

## Clinical Experience B: Chronic Illness Patient Care

For a rotation to meet the requirements of Clinical Experience B<sup>2</sup>, the prevocational doctor must be actively involved in the chronic care management of the patients during the rotation.

It is not sufficient that the patients typically have co-morbid chronic illnesses if the prevocational doctor is not actively involved in managing these conditions. The prevocational doctor should also be provided with the opportunity to consider the longitudinal impact of the patient's current condition.

Term Descriptions will need to contain adequate evidence to support the clinical experience classification.

Examples of how a rotation <u>may</u> meet the requirements of Clinical Experience B	Examples of how a rotation <u>may not</u> meet requirements of Clinical Experience B
<ul style="list-style-type: none"> <li><input type="checkbox"/> Rostered attendance and active involvement with multidisciplinary care meetings of admitted patients in planning for discharge from hospital.</li> <li><input type="checkbox"/> Involvement in multidisciplinary procedural planning meetings through preparation of case summaries.</li> <li><input type="checkbox"/> Attendance in outpatients with the opportunity to see returning patients of the clinic.</li> <li><input type="checkbox"/> Active involvement in the assessment and preparation of surgical patients with chronic conditions for theatre i.e. pre-admission clinic.</li> <li><input type="checkbox"/> Evidence of prevocational doctor involvement with co-located perioperative medical unit while undertaking a surgical rotation (where this exists).</li> <li><input type="checkbox"/> Opportunity to develop and review communication with community care providers.</li> <li><input type="checkbox"/> Involvement in home, residence or outpatient-based management of patients.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The casemix of the unit involves very short admissions with limited opportunity to manage co-morbid illness.</li> <li><input type="checkbox"/> The unit functions as an initial or rapid assessment unit or urgent care centre.</li> <li><input type="checkbox"/> The predominant focus of the Term Description is exposure to surgery and procedures.</li> <li><input type="checkbox"/> Presence of a co-located medical team with its own prevocational doctors supporting the surgical unit in which the prevocational doctor is working.</li> <li><input type="checkbox"/> The prevocational doctor is expected to manage the chronic conditions of the patient without adequate supervision from practitioners with expertise for management of these chronic conditions.</li> <li><input type="checkbox"/> The preadmission process is highly automated with predominantly protocol driven management and referrals rather than the prevocational doctor managing the conditions.</li> <li><input type="checkbox"/> The prevocational doctor does not attend outpatients or only sees post-surgery review patients in outpatients.</li> <li><input type="checkbox"/> In community care, the service acts as an initial assessor only.</li> </ul>

<sup>2</sup>**AMC description of Clinical Experience B:** 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.