Term Mapping Fact Sheet



Introduction

Develop a term mapping spreadsheet for your hospital, in collaboration with MOSCETU. Using a unified format across the region will facilitate program allocations.

Clinical classifications of terms

The National Framework requires training providers to identify the areas of clinical experience that prevocational trainees are expected to significantly gain during that term.

Select term classifications to **reflect the clinical experience** of each term. Note each term can have a maximum of two classifications, although some terms may only have one. Classification E (Non direct clinical experience) can only be applied to PGY2-only terms.

Clinical experience in undifferentiated illness patient care

Prevocational doctors must have experience in caring for, assessing and managing patients with undifferentiated illnesses. Learning activities include admitting, formulating an assessment, presenting and clinical handover. This means the prevocational doctor has clinical involvement at the point of first presentation and when a new problem arises. This might occur working in a range of settings such as in an emergency department or in general practices.

Clinical experience in chronic illness patient care

Prevocational doctors must have experience in caring for patients with a broad range of chronic diseases and multi-morbidity, with a focus on incorporating the presentation into the longitudinal care of that patient. Learning activities include appreciating the context of the illness in the setting of the patient's co-morbidities, social circumstances and functional capacity. Experience should include working with multidisciplinary care teams to support patients, complex discharge planning and a focus on longitudinal care and engagement with ongoing community care teams. This might occur working in a range of settings, such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

Clinical experience in acute and critical illness patient care

C Acute and critical illness patient care Prevocational doctors must have experience assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. Learning activities include to recognise, assess, escalate appropriately, and provide immediate management to deteriorating and acutely unwell patients. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

M

Δ

care

B

Undifferentiated

illness patient

Chronic illness

patient care

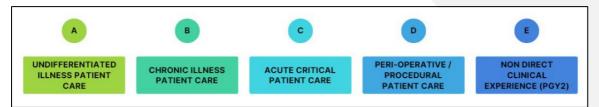
D Peri-operative /procedural patient care

Clinical experience in peri-operative/procedural patient care

Prevocational doctors must have experience in caring for patients undergoing procedures, including pre-, peri- and post-operative phases of care. Clinical experience should include all care phases for a range of common surgical conditions/procedures. Learning activities include preadmission, intraoperative care/attendance in theatre, peri-operative management, post-operative care and longitudinal outpatient follow-up. This might occur working in a range of settings such as in interventional cardiology, radiology, anaesthetic units or surgical units.

Term Mapping Fact Sheet





Specialty/subspecialty

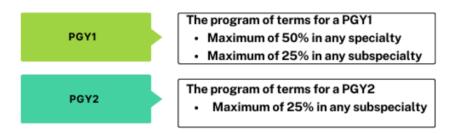
Review and select specialty/subspecialty for the term.

Under the National Framework there are limitations on the amount of time a trainee can spend in a specialty or subspecialty term.

Specialty: A major branch of medical practice, usually represented by a specialty college. Examples include general practice, internal medicine, surgery, emergency medicine, anaesthetics, obstetrics and gynaecology, paediatrics and psychiatry.

Subspecialty: A branch of a specialty, most commonly in internal medicine or surgery. Examples include: cardiology, endocrinology, neurology, nephrology and oncology in internal medicine; paediatrics; cardio-thoracic surgery, orthopaedics, plastic surgery and vascular surgery in surgery; and drug and alcohol services in psychiatry.

Some terminology (e.g. paediatrics) might be considered either a specialty or a subspecialty depending on use.

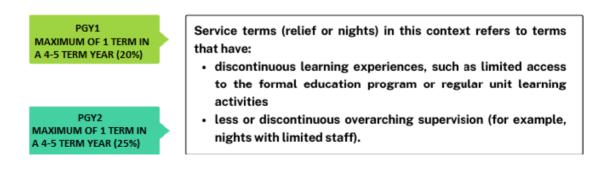


Service Terms

Confirm whether your facility considers a term to be a service term (or not). At the program level, there are limitations to the length of time prevocational trainees may spend undertaking service terms during any clinical year.

A service term is generally a relief (or pod) term or a term that has a larger component of night duty or after-hours work such that supervision or education is discontinuous.

The CRMEC Accreditation Committee will review and confirm the facility's classification of service terms based on the the volume of after-hours work with discontinuous supervision, and education opportunity. You must provide a 4-week roster for terms with after-hours work to facilitate this evaluation.

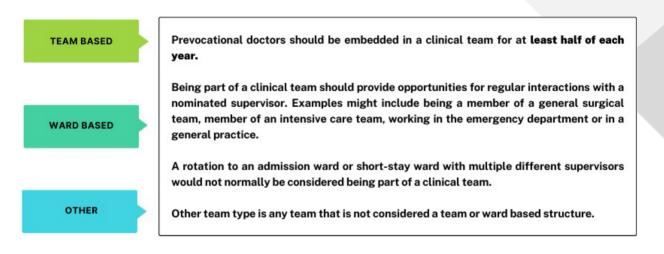


Term Mapping Fact Sheet



Clinical Team Structure

Select which clinical team structure best suits the term. There is a requirement for trainees to spend at least half of each year within a clinical team.



Need more support?

Visit the <u>JMO Supervisor Website</u> https://www.imoresources.com/



Contact the CRMEC

Professor Emily Haesler Director, CRMEC Phone: 02-512-42946 Email: <u>CRMEC.Manager@act.gov.au</u> Web <u>crmec.health.act.gov.au/</u>

AMC Resources



Section 3 of this document outlines the requirements for prevocational (PGY1 and PGY2) training programs and terms. The requirements for PGY1 build on the Medical Board of Australia's Registration standard – Australian and New Zealand graduates.