

## Hospital X – Term Objectives

The Term Objectives are based on the Australian Curriculum Framework for Junior Doctors and have been drafted in consultation with your Term Supervisor.

Broad reading of this specialty area and reflective case review during the term will ensure you maximise learning opportunities.

The Term Objectives should be referred to during the Mid Term Appraisal and End of Term Assessment.

<b>TERM NAME:</b> General Medicine - 5		<b>FACILITY:</b> Hospital X	
<b>TERM SUPERVISOR:</b> Dr		<b>SIGNATURE:</b> Approved December 2008	
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>		<p>Dr (Chair of General Medicine &amp; Stroke Unit.) Dr Dr</p> <p>All phone contact with the VMOs is to be made via Switch unless directed otherwise by the VMO.</p> <p>Refer to attached Allocation document for the names of all junior staff currently allocated to this Unit.</p> <p>Junior staff are to be contacted via pager by Desk Top paging or dialing # 6.</p>	
<b>ACCREDITED TERM FOR:</b>			
PGY1 Core		PGY2 Elective	
<b>OVERVIEW OF UNIT OR SERVICE</b> <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		<p>There is three junior staff allocated to the Unit, one training registrar, one resident and an Intern.</p> <p>The unit focuses on Neurology cases however due to the age of patients a broad range of medical issues are also investigated and treated.</p> <p>This Unit provides services primarily to inpatients. Some Outpatient sessions are held. If you are interested in attending these sessions please communicate this with the VMOs.</p> <p>Each Monday and the occasional Friday Dr A is rostered on the General Medicine Admitting Roster. On these days your team is responsible for admissions and the code blue responses.</p> <p>Dr ... also participates in the Stroke Admitting Roster which usually, but not always, mirrors the General Medicine Roster.</p> <p>Dr ... and Dr ....participate in the Neurology Admitting Roster, week on week off.</p> <p>The Admitting Roster is available on the J Drive under VMO – Roster.</p>	

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<p><b>ORIENTATION:</b> <i>Include detail regarding the arrangements for Orientation to the Term, including who is responsible for providing the Term Orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the junior doctor.</i></p>	<p><b>Prior to Starting:</b> Residents and Interns have a responsibility to provide a handover of duties from their learning perspective. If rotating on/off site request contact names and details from Medical Services.</p> <p>Review Hospital X JMO Orientation Booklet so familiar with hospital processes before formal Orientation.</p> <p><b>Day 1:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> All new doctors will attend an orientation to the hospital which will include information on consults, referrals, scripts etc.</li><li><input type="checkbox"/> The Registrar is responsible for providing Orientation to the Unit on the first day.</li><li><input type="checkbox"/> All junior staff are to introduce themselves to:<ul style="list-style-type: none"><li>○ Manager of Ward .....</li><li>○ Receptionists of these wards</li></ul>These staff will provide an overview of specific processes in their wards, including paperwork, computer systems and passwords.</li></ul> <p><b>First Few Days:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Junior staff to make contact with Supervisor and VMOs in the Unit. This provides an opportunity to introduce self, discuss expectations and identify your particular interest areas or learning opportunities.</li><li><input type="checkbox"/> Contact Care Coordinators to introduce self and clarify processes and responsibilities with discharging patients.</li><li><input type="checkbox"/> Pharmacy staff review medication charts in wards and are available for advise. Make contact with pharmacist in your area by ringing...</li></ul> <p>Hospital X Intranet site is available in all clinical areas, containing:</p> <ul style="list-style-type: none"><li>○ All hospital Policies and Procedures</li><li>○ VMOs Standing Orders.</li><li>○ Library with databases and links for search requests</li></ul>
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<p><b>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS:</b>  <i>List routine duties and responsibilities including clinical handover</i></p>	<p>To take detailed medical/social history and examination relevant to the patient's episode of care on admission.</p> <p>In consultation with Registrar/VMO:</p> <ul style="list-style-type: none"> <li>○ organise investigations and initiate treatment plans</li> <li>○ review results of investigations and action.</li> </ul> <p>To attend ward rounds and present cases to the team on a daily basis, demonstrating an understanding of condition and management plan.</p> <p>Maintain an ongoing record of the patient's progress, investigations and results. Update Clinical Discharge Summary throughout admission.</p> <p>To initiate discharge planning arrangements:</p> <ul style="list-style-type: none"> <li>○ on admission (<i>commence Clinical Discharge Summary</i>)</li> <li>○ with patient, family and relevant health care professionals</li> <li>○ document predicted discharge date in medical record and update regularly</li> <li>○ finalise discharge medications 24 hrs prior to discharge</li> <li>○ ensure all relevant paperwork is completed including Clinical Discharge Summaries.</li> </ul> <p>To ensure all admissions, follow-up of results/investigations and medications charted prior to leaving each day.</p> <p>Where patients require follow up provide verbal and written handover to doctors rostered after hours.</p> <p><b>NO on-call or after hours ward round responsibilities.</b></p>
<p><b>SUPERVISION:</b>  <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p><b>IN HOURS:</b>  All VMOs are to be contacted at any time when there is a change in a patient's condition or treatment plan. Contactable 24 hours per day via switch.</p> <p>The Medical Services Manager and Director of Medical Services are contactable for any issues.</p> <hr/> <p><b>AFTER HOURS:</b>  As above.</p> <p>The Director of Medical Services is available 24 hours per day via switch regarding any clinical issue.</p>

