

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Drutt Hospital

Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Blacktown Hospital
Offsite Term? <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: TERM NAME: MEDICINE 16 – ORTHOGERIATRICS

Overview of Unit or Service	<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 & Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>The Orthogeriatric service commenced at Blacktown Hospital in 2013 under the joint leadership of the Rehabilitation and Aged Care Services (Geriatric Medicine) and the Orthopaedic Department. The trainee will be responsible for the care orthopaedic surgery patients under the guidance of a geriatrician and Advance trainee in Geriatric Medicine who will provide senior input to the pre-operative and post-operative care of the patients under the service. The Orthogeriatric service aims to provide comprehensive multidisciplinary care to older patients with acute minimal trauma fractures. Benefits of the service for patients include the provision of intensive medical/geriatric assessment, reduction of operative waiting times, optimisation of medical management, review of falls risk factors, diagnosis and treatment of osteoporosis, streamlining of rehabilitation referrals and comprehensive discharge planning.</p>
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	009040
Date of Accreditation by HETI	October 2012

C: TERM CATEGORY	Medicine <input checked="" type="checkbox"/>	Surgery <input type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Is the term a PGY1 or a PGY2 term?	PGY1 <input 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>				

D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees	PGY1	0	PGY2	1	TOTAL NUMBER OF TRAINEES IN TERM	1

E: TERM SUPERVISION

Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i>	Dr Stephanie Polley, Geriatrician	
Contact Plan with Trainee <i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i>	<p>General Contact: Term Supervisor/Consultant and 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 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>Orientation: Departmental orientation will occur in the 1st week of each new term.</p> <p>Mid Term: 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>End of Term: 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>	
Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i>	N/A	
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)	<p>Geriatricians will provide daily supervision either on-site or via the telephone.</p> <p>Additional on-site daily supervision will be provided by the Advanced Trainee or Medical Registrar 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 switch board.</p>	
Clinical Team Structure <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 & 2s will be distributed amongst the team/s.</i>	Dr Stephanie Polley Dr Jenny Chapman Dr Mojgan Mansouri Advanced Trainee Dr Bijoy Thomas Dr Daryl Fraser Dr Edward Graham	Geriatrician (Term Supervisor) Rehabilitation Physician Rehabilitation Physician Orthopaedic Surgeon Orthopaedic surgeon Orthopaedic Surgeon

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F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<p>This section may include:</p> <ul style="list-style-type: none"> • Courses (e.g. life support, resuscitation) • Procedural skills • e-Learning requirements <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.</p>	<ul style="list-style-type: none"> • 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; and • Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.
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G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	Gaining proficiency in comprehensive history taking and physical examination, especially in obtaining the pre-morbid functional status of a patient with minimal trauma fractures.
	2	Understand the concept of geriatric syndromes, especially as it relates to the causes and management of falls.
	3	Competence in the pre-operative care of the older patient with minimal trauma fracture.
	4	Competence in the post-operative care of the older patient with minimal trauma fracture, especially the diagnosis and management of delirium.
	5	Develop an understanding of rehabilitation principles and care.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	<p>Expectations of the trainee throughout this term include:</p> <ul style="list-style-type: none"> • Gaining proficiency in comprehensive history taking and physical examination, especially in obtaining the pre-morbid functional status of a patient with minimal trauma fractures; • Understand the concept of geriatric syndromes, especially as it relates to the causes and management of falls; • Competence in the medical assessment and management of patients with minimal trauma fractures; • Competence in the pre-operative care of the older patient with minimal trauma fracture; • Competence in the post-operative care of the older patient with minimal trauma fracture, especially the diagnosis and management of delirium; • Proficiency in communicating effectively with patients, families, medical colleagues, nursing and allied health professionals; • Understand the importance of prompt, clear and accurate communication with other professionals within the hospital and in the community, especially general practitioners; • Proficiency in case-conferencing with members of the multi-disciplinary team, including gaining an understanding of the roles of different staff members in a multi-disciplinary team;
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- Develop an understanding of comprehensive geriatric assessment and management;
- Develop an understanding in the management of poly-pharmacy in an older patients;
- Know how to investigate patients in an appropriate, thorough and cost-effective way;
- Ability to help develop rational plans for investigation and management of inpatients who acutely deteriorate, in consultation with the relevant registrar and consultant;
- An understanding of the roles of the ACAT and services available for older people in the community; and
- Develop a respect for the dignity of older people.
- Develop an understanding of rehabilitation care

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

- Electrocardiograms;
- Chest X-rays, hip/pelvic X-rays, cerebral CT scans;
- Arterial blood gas estimations; and
- 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.

	<p>Organisational expectations of the trainee include:</p> <ul style="list-style-type: none"> 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. To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure. To strictly observe the Western Sydney Local Health District policy of confidentiality of patient information
<p>Patient Load (average per shift)</p>	<p>Patient Load per trainee <input type="text" value="15"/> Patient load total for team <input type="text" value="15"/></p>
<p>After hours Roster</p> <p><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>	<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.</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 & Gynaecology after hours.</p>

I: SIGN OFF

Terms will not be considered unless this section is completed.

<p>Revision date and by who (Name and Position)</p>	<p>13/07/2016 Dineshwar Narayan Medical Education Support Officer – Blacktown Mt. Drutt Hospital</p>
<p>Endorsement by Term Supervisor (Name, Date and Signature)</p>	<p>Dr Stephanie Polley</p>
<p>Endorsement by GCTC Chair (or representative) (Name, Date and Signature)</p>	<p>Prof Mark McLean</p>

