Monash Health Prevocational Term Description

<table>
<thead>
<tr>
<th>Title of post</th>
<th>Sub-Acute Geriatric Evaluation and Management / Palliative Care</th>
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<tbody>
<tr>
<td>Site</td>
<td>Casey Hospital</td>
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<tr>
<td>Important Contacts</td>
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</tr>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Contact:</strong></td>
</tr>
<tr>
<td>Medical Director Rehabilitation and Aged Care Services</td>
<td>Prof Barbara Workman 9265 1426</td>
</tr>
<tr>
<td>Unit Head:</td>
<td>Dr Dean Everard  <a href="mailto:dean.everard@monashhealth.org">dean.everard@monashhealth.org</a></td>
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<tr>
<td>Intern Supervisor</td>
<td>Dr Dean Everard  <a href="mailto:dean.everard@monashhealth.org">dean.everard@monashhealth.org</a></td>
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<tr>
<td>HMO supervisor</td>
<td>Dr Dean Everard  <a href="mailto:dean.everard@monashhealth.org">dean.everard@monashhealth.org</a></td>
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<td>NUM:</td>
<td>Sarah Jenkin  <a href="mailto:sarah.jenkin@monashhealth.org">sarah.jenkin@monashhealth.org</a></td>
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<td>Rosters:</td>
<td>Michele Ah-fat  <a href="mailto:michel.ahfat@monashhealth.org">michel.ahfat@monashhealth.org</a></td>
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<tr>
<td>Review Date</td>
<td>December, 2015</td>
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Overview of Unit:

The subacute unit at Casey Hospital consists of 30 beds in ward H, 5 palliative care beds in ward D and another 5 subacute beds in ward D. These 40 beds are managed by 3 Consultants (Rehabilitation Physician, Geriatrician and General Physician for the Palliative care beds). There are 2 Advanced Trainee Registrars (Rehabilitation and Geriatric Medicine) and one Intern and this position of one HMO PGY2.

All patients are bed based and multiday admissions. All patients are accepted by transfer from an acute unit either on the Casey Hospital site or elsewhere within Monash Health having been assessed by a Geriatrician or Rehabilitation Physician. A few are transfers from other public or private hospitals.

The palliative care patients are sometimes admitted directly from the community having been seen by the Palliative care team.

There are no outpatient’s clinics and no consultations required from the HMO. There are usually between 9-12 admissions and discharges per week. Bed occupancy is usually 100%.

The subacute ward at Casey Hospital is part of the Rehabilitation and Aged Care services which have wards on Dandenong Hospital and Kingston Centre sites and consultation services at all sites in Monash Health.

There is a relationship with the Palliative care beds with the main Palliative care ward at McCulloch House at Monash Medical centre and South Eastern Palliative Care Service in the Community.

Orientation:

The intern will be supervised by the Advanced Trainee in Geriatric Medicine and the Rehabilitation Geriatrician Dr Dean Everard. The patients will be divided equally between the Intern and the HMO however depending on the nature of the patients clinical care needs there may at times be a slight imbalance between the Rehabilitation Consultant and Geriatricians allocation of patients. This will be corrected as soon as possible.

After hours the cover for the subacute beds is provided by the General Medicine roster and at weekends the Advance trainees share the wards rounds. The intern will be incorporated into the General Medicine after hour’s rostered service. There is a Consultant for the subacute wards on call 24 hours, 7 days per week.

Dr Dean Everard conducts a job specific and unit orientation. Further orientation is provided by the nurse unit manager and senior allied health regarding process of patient centred goals of care and communication.
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Site orientation is provided by the Director of Clinical Training and includes input from medical workforce and Director of Nursing / Site operations. A comprehensive Ward H handbook is provided prior to commencement.