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<p><b>STANDARD TERM OBJECTIVES:</b>  <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire during the Term. This should include reference to the ACFJD. The Term objectives should be used as a basis of the mid and end of Term assessments.</i></p> <p style="text-align: center;"><b>References:</b></p> <p style="text-align: center;"><b>Basic Training Curriculum for Adult Medicine (First Edition 2007)</b>  <b>Royal Australasian College of Physicians</b></p> <p style="text-align: center;"><b>Primary Curriculum 2006</b>  <b>Australian College of Rural and Remote Medicine</b></p>	<p>This is a general medicine term with a neurology focus. You will be exposed to a broad range of medical issues. During this time you will:</p> <p>Demonstrate a general knowledge and basic skills in</p> <ul style="list-style-type: none"> <li>• Managing patients with multiple medical co-morbidities</li> <li>• Managing the delirious patient</li> <li>• Differentiating delirium from dementia and other presentations of cognitive impairment</li> <li>• Identifying issues relating to polypharmacy in the elderly</li> <li>• Understanding the role of advanced health directives, enduring power of attorney, informed consent and competency in the elderly</li> <li>• Working as part of a multidisciplinary team to improve functional ability and quality of life</li> </ul> <p>You will also:</p> <ul style="list-style-type: none"> <li>• increase your knowledge and skills in recognising signs and symptoms in these areas</li> <li>• gain experience in formulating differential diagnosis</li> <li>• be able to order appropriate investigations</li> <li>• develop appropriate treatment plans.</li> </ul> <p><u>Specific Neurology Skills and Abilities:</u></p> <p>Able to assess the status of a patient’s nervous system by taking relevant history and performing a detailed examination</p> <p>Recognise signs and symptoms</p> <p>Order appropriate investigations ie Lumbar puncture, EEG,EMG, Ultrasound, CT Scan MRI</p> <p>Instigate appropriate treatment or referral</p> <p>Competent in the diagnosis and management of:</p> <ul style="list-style-type: none"> <li>• Abnormal focal neurological signs/symptoms</li> <li>• TIAs and CVAs,</li> <li>• Headaches</li> <li>• Epilepsy</li> <li>• Parkinson’s Disease</li> <li>• Confusional States and Intellectual Impairment.</li> <li>• CNS Infection</li> <li>• Space Occupying Lesions</li> </ul> <p>Demonstrate competence in rehabilitation of patients suffering from a stroke by:</p> <ul style="list-style-type: none"> <li>• classify types of stroke and their potential outcomes within the context of low to high level rehabilitation intervention</li> <li>• explain current evidence based primary, secondary and tertiary health care initiatives for stroke</li> </ul> <p>Also refer to the Australian Curriculum Framework for Junior Doctors (attached) and information under “Additional Information”.</p> <p>The Framework will help you to assess your own education and learning needs and plan your professional development. Those areas where you will gain experience and skills whilst in this unit are marked with an “X”. Keep track of the areas you feel confident in by ticking these boxes. This will help you to identify areas where further exposure and development are required.</p>
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## Hospital X – Term Objectives

### **INDIVIDUALISED LEARNING OBJECTIVES**

*Supervisors should discuss specific learning requirements with the JMO and develop individual learning objectives with the JMO*

