



POSITION DESCRIPTION – Alfred Health Clinical Fellow in Stroke Medicine

DATE REVISED:	November 2018
POSITION:	Fellow in Stroke Medicine
AWARD/AGREEMENT:	AMA Victoria – Victorian Public Health Sector – Doctors in Training Enterprise Agreement 2018 - 2021
CLINICAL PROGRAM:	Alfred Brain
DEPARTMENT/UNIT:	Stroke Unit
DIVISION:	Medical Services Division
ACCOUNTABLE TO:	Director of Stroke Services
TIME ALLOCATION:	1.0 FTE

ALFRED HEALTH

Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.

Further information about Alfred Health is available at www.alfredhealth.org.au

OUR PURPOSE

To improve the lives of our patients and their families, our communities and humanity.

OUR BELIEFS

Our staff are expected to demonstrate and uphold the beliefs of Alfred Health:

- Patients are the reason we are here – they are the focus of what we do.
- Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- How we do things is as important as what we do.

- Excellence is the measure we work to everyday. Through research and education, we set new standards for tomorrow
- We work together. We all play vital roles in a team that achieves extraordinary results
- We share ideas and demonstrate behaviours that inspire others to follow.

DEPARTMENT

Neurology is recognised as one of the major clinical and research strengths of Alfred Health. Core activities of the department include specialist clinics (and consultants with particular expertise) in Movement Disorders, Neuropathy, Headache, Multiple Sclerosis, Epilepsy, Stroke and Neurogenetics. There is an active Neurophysiology Department providing EEG, EMG, Evoked potential studies and Tremor analysis and a strong neuropsychology service. The intensive care unit, trauma service, state-wide heart-lung transplant service and HIV service result in complex referrals such that inpatient inter-unit consultations are a central element of the unit's work and expertise.

Alfred Health has the 5th largest acute stroke service in the state, seeing over 600 acute stroke patients a year. It also provides tertiary neurosciences care for stroke patients and is recognised as comprehensive stroke centre. The complexity of the Alfred hospital stroke patient case mix is high. The service has neuro-intervention (including 24/7 endovascular clot retrieval), neurosurgical and acute stroke unit care as well as unique access into specialist rehabilitation services at Caulfield Hospital and also the South Melbourne Community Rehabilitation team. As such, Alfred Health provides unrivalled access for speciality training in all aspects of stroke medicine

POSITION SUMMARY

This role is that of Stroke Fellow in the Neurology Unit.

Clinical

The fellow will participate in the daily workings of the Alfred Stroke Program. These will include:

Daily ward rounds

Stroke Outpatients

Complex Inter-unit consults and referrals

Presentations at Department and Hospital Meetings.

Education

It is expected that the fellow would also be involved in the educational activities of the Department of Neurology and the Stroke Unit which include:

Weekly joint clinical meetings with the Departments of Neurology

Weekly meetings of the Stroke Unit

Weekly neuroradiology meetings

Monthly neuropathology meetings

Fortnightly University Department of Neuroscience seminars

The Fellow will have mutually agreed individualised learning objectives in stroke care – from acute neurological diagnosis of stroke, neuro-intervention and re-perfusion therapy, acute stroke unit care, acute stroke rehabilitation and recovery (at Caulfield hospital), long term care and management of life after stroke, secondary prevention and complex cerebrovascular disease clinics.

The Fellow will also have the opportunity to help organise the Alfred multidisciplinary annual stroke treatment symposium.

Research

It is expected that the fellow will complete at least one significant clinical research project and one quality improvement project of publishable standard.

In addition, the Fellow will hold GCP and actively assist with recruitment and neurological assessments for the broad portfolio of stroke trials within the stroke service and with the stroke research nurses, have responsibility for organising study follow up.

KEY RESPONSIBILITIES

The clinical role of the Fellow and stroke registrar will clearly overlap; however, the Fellow should act as an adviser and mentor to the registrar (and also resident). The Fellow and registrar are expected to interchange their clinical duties to ensure that both training and patient care is optimal.