**Roster:**

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>0800-Nursing to Medical Handover</td>
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<tr>
<td>830-900 Pall care Ward Round (Ward D with CNC)</td>
<td>8.30-9 Pall care Ward Round (Ward D with CNC)</td>
<td>8.30-9 Pall care Ward Round (Ward D with CNC)</td>
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<tr>
<td>0900 Journey Board Meeting Registrar Ward Round GEM</td>
<td>0900 Journey Board Meeting Consultant Ward Round GEM</td>
<td>0900 Journey Board Meeting Registrar Ward Round GEM</td>
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<tr>
<td>9.30 Secondary GEM Team Meeting Secondary Consultant Ward Round</td>
<td>11.30-12.00 Unit Teaching</td>
<td>11.30-12.00 Unit Teaching</td>
<td>11.30-12.00 Unit Teaching</td>
<td>11.30-12.00 Unit Teaching</td>
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<tr>
<td>12.30-1pm Lunch</td>
<td>12.00-1pm Medical Grand Round</td>
<td>12.30-1pm Lunch</td>
<td>1-2pm Prevocational Teaching Time</td>
<td>12.30-1pm Lunch</td>
</tr>
<tr>
<td>Ward Work Follow up phone calls</td>
<td>GEM main Team Meeting</td>
<td>PM Off</td>
<td>Ward Work (Registrar pm training pm off)</td>
<td>Ward Work (Registrar pm off)</td>
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**Education Opportunities:**

<table>
<thead>
<tr>
<th>Intern Teaching (mandatory &amp; protected)</th>
<th>Thursdays</th>
<th>1.00 – 2.00pm</th>
<th>Ward A meeting Room</th>
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</thead>
<tbody>
<tr>
<td>Sun Acute Cased Based Discussions</td>
<td>Wednesday</td>
<td>12.00 – 1.00pm</td>
<td>Ward H senior medical staff office</td>
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<tr>
<td>Medicine Grand Round</td>
<td>Tuesday</td>
<td>12.00 – 1.00pm</td>
<td>Ward A Meeting Room</td>
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Learning Objectives

At the end of this rotation, the prevocational doctor, under supervision, will be able to:

1. **Science and Scholarship**
   - Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important medical presentations at all stages of life
   - Access and use relevant treatment guidelines and protocols
   - Seek and apply evidence to medical patient care

2. **Clinical Practice**
   - Assess and contribute to the care of patients with a broad range of medical conditions including:
     - exacerbations of chronic conditions
     - critically ill patients, both at presentation and as a result of deterioration during admission
   - Demonstrate appropriate history taking, physical examination and mental state examination skills
   - Develop management plans for medical patients
   - Order and interpret investigations
   - Access clinical management resources, making referral and monitoring progress
   - Observe and perform a range of procedural skills insertion of indwelling urinary catheters, intravenous cannulas, taking blood cultures and blood gases.
   - Develop knowledge and skills in safe and effective prescribing of medications including fluids, blood and blood products
   - Develop effective communication skills including:
     - interactions with peers (particularly through clinical handover)
     - supervisors
     - patients and their families
     - other health care workers involved in inpatient and ambulatory care
   - Develop advanced skills in spoken, written and electronic communication
   - Develop skills in obtaining informed consent, discussing poor outcomes and end of life care in conjunction with experienced clinicians
   - Develop written communication skills including:
     - entries in paper and electronic medical records,
     - admission notes,
     - progress notes
     - discharge notes
     - letters to other health care professionals

3. **Health and Society**
   - Discuss allocating resources in providing medical care
   - Participate in quality assurance, improvement, risk management processes and/or incident reporting
   - Screen patients for common diseases, provide care for chronic diseases and discuss healthcare behaviours with patients
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- Develop knowledge about how patient care interacts with sub-acute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up

4. Professionalism and leadership

- Develop skills in prioritising workload to maximise patient and health service outcomes
- Demonstrate an understanding of roles, responsibilities and interactions with various health professionals in managing each patient
- Participate actively in the multi-professional/disciplinary team
- Develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia’s Good Medicine Practice: A Code of Conduct for Doctors in Australia