# Hospital X – Term Objectives



## Patient Assessment

### Patient identification

- Follows the stages of a verification process to ensure the correct identification of a patient
- Complies with the organisation's procedures for avoiding patient misidentification
- Confirms with relevant others the correct identification of a patient

### History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Undertakes a comprehensive & focussed history
- Performs a comprehensive examination of all systems
- Elicits symptoms & signs relevant to the presenting problem or condition

### Problem formulation

- Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process
- Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions
- Regularly re-evaluates the patient problem list

### Investigations

- Judiciously selects, requests and is able to justify investigations in the context of particular patient presentation
- Follows up & interprets investigation results appropriately to guide patient management
- Identifies & provides relevant & succinct information when ordering investigations

### Referral & consultation

- Identifies & provides relevant & succinct information
- Applies the criteria for referral or consultation relevant to a particular problem or condition
- Collaborates with other health professionals in patient assessment

## Safe Patient Care

### Systems

- Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- Uses mechanisms that minimise error e.g. checklists, clinical pathways
- Participates in continuous quality improvement e.g. clinical audit

### Risk & prevention

- Identifies the main sources of error & risk in the workplace
- which may contribute to patient & staff risk
- Explains and reports potential risks to patients and staff

### Adverse events & near misses

- Describes examples of the harm caused by errors & system failures
- Documents & reports adverse events in accordance with local incident reporting systems
- Recognises & uses existing systems to manage adverse events & near misses

### Public health

- Knows pathways for reporting notifiable diseases & which conditions are notifiable
- Acts in accordance with the management plan for a disease outbreak
- Identifies the key health issues and opportunities for disease and injury prevention in the community

### Infection control

- Practices correct hand-washing & aseptic techniques
- Uses methods to minimise transmission of infection between patients
- Rationally prescribes antimicrobial / antiviral therapy for common conditions

### Radiation safety

- Minimise the risk associated with exposure to radiological investigations or procedures to patient or self
- Rationally requests radiological investigations & procedures
- Regularly evaluates his / her ordering of radiological investigations & procedures

### Medication safety

- Identifies the medications most commonly involved in prescribing and administration errors
- Prescribes, calculates and administers all medications safely mindful of their risk profile
- Routinely reports medication errors and near misses in accordance with local requirements

## Acute & Emergency Care

### Assessment

- Recognises the abnormal physiology and clinical manifestations of critical illness
- Recognises & effectively assesses acutely ill, deteriorating or dying patients
- Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

### Prioritisation

- Applies the principles of triage & medical prioritisation
- Identifies patients requiring immediate resuscitation and when to call for help e.g. Code Blue / MET

### Basic Life Support

- Implements basic airway management, ventilatory and circulatory support
- Effectively uses semi-automatic and automatic defibrillators

### Advanced Life Support

- Identifies the indications for advanced airway management
- Recognises malignant arrhythmias, uses resuscitation/drug protocols and manual defibrillation
- Participates in decision-making about and debriefing after cessation of resuscitation

### Acute patient transfer

- Identifies when patient transfer is required
- Identifies and manages risks prior to and during patient transfer

## Patient Management

### Management Options

- Identifies and is able to justify the patient management options for common problems and conditions
- Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

### Inpatient Management

- Reviews the patient and their response to treatment on a regular basis

### Therapeutics

- Takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists and allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy

### Pain management

- Specifies and can justify the hierarchy of therapies and options for pain control
- Prescribes pain therapies to match the patient's analgesia requirements

### Fluid, electrolyte & blood product management

- Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- Recognises and manages the clinical consequences of fluid electrolyte imbalance in a patient
- Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte or blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use

### Subacute care

- Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs

- Identifies common risks in older and complex patients e.g. falls risk and cognitive decline

### Ambulatory & community care

- Identifies and arranges ambulatory and community care services appropriate for each patient

### Discharge planning

- Recognises when patients are ready for discharge
- Facilitates timely and effective discharge planning

### End of Life Care

- Arranges appropriate support for dying patients
- Takes account of legislation regarding Enduring Power of Attorney and Advanced Care Planning

## Skills & Procedures

### Decision-making

- Explains the indications, contraindications & risks for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient
- Considers personal limitations and ensures appropriate supervision

### Informed consent

- Applies the principles of informed consent in day to day clinical practice
- Identifies the circumstances that require informed consent to be obtained by a more senior clinician
- Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

