

Prevocational Training Term Description: Rural Medicine

Date of term description version	January 2024
Date term last accredited	September 2022

Term Details

Facility	Cooma District Hospital				
Term name*	Rural Medicine				
Term specialty*	General medicine				
Term location	Cooma District Hospital/Bombala Street and Cooma Medical Practice				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
Term duration (weeks)*	12 weeks				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations on this term set by the CRMEC		

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr Hamish Steiner, VMO GP Cooma Hospital and one of principal GPs at the Bombala Street Cooma Medical Practice
Clinical team supervision	Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Stephen Murdoch, Medical Lead Cooma Hospital, VMO GP/anaesthetist Dr Dominic Manassa, GP Bombala Street Cooma Mmaedical Practice

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Other clinical staff include nursing staff, pharmacists, physiotherapists, occupational therapists, dieticians, speech pathologists and radiographers.		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All clinical supervisors who have undertaken EPA training can undertake EPAs.		
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other	
	As there is only one JMO and one general inpatient ward, the JMO will be attached to the ward doctor who is rostered on for seven days. The JMO will attend morning Multidisciplinary Team meetings with the ward doctor to gain a comprehensive clinical experience. The JMO will be attached to a GP supervisor at the Bombala Street Surgery. They will manage their own patients in consultation with the GP Supervisor.			

Commencing the Term

Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	<p>Basic Clinical Training. The JMO is expected to have the skills one would normally associate with a JMO at PGY2 level. The JMO should be competent in basic history taking and examination, venepuncture, IV cannulation and resuscitation. The JMO should possess good skills in physical examination and should be able to formulate a differential diagnosis and management plan to discuss with the VMO and/or office GP. The JMO should feel competent to initiate uncomplicated management of low acuity presentations to the Emergency Department.</p> <p>In regard to personal behaviour: they should be enthusiastic learners; they should be able to communicate professionally with all members of the health care team and other staff, as necessary; they should be honest, reliable and punctual; they should be able to prioritise tasks and work efficiently.</p>
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term	<p>The DPET and the DMS provide the JMO a comprehensive orientation program to the hospital at the start of each term. Information will be provided about all relevant policies and procedures. Training will be given about the use of electronic medical records and electronic prescribing. Education will be provided about on-line resources available to the JMO, such as clinical guidelines, hospital policies and staff contact details. Dr Murdoch or his delegate will conduct a walk around introduction to the hospital and relevant staff.</p> <p>Also, on the first day there will be an orientation to the general practice. The JMO will learn about the practice as a whole, the patient mix, the IT systems, their responsibilities and the teaching program.</p>

Overview of the Unit

The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are

The Cooma Hospital Emergency Department serves the Snowy Monaro region with an estimated catchment of 18,000 people. Annual ED presentations average 10,000. The ED has 1 resuscitation bed and 6 acute beds.

The Emergency Department aims to:

- Provide timely assessment, treatment and referral of patients with acute medical, surgical, paediatric and psychiatric conditions;
- To stabilise and transfer, as necessary, seriously ill patient to tertiary hospitals.

Services at Cooma include medicine, elective surgery, obstetrics and gynaecology, renal, oncology and community health. The inpatient ward is where general medicine patients are admitted. Admissions include a range of medical conditions suitable to be managed at Cooma. The anaesthetics department at Cooma supports a range of elective and emergency surgery including endoscopies, orthopaedic surgery, obstetrics and gynaecology.

The Bombala Street, Cooma is a well-established general practice of many years standing. The practice is accredited to teach GP registrars and train medical students. It is fully accredited by Australian General Practice, Accreditation Limited.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

Daily tasks and responsibilities include:

ED

- Consult senior emergency medical staff, as needed and as per the requirements outlined at orientation;
- Courteous assessment of patients;
- Take into account the views of senior ED nursing staff;
- Assess patients in order of triage priority;
- Record patient data including a medication history into electronic medical record;
- Ensure adequate handover of patient at change of shift or ward transfer;
- Communicate with GP and/or community services upon discharge;
- Identify and escalate potentially life-threatening symptoms to a senior doctor early in patient assessment
- Be able to manage more than a single patient at a time

General Medicine

- Attend ward rounds with senior doctors.
- Liaise with senior doctors and nursing staff in regard to patients particularly needing to be reviewed.

Anaesthetics

- Close communications with anaesthetists so their instructions are fully understood;
- Detailed pre-operative assessment as per the anaesthetists' requirements;

	<ul style="list-style-type: none"> • Pay attention to views of anaesthetic nurses; • Clear understanding of anaesthetist plans for post operative management, including pain relief. <p>General practice</p> <ul style="list-style-type: none"> • Assess each GP patient courteously, professionally and timely and manner and discuss the management with a supervisor, as per the requirements of the practice's GPs.
<p>Work Routine Provide an overview of the work routine</p>	<p>The general routine will be to start on the ward except for days allocated to Theatre or Emergency dept. Opportunity will be provided to spend time in the Radiology dept becoming familiar with the ordering, preparation for and reading of XR's and scans.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>The handover process will take place on the general ward. This is a face to face process with the ward MO and the term supervisor and will be where the JMO is based.</p>
<p>Opportunities for Indigenous Health</p>	<p>Aboriginal and Torres Strait islander patients may present within this term. The JMO can engage the support of the Aboriginal Liaison Officer as required for patients and their families and to improve their knowledge, and skills around cultural safety.</p>

