRMO assigned to this team for the duration of the term.</p> <p>Contact details of these clinical supervisors are displayed on the wards / available to the trainee via the hospital switchboard.</p>
<p><b>Clinical Team Structure</b></p> <p><i>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 and describe how PGY1 &amp; 2s will be distributed amongst the team/s.</i></p>	<p><b>Dr Gary Cheuk                      Geriatrician</b></p> <p>Dr Amanda Chiu                      Geriatrician</p> <p>Dr Jenny Chapman                      Rehabilitation Physician</p> <p>Advanced Trainee</p> <p>Basic Physician Trainee / Advanced Trainee / Senior Resident Medical Officer</p>

## 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.

- Registration with the Medical Board of Australia (for PGY2s only).
- Attendance at general hospital orientation and term specific orientation.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill.
- Ability to record in the clinical notes: relevant history of illness, physical examination, a provisional diagnosis and issues list, investigations required and a management plan.
- Ability to communicate clearly with other staff, patients and relatives.
- Able to independently perform: venepuncture, arterial blood gas analysis, blood cultures, intravenous cannulation, basic electrocardiogram interpretation
- Ability to call a Medical Emergency Team based on criteria
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.

## G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	To become familiar with the principles of diagnosis, investigation and basic management of common geriatric syndromes including delirium, falls, acute functional decline and stroke.
	2	Develop an understanding of how to initiate a comprehensive geriatric assessment. The importance of interdisciplinary approach in assessment and management of aged persons will be emphasized.
	3	Obtain a broadened understanding of stroke medicine, particularly in terms of identifying affected areas of the brain, the vascular anatomy responsible for strokes, and principles of acute management, rehabilitation and secondary prevention of stroke.
	4	Develop skills in ordering appropriate investigation and in the accurate interpretation of common investigations/procedures including: <ul style="list-style-type: none"> <li>a. Electrocardiograms;</li> <li>b. Chest X-rays, CT scans and MRI scans;</li> <li>c. Arterial blood gas sampling;</li> <li>d. Common haematological, biochemical and microbiological tests;</li> <li>e. CSF examination, EEG and other common neurological tests; and</li> <li>f. Drug levels.</li> </ul>
	5	To develop an understanding of the role of the ACAT and services available for older people in the community.

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	Expectations of the trainee throughout this term include:
	<ul style="list-style-type: none"> <li>• To become familiar with the concept of geriatric syndromes and how the model of a geriatric syndrome is useful in the approach and management of chronic diseases.</li> <li>• Develop an understanding of how to initiate a comprehensive geriatric assessment.</li> <li>• To become familiar with the principles of diagnosis, investigation and basic management of common geriatric syndromes including delirium, falls, acute functional decline and stroke.</li> <li>• Obtain a broadened understanding of stroke medicine, particularly in terms of identifying affected areas of the brain, the vascular anatomy responsible for strokes, and principles of acute management, rehabilitation and secondary prevention of stroke.</li> <li>• To develop an understanding of the roles of different staff members in a multi-disciplinary team.</li> </ul>

- To develop an understanding of the role of the ACAT and community services available for older people in the community.
- Develop a respect for the dignity of older people.
- Increased awareness of the management of poisoning and drug overdose.

In addition, the trainee is expected to familiarise themselves with the indications for and interpretation of common investigations/procedures including:

- Electrocardiograms
- Chest X-rays, CT scans and MRI scans
- Arterial blood gas estimations
- Common haematological, biochemical and microbiological tests.