### Performance of procedures

- Ensures appropriate supervision is available
- Identifies the patient appropriately
- Prepares and positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia
- Arranges appropriate equipment
- Arranges appropriate support staff and defines their roles
- Provides appropriate analgesia and/or premedication
- Performs procedure in a safe and competent manner using aseptic technique
- Identifies and manages common complications
- Interprets results & evaluates outcomes of treatment
- Provides appropriate aftercare & arranges follow-up

## Skills & Procedures

- Venepuncture
- IV cannulation
- Preparation and administration of IV medication, injections & fluids
- Arterial puncture in an adult
- Blood culture (peripheral)
- IV infusion including the prescription of fluids
- IV infusion of blood & blood products
- Injection of local anaesthetic to skin
- Subcutaneous injection
- Intramuscular injection
- Perform & interpret and ECG
- Perform & interpret peak flow
- Urethral catheterisation in adult females & males
- Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- NG & feeding tube insertion
- Gynaecological speculum and pelvic examination
- Surgical knots & simple suture insertion
- Corneal & other superficial foreign body removal
- Plaster cast/splint limb immobilisation

## Clinical Symptoms, Problems & Conditions

## Common Symptoms & Signs

- Fever
- Dehydration
- Loss of Consciousness
- Syncope
- Headache
- Toothache
- Upper airway obstruction
- Chest pain
- Breathlessness
- Cough
- Back pain
- Nausea & Vomiting
- Jaundice
- Abdominal pain
- Gastrointestinal bleeding
- Constipation
- Diarrhoea
- Dysuria / or frequent micturition
- Oliguria & anuria
- Pain & bleeding in early pregnancy
- Agitation
- Depression

## Common Clinical Problems and Conditions

- Non-specific febrile illness
- Sepsis
- Shock
- Anaphylaxis
- Envenomation
- Diabetes mellitus and direct complications
- Thyroid disorders
- Electrolyte disturbances
- Malnutrition
- Obesity
- Red painful eye
- Cerebrovascular disorders
- Meningitis
- Seizure disorders
- Delirium
- Common skin rashes & infections
- Burns
- Fractures
- Minor Trauma
- Multiple Trauma
- Osteoarthritis
- Rheumatoid arthritis
- Gout
- Septic arthritis
- Hypertension
- Heart failure
- Ischaemic heart disease
- Cardiac arrhythmias
- Thromboembolic disease
- Limb ischaemia
- Leg ulcers
- Oral infections
- Periodontal disease
- Asthma
- Respiratory infection
- Chronic Obstructive Pulmonary Disease
- Obstructive sleep apnoea
- Liver disease
- Acute abdomen
- Renal failure
- Pyelonephritis & UTIs
- Urinary incontinence & retention
- Menstrual disorders
- Sexually Transmitted Infections
- Anaemia
- Bruising & Bleeding
- Management of anticoagulation
- Cognitive or physical disability
- Substance abuse & dependence
- Psychosis
- Depression
- Anxiety
- Deliberate self-harm & suicidal behaviours
- Paracetamol overdose
- Benzodiazepine & opioid overdose
- Common malignancies
- Chemotherapy & radiotherapy side effects
- The sick child
- Child abuse
- Domestic violence
- Dementia
- Functional decline or impairment
- Fall, especially in the elderly

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- Elder abuse
- Poisoning/overdose

## Professionalism

### Doctor & Society

#### Access to healthcare

- Identifies how physical or cognitive disability can limit patients' access to healthcare services
- Provides access to culturally appropriate healthcare
- Demonstrates and advocates a non-discriminatory patient-centred approach to care

#### Culture, society healthcare

- Behaves in ways which acknowledge the social, economic political factors in patient illness
- Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

#### Indigenous patients

- Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

#### Professional standards

- Complies with the legal requirements of being a doctor e.g. maintaining registration
  - Adheres to professional standards
  - Respects patient privacy & confidentiality
- #### Medicine & the law
- Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
  - Completes appropriate medico-legal documentation
  - Liaises with legal & statutory authorities, including mandatory reporting where applicable

#### Health promotion

- Advocates for healthy lifestyles & explains environmental lifestyle risks to health
- Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- Evaluates the positive & negative aspects of health screening and prevention when making healthcare decisions

#### Healthcare resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Works in ways that acknowledge the complexities & competing demands of the healthcare system