- Responsibility for decisions re-management and leading daily ward rounds including total patient care within unit under the consultant supervision
- Co-ordinating the day to day work of the Unit
- Close liaison with Unit SMS, particularly regarding patients requiring operative treatment
- Key responsibility for:
 - Assessing all suspected stroke patients on presentation and in the Emergency Department in a timely manner. Some duties may be delegated to resident staff (e.g. admission notes, drug charts, investigation ordering etc.)
 - Diagnosis and treatment plan, including reperfusion therapy or neurosurgical referral if required
 - Initiating, implementing and monitoring management of patients under supervision, incorporating the appropriate testing and investigation
 - Ensuring that results of investigations are available and known
 - Liaising regularly and as direct contact with the stroke consultant
 - Escalation to consultant of patients concerns, consistent with Alfred Health Consultant Notification and Escalation of Care guidelines
 - Organising and managing daily ward round (This may often be independent of the consultant ward round)
 - Attendance and, in certain circumstances, running of Code Blue and MET calls
 - Ensuring timely discussions with patients and their family, providing counselling and support where required

- Accepting referrals from other units (including Emergency) seeking speciality input and ensuring these are seen in a timely manner and referred promptly to a member of the SMS
- Supervision of more junior medical staff within the Unit – education of junior staff in clinical management and procedural techniques (where the Fellow is appropriately skilled).
- Thoroughly and promptly correlate and document in the medical record the relevant patient information in an appropriate and ongoing manner, from the initial assessment, differential diagnosis, investigations, treatment plan and clinical progress
- Regularly review patient objectives, interpretative, physical and mental status, including the development and communication of a discharge plan from the time of admission
- Succinctly record the above in the discharge summary at the time of discharge
- Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge
- Participate in clinics and other Unit activities as rostered and required
- Foster rapport and good communication using appropriate language, written or verbal, with the patient and other parties as required, including contact with the referring Medical Practitioner
- Use technology appropriately, with cost benefit and potential patient benefit and complications considered
- As a representative of the Hospital and the Medical Profession, present an appearance and demeanour of professionalism at all times
- Continually update and extend personal medical knowledge and skills, regularly attend clinical and educational meetings and remain familiar with current medical literature
- Participate in Division/Departmental/Unit Quality Improvement and audit activities
- Perform other duties as agreed to and as required on occasions by Medical Administration in relation to cover of others due to illness, bereavement or patient transfer
- Undertake research activities commensurate with the role

SUPERVISION

Alfred Health Approach

- All junior medical staff (including Fellows) at Alfred Health work under supervision. Supervision can be either direct or indirect and MUST be provided by a more senior doctor. In the case of the stroke Fellow, the supervision is provided by one of the 4 stroke consultants. The nature of the supervision provided will depend on the complexity of the care being delivered and the experience of the junior doctor.
- Direct supervision is defined as supervision where the designated supervisor is either present where the care is delivered or is on-campus and available within a few minutes.
- Indirect supervision occurs where the designated supervisor is not present but available by telephone for advice and to attend in accordance with Unit and Alfred Health requirements.
- Fellows may work under both direct and indirect supervision.
- The Alfred Health approach should not be confused with the Medical Board of Australia supervision guidelines for limited registration which apply to the registration requirements of international medical graduates (*Supervised practice for international medical graduates, January 2016*)

<http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx>).

- Each Alfred Health Unit has specific requirements which are provided in the individual unit handbook, available on the Alfred Health intranet at Resources/ HMO Resources. **It is most important that the relevant unit handbook be read prior to the commencement of the post.**

SCOPE OF PRACTICE

Scope of practice is the extent of an individual medical practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation¹

Fellows should be proficient in most of the skills and procedures outlined in the *Australian Curriculum Framework for Junior Doctors* (ACF version 3.1 2012) Further information is available at www.cpmec.org.au/page/acfjd-project.