Other clinical expectations of the trainee include:

- Daily assessment of all inpatients on the Consultant/Registrar led ward round in order to review patient condition and progress. Subsequent implementation of management plans as instructed by the Consultant / Registrar.
- Organisation of investigations according to protocol and direction.
- Follow-up, review and documentation of all investigations. The Consultant/Registrar should be promptly notified of abnormal investigation results.
- Completion of daily progress notes (including documentation of decisions / treatment plans made on the daily ward round).
- Liaise with Registrar / Consultant about all new admissions, any significant change in a patient's condition, and any patient potentially requiring transfer to another unit.
- Develop proficiency in the performance of routine procedures such as venepuncture, arterial puncture, IV line insertion, bladder catheterisation.
- Develop proficiency in assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill. This includes activation of Medical Emergency Team calls under appropriate circumstances.
- Attend to calls by nursing staff to review patients as required.
- Develop skills in dealing with patients and relatives in a professional and compassionate manner.
- Demonstrate proficiency in the assessment of patients so as to be able to determine their suitability for discharge, with consideration of the multidisciplinary issues associated with readiness for discharge.
- Attend handover meetings to ensure continuity of care of patients following the change of shift.
- Completion of discharge summaries in a timely fashion.
- Aware of proper requirements for completion of Death Certificates and Cremation Certificates. (Refer to the Death Certificate folder, available in every ward and in the RMO's Common Room).
- To undertake any other duties as requested by the Medical Workforce Unit.

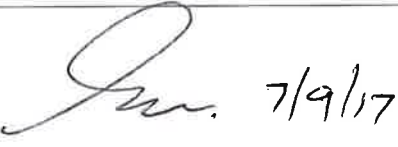
Organisational expectations of the trainee include:

- To be responsible whilst at work to take reasonable care of fellow employees, patients, visitors, clients and volunteers, and to abide with the Western Sydney Local Health District policy and instructions in relation to Occupational Health Safety and Risk through personal involvement.
- To follow the employer's reasonable instructions concerning health and safety in the workplace.
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.
- To participate in Occupational Health Safety and Risk education and training.
- To report any workplace hazards.
- Assist in the OH&S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace.
- To observe the Western Sydney Local Health District Code of Conduct.

	<ul style="list-style-type: none"> <li>To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure.</li> <li>To strictly observe the Western Sydney Local Health District policy of confidentiality of patient.</li> </ul>				
<b>Patient Load</b> (average per shift)	<table border="0"> <tr> <td><b>Patient Load per trainee</b></td> <td style="border: 1px solid black; text-align: center;">10</td> <td><b>Patient load total for team</b></td> <td style="border: 1px solid black; text-align: center;">20</td> </tr> </table>	<b>Patient Load per trainee</b>	10	<b>Patient load total for team</b>	20
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<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>After-hours cover is shared amongst all Interns and RMOs providing 1 weekday shift per fortnight, and 1 weekend shift in every 6 weeks. Trainees will have their afterhours overtime rosters adjusted to ensure reasonable overtime distribution. After hours cover is rostered by the Medical Workforce Unit for all Interns and RMOs as part of the Overtime and Relief roster.</p> <p>After-hours supervision is via on site Medical and Surgical Registrars and on-call Consultants. There is a medical handover that occurs at the beginning of afternoon shift and also at the beginning of night shift to hand over patients to staff on the next shift. Attendance at this handover is compulsory.</p> <p>Blacktown Hospital is also staffed by on-site registrars in ICU, Anaesthetics, Emergency Medicine, Orthopaedics, Paediatrics and Obstetrics &amp; Gynaecology after hours.</p>				
<b>Shift times</b>	<p>Trainees will be rostered to work an 8 hour weekend shift approximately once per 3-4 weeks throughout the term when their consultant is post-take. Trainees will be rostered for a midweek RDO (rostered day off) to compensate for weekend rostering. The weekend shift will include a consultant led teaching ward round with the trainee. All geriatric weekend shifts will fall within the usual 40 hour working week. General after hours overtime will be evenly distributed by MWU amongst all trainees.</p>				

### I: SIGN OFF

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

<b>Revision date and by who</b> (Name and Position)	06/09/2017 Dineshwar Narayan Medical Education Support Officer - Blacktown Mount Druitt Hospital
<b>Endorsement by Term Supervisor</b> (Name, Date and Signature)	Dr Gary Cheuk
<b>Endorsement by GCTC Chair (or representative)</b> (Name, Date and Signature)	Prof Mark McLean  7/9/17