### Professional Behaviour

#### Professional responsibility

- Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- Maintains an appropriate standard of professional practice and works within personal capabilities
- Reflects on personal experiences, actions & decision-making
- Acts as a role model of professional behaviour

#### Time management

- Prioritises workload to maximise patient outcomes & health service function
- Demonstrates punctuality

#### Personal well-being

- Is aware of, & optimises personal health & well-being
- Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
- Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

- Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- Consults colleagues about ethical concerns
- Accepts responsibility for ethical decisions

#### Practitioner in difficulty

- Identifies the support services available
- Recognises the signs of a colleague in difficulty and responds with empathy
- Refers appropriately

#### Doctors as leaders

- Shows an ability to work well with & lead others
- Exhibits leadership qualities and takes leadership role when required
- Participates in a variety of continuing education opportunities
- Reflects on own skills & personal attributes in actively investigating a range of career options
- Accepts opportunities for increased autonomy and patient responsibility under their supervisor's direction

### Teaching, Learning & Supervision

#### Self-directed learning

- Identifies & addresses personal learning objectives
- Establishes & uses current evidence based resources to support patient care & own learning
- Seeks opportunities to reflect on & learn from clinical practice
- Seeks & responds to feedback on learning
- Participates in research & quality improvement activities where possible

#### Teaching

- Plans, develops & conducts teaching sessions for peers & juniors
- Uses varied approaches to teaching small & large groups
- Incorporates teaching into clinical work
- Evaluates & responds to feedback on own teaching

#### Supervision, Assessment & Feedback

- Seeks out personal supervision & is responsive to feedback
- Seeks out and participates in personal feedback and assessment processes
- Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)
- Adapts level of supervision to the learner's competence & confidence
- Provides constructive, timely and specific feedback based on observation of performance
- Escalates performance issues where appropriate

## Communication

### Patient Interaction

#### Context

- Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments
- Uses principles of good communication to ensure effective healthcare relationships
- Uses effective strategies to deal with the difficult or vulnerable patient

#### Respect

- Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
- Maintains privacy & confidentiality
- Provides clear & honest information to patients & respects their treatment choices

#### Providing information

- Applies the principles of good communication (e.g. verbal & non-verbal) & communicates with patients & carers in ways they understand
- Uses interpreters for non-English speaking backgrounds when appropriate
- Involves patients in discussions to ensure their participation in decisions about their care
- Meetings with families or carers

- Identifies the impact of family dynamics on effective communication
- Ensures relevant family/carers are included appropriately in meetings and decision-making
- Respects the role of families in patient health care

#### Breaking bad news

- Recognises the manifestations of, & responses to, loss & bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

#### Open disclosure

- Explains & participates in implementation of the principles of open disclosure
- Ensures patients & carers are supported & cared for after an adverse event

#### Complaints

- Acts to minimise or prevent the factors that would otherwise lead to complaints
- Uses local protocols to respond to complaints
- Adopts behaviours such as good communication designed to prevent complaints

### Managing Information

#### Written

- Complies with organisational policies regarding timely & accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate clarity, structure and content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription, calculations and administration

#### Electronic

- Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
- Complies with policies, regarding information technology privacy e.g. passwords, e-mail & internet, social media

#### Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Provides accurate documentation for patient care

#### Evidence-based practice

- Applies the principles of evidence-based practice and hierarchy of evidence
- Uses best available evidence in clinical decision-making
- Critically appraises evidence and information

#### Handover

- Demonstrates features of clinical handover that ensure patient safety & continuity of care
- Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

### Working in Teams

#### Team structure

- Identifies & works effectively as part of the healthcare team, to ensure best patient care
- Includes the patient & carers in the team decision making process where appropriate
- Uses graded assertiveness when appropriate
- Respects the roles and responsibilities of multidisciplinary team members

#### Team dynamics

- Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change
- Identifies & adopts a variety of roles within different teams
- Case Presentation
- Presents cases effectively, to senior medical staff & other health professionals