Core Scope of Practice for Junior Medical Staff

This includes: Venepuncture, IV cannulation, Preparation and administration of IV medications, injections and fluids, Arterial puncture in an adult, Blood culture (peripheral), IV infusion including prescription of fluids, IV infusion of blood and blood products, Injection of local anaesthetic to skin, Subcutaneous injections, Intramuscular injections, Performing and interpreting ECGs. Performing and interpreting peak flow, Urethral catheterisation in adult males and females, Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway, Wide bore NGT insertion, Gynaecological speculum and pelvic examination, Surgical knots and simple suture insertion, Corneal and other superficial foreign body removal, Plaster cast/splint limb immobilisation.

Advanced Procedures and Skills

- **Fellows should NOT undertake any advanced procedures without direct supervision unless there is specific authorisation from a consultant from the relevant Unit.** These procedures include joint aspiration; laryngeal mask & ETT placement; complex wound suturing; proctoscopy; lumbar puncture; fine bore NG feeding tube insertion.
- **Procedures requiring specific credentialing** include: intercostal catheter insertion, central venous line insertion, Biers blocks, as well as specific procedures approved by Heads of Unit for limited operating rights.
- **Advanced Skills** – e.g. Apgar score estimation, secondary trauma survey, papilloedema identification, slit lamp examination, intra ocular pressure estimation. For neonatal and paediatric resuscitation, Fellows who are specifically credentialed to do so, can undertake full resuscitation. Others can commence basic resuscitation until more senior staff attendance unless specifically credentialed for neonatal and paediatric resuscitation.
- Fellows should ensure that they have undertaken the appropriate training and been deemed competent when using **advanced skills**.

It is recognised that not all the advanced procedures and skills listed above apply to Fellows in the Neurology Unit.

College Standards

- For more specific information on scope of practice, refer to the relevant College publications related to training and specific College curricula, which detail expected learning outcomes and/ or competencies at various stages of training.

1 ACSQHC, *Standard 1 Governance for Safety & Quality in Health Service Organisations*, October 2012

Alfred Health Consultant Notification and Escalation Requirements

- Fellows play a pivotal role in informing senior medical staff (SMS) of important changes in their patients' conditions. Registrars must adhere to and support the following Alfred Health guidelines:
 - Consultant Notification Policy; and
 - Escalation of Care Guideline;and must encourage other junior medical staff and nursing staff to escalate concerns appropriately.

QUALITY, SAFETY, RISK and IMPROVEMENT

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives.
- Follow organisational safety, quality & risk policies and guidelines.
- Comply with the Alfred Health principles of Timely Quality Care (TQC).
- Maintain a safe working environment for self, colleagues and members of the public and comply with Alfred Health's Unacceptable Behaviour in the Workplace policy.
- Escalate concerns regarding safety, quality & risk to appropriate staff member, if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient Centred Care.
- Comply with Alfred Health mandatory training and continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.
- Adhere to Alfred Health infection control policies and procedures including Hand Hygiene, aseptic technique and peripheral line guidelines.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:

- Provide more junior medical staff working in the Unit with appropriate supervision, training and instruction in accordance with Unit requirements and Alfred Health policies.
- Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.

- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
- Comply with Alfred Health medication management and medication safety policies and guidelines
- In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.

QUALIFICATIONS/EXPERIENCE REQUIRED

- Medical graduate;
- Successful completion of relevant post graduate years in neurology;
- Acceptance into and continuation in relevant College training program if applicable;
- AHPRA medical registration without conditions, undertakings or reprimands.

KEY ATTRIBUTES

- Passionate about stroke medicine
- Integrity
- Resilience
- Well developed and interpersonal skills
- “Can do” attitude and flexible approach
- Ability to balance competing demands and conflicting priorities
- Time management and prioritising skills
- Professional attitude and demeanour

OTHER RELEVANT INFORMATION

- Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all inclusive;
- Ongoing performance reviews and feedback will be undertaken across the year. It is anticipated that a formative and summary assessment will be undertaken during the rotation.
- Mandatory Police Check and Working with Children Check to be completed if appointed.

- **Position Description authorised by:**

- Alfred Brain Programme Director
- Director, Stroke Services, Alfred Health
- Clinical Service Director, Alfred Brain

Date: 31/7/2019