Education, Learning and Assessment

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>CLINICAL MANAGEMENT:</p> <p>ED</p> <ul style="list-style-type: none"> • To enhance existing knowledge about management of common medical, surgical and paediatric presentations to ED • To learn about emergency procedures such as NIV, intubation, chest drains, advanced IV and arterial access techniques. • To recognise and assess acutely ill or deteriorating patients; • To formulate an appropriate differential diagnosis and initial investigations list; • To achieve a high level of skill in routine procedures such as IV cannulation, insertion of urinary catheters and suturing wounds. • To effectively manage time with regard to a patient's clinical priority; and • To manage common medical and surgical emergencies under supervision. <p>General Medicine</p> <ul style="list-style-type: none"> • To gain further experience in correlating history, examination and diagnostic tests in order to make provisional diagnosis and initiate management for patients admitted to the hospital. <p>Anaesthetics</p> <ul style="list-style-type: none"> • To understand the uses of different types of anaesthesia. • To understand the key elements of pre-anaesthetic assessment • To understand the elements of post operative anaesthetic management, including pain relief.
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	<ul style="list-style-type: none"> To understand the uses of common anaesthetic agents. <p>General Practice</p> <ul style="list-style-type: none"> To manage common conditions presenting to general practice in an effective and timely way To attain knowledge of range of procedures undertaken in general practice. To understanding the role of other primary health care services and how they link with general practice. <p>All</p> <ul style="list-style-type: none"> To effectively communicate with patients, families and medical and nursing staff; To develop high level of skill in interpreting abnormalities in FBC, ABG, serum electrolytes, ECG, emergency x-ray, ultrasound and CT. 			
<p>Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.</p> <p>Formal education opportunities should also be included in the unit timetable</p>	<p>JMO teaching is held from 1- 2 pm Wednesday afternoons. Topics include:</p> <ul style="list-style-type: none"> Emergency Eye presentations & use of the slit lamp Fracture care & plastering techniques Recognition of the sick child ECG interpretation Acute Coronary Syndromes and differential diagnoses Toxicology - approach to the poisoned patient Common problems in general practice Post operative anaesthetic management Approach to anaesthetic emergencies Approach to pre-operative assessment for anaesthesia <p>The following additional opportunities are available:</p> <ul style="list-style-type: none"> monthly education session for all Cooma hospital doctors, provided by specialists. weekly JMO teaching from Canberra Hospital that the JMO can link into department of anaesthesia has an M&M hospital wide monthly M&M regular meetings in the general practice to review patient outcomes access to NSW Health's Clinical Information Access Portal (CIAP), including Up to Date, and the Southern NSW Local Health District library. Resources of Cooma hospital campus of ANU Medical School <p>Assessment</p> <p>The Term Supervisor will complete mid-term and end of term assessments of the JMO. In undertaking this assessment, the Term Supervisor will consult with other medical staff, nursing and allied health staff. We aim for early identification of performance concerns, with remedial action developed by the Term Supervisor, DPET and DMS.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p style="text-align: center;">EPA 1</p> <p style="text-align: center;">Clinical Assessment</p>	<p style="text-align: center;">EPA 2</p> <p style="text-align: center;">Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3</p> <p style="text-align: center;">Prescribing</p>	<p style="text-align: center;">EPA 4</p> <p style="text-align: center;">Team communication – documentation, handover and referrals</p>

Term/Unit Timetable and Indicative Duty Roster*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<p>0800-1330 Work in Inpatient ward and in the emergency department.</p> <p>1330-1400 Lunch</p> <p>Attend whole of hospital morbidity and mortality meeting every 4 weeks</p> <p>Anaesthetic list, followed by department of anaesthetic case review meeting every 4 weeks.</p> <p>1400-1700 Work in general practice.</p>	<p>0800-1330 Work in Inpatient ward and in the emergency department.</p> <p>1330-1400 Lunch</p> <p>1400-1700 Work in general practice.</p>	<p>0800-1330 Work in Inpatient ward and in the emergency department.</p> <p>1330-1400 Lunch</p> <p>1400-1700 JMO weekly teaching followed by work in emergency department.</p>	<p>0800-1330 Work in Inpatient ward and in the emergency department.</p> <p>1330-1400 Lunch</p> <p>1400-1700 Work in general practice, followed by education session for Cooma Drs every 4 weeks.</p>	<p>0800-1300 Work on inpatient ward. Gynae Anaesthetic list monthly.</p> <p>1300-1330 Lunch</p> <p>1330-1700 Work on inpatient ward / OT/ ED</p>		



<p>Patient Load Average Per Shift</p>	<p>The JMO will assess/treat about 10 patients a day in the hospital component of the term and about 12 a day in general practice.</p>	
<p>Overtime</p>	<p>Rostered overtime hours/week</p>	<p>0</p>
	<p>Unrostered overtime hours/week</p>	<p>0</p>
<p>After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise:</p> <ul style="list-style-type: none"> • Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) • Onsite supervision available after hours <p>If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.</p>	<p>There is no afterhours work in this term</p>	

List Other Relevant Documentation

RMO job description
Rover Guide