## Hospital X – Term Objectives

<p><b>PATIENT LOAD:</b> <i>Average number of patients looked after by the junior doctor per day</i></p>	<p><b>The average number of patients is 25. This increases following weekends where VMOs are on take.</b></p>
<p><b>OVERTIME</b> <i>Average hours per week</i></p> <p>extend.</p>	<p><b>ROSTERED</b>      <b>38hrs. Also participate in hospital wide after hours roster, approximately one shift per fortnight.</b></p> <p><b>UNROSTERED</b>      <b>Minimal overtime in general. The week following take the hours may</b></p>
<p><b>EDUCATION:</b> <i>Detail education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable.</i></p>	<p>Maximise your learning opportunities whilst in the unit by presenting cases each round and asking questions. Where time permits follow patients through to observe procedures in X-ray or Cath Lab.</p> <p>Refer to Unit Timetable for Unit specific educational opportunities.</p> <p>Refer to Hospital X Medical Education intranet site for ALL education available onsite.</p> <p>A number of Journals and books on this speciality area are available either online or as hard copy in the Hospital X Library.</p> <p>Interns present a lecture to Junior Medical doctors on the last Friday of rotation.</p>
<p><b>ASSESSMENT AND FEEDBACK:</b> <i>Detail arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.</i></p>	<p>Mid and End Term Assessments are a mandatory component of training. Medical Services will remind you to obtain these assessments when they are due. The Assessments are available via the Medical Education Intranet site.</p> <p>You are to give your Mid Term Assessment to your Unit Supervisor. These are to be completed in consultation with the registrar and other consultants. <b>Completed Assessments are to be given to you in person and discussed.</b></p> <p>If any areas for improvement are identified they are to be clearly documented with a plan and timeframes noted. These <b>MUST</b> be discussed with the Director of Medical Services.</p> <p>You will also be requested to complete a Term Evaluation Form at the end of Term. This is available on the Medical Education Intranet site. This information is treated as confidential so as to encourage honest feedback.</p> <p>All completed Assessments and Term Evaluations are to be given to Medical Services.</p>
<p><b>ADDITIONAL INFORMATION:</b></p>	<p>The <b>Australian Curriculum Framework for Junior Doctors</b> (attached) identifies the core competencies and capabilities that are required to provide quality health care. While it is expected that most of the competencies will be mastered by the end of internship, it is anticipated that a trainee will become more efficient and skilful in these in subsequent years.</p> <p>The framework will assist supervisors by providing a structured and planned program of education.</p> <p>It will also allow you to assess your own education and training needs and plan your professional development. Utilise the tick boxes to help keep track of areas where further development is required.</p>

## UNIT TIMETABLE

### Drs A, C DF, M AW

Time	Monday	Time	Tuesday	Time	Wednesday	Time	Thursday	Time	Friday
	<b>Admitting Day</b> <b>Code Blue Response Team</b>			0800					<b>Admitting Roster varies on Fridays. Check VMO Roster on J drive. Code Blue responsibilities if on take over weekend.</b>
0830	Ward Work	0730	Dr .....Ward Round (New patients only) Ward Work	1030	Ward Round – Dr ....	0830	Ward Work	0830	Ward Round – Dr ....
1000	Dr ... Ward Round								
	Lunch		Lunch		Lunch		Lunch		Lunch
	Ward, check routine admissions	1430	Dr .....Ward Round Ward, check routine admissions		Ward, check routine admissions	1330	Dr ..... Ward Round Routine Admissions		Ward Work

**Ward Rounds with Dr ..... time varies**

**Code Blue Team to be onsite from 0800 – 1700 hours**

**Regular Meeting**

1215-1330 Mon	Division of Medicine Meeting, Seminar Rm,
1330-1430 Tues	Neuro Meeting, Level 4, Conference Rm
1130-1215 Wed	Stroke Meeting, Seminar Rm,
1300-1400 Wed	Thoracic Meeting, Seminar Rm,
1230-1330 Thur	Medical Grand Rounds, Conference Rm
1230-1330 Fri	JMO Education Program, Conference Rm <b>(Mandatory Attendance)</b>

## Hospital X – Term Objectives

### **Priorities:**

1. Admissions
2. Ensure investigation results are available for rounds. Follow through plans discussed on ward rounds ie) investigations, treatments, referrals
3. Current medications/fluids are written and cover weekend
4. Talking with relatives and documenting discussions in medical record
5. Clinical D/C Summaries and attendance at Discharge Planning Meetings
6. Education and support of medical students

### **Tips:**

Many of the patients in this team have multiple medical co-morbidities. Commencing the Clinical Discharge Summary on admission and updating throughout the episode of care ensures you have a concise summary to refer to during rounds. This also reduces time taken to complete close to discharge.