Prevocational Training Term Description: Rural General Medicine

Date of term description version	January 2024
Date term last accredited	May 2023

Term Details

Facility	Moruya District Hospital (MDH)				
Term name*	Rural General Medicine				
Term specialty*	General medicine				
Term location	Moruya Hospital				
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)*	One term (12-14 weeks)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	2	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations on this term	

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 Nicolie Regner
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.	

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors who have undertaken EPA training can conduct 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
	Each PGY2 doctor will be allocated to a clinical team. There are 2 medical teams – the red and blue teams. These are currently staffed by locum GP VMOs and general physician VMOs doing regular 1-2week blocks, alternating oncall. Other clinical staff include pharmacists, physiotherapists, occupation therapists, care navigators, dieticians, speech pathologists, radiographers		

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.	Basic Clinical Training. The JMO should be competent in basic history taking and examination, venepuncture, intravenous cannulation and resuscitation. The JMO should possess reasonable skill in physical examination, and should be able to formulate a differential diagnosis and management plan to discuss with the VMO. The JMO should feel comfortable to initiate simple uncomplicated management of common medical conditions.
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**	The JMOs should report to the DPET on their first day. The DPET will send orientation documentation prior to their arrival in Moruya. This includes: • A copy of the term description • A practical tips document based upon the experience of previous JMOs. • A list of local general practitioners will also be made available with a recommendation to "find a GP" for themselves with assistance offered. • A JMO support services guide. • An orientation video (locally made, but accessible via MOSCETU) is also available. The ward NUM Aimee Toby or other senior RN will give them a tour of the hospital on arrival. JMOs will be shown how to access on-line resources (eMR, eMEDS) including daily patient lists, contact information for all hospital personnel and services, education resources, clinical guidelines and hospital policies. In addition, JMOs will be introduced to medical and nursing staff and other members of the multi-disciplinary team. An eMR training session Teams meeting (with the SERH JMOs) will be part of the orientation on the first day. The DPET will meet the JMOs on the first day to discuss the term, goals and expectations, supervision and how assessment is undertaken.

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 unit provides medical services for non-surgical patients admitted to Moruya District Hospital. GP VMOs and general physician VMOs provide the medical care. The hospital has a 12 bedded subacute/rehabilitation unit, a surgical unit and obstetrics/gynaecology. Theatres are running during the week. The patients primarily come from Moruya and its surrounding areas. There are a significant percentage of Aboriginal patients. The majority of non-Aboriginal patients are Australian born or European/UK immigrants. During summer there is an increased tourist load. Patients who require critical care or who are at high risk of deterioration are retrieved to Canberra or Sydney by rotary or fixed wing. Typical medical problems which would be encountered during a term include: • Cardiac: Unstable angina, myocardial infarction, acute dysrhythmias, cardiac failure. • Respiratory: COPD, asthma, pneumonia, pleural effusion, respiratory failure, pneumothorax. • GIT: liver failure, inflammatory bowel disease. • Neurology: Cerebrovascular disease, poorly controlled epilepsy, meningo-encephalitis. • Endocrine: Anaphylaxis, Diabetes, thyroid conditions • Immunology: blood disorders including anaemia, leukaemia etc. • Oncology: Palliative Care, febrile neutropenia. • Pharmacology: Adverse reaction to medications, self-poisoning. • Nephrology: Acute renal failure, acute on chronic renal failure. • Gerontology: Dementia, delirium, falls, social and physical isolation. • Social: Drug and alcohol, nursing home placement • some paediatrics including neonates (the JMO is not involved directly in their care which is the responsibility of the GPVMO) • Non-scheduled mental health patients • Diagnostic testing for some medical conditions
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities.	1. See all new medical patients admitted to the ward, document clinical findings and a plan of management in the patient's notes. 2. Attend all ward rounds conducted by the AMO during the JMOs working hours and note any alterations in each patient's condition, organise any investigations requested and implement any changes in management suggested by the team. 3. Perform any necessary procedures required as part of the management of the patient (with supervision from a more senior doctor if inexperienced at a given procedure). If a member of the nursing staff is concerned about the clinical state of a patient the JMO must review that patient as soon as practical and initiate appropriate actions. 4. Notify the AMO of any new admissions, consults requested by other VMOs, important x-ray or pathology results, or any sudden deterioration in a patient's condition.

	5. The JMO cannot alter calling criteria without this being authorised by the VMO. 6. Communicate with patients and their relatives, as appropriate. JMOs can be involved in discussions around goals of care and resuscitation plans if they feel comfortable and within their scope of practice. However, these discussions need to be "signed off" by the VMO. 7. Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines. 8. Ensure that discharge summaries are completed in a concise and timely manner. 9. Make sure each patient upon discharge has an accurate list of their discharge medications, and prescriptions as required. 10. Assist in ED when appropriate. 11. Participate in multi-disciplinary ward meeting. 12. Assist the surgical team if required (in theatres or on the ward) If the JMO is requested to do a task that is not within their comfort level they should communicate this to their VMO, DPET or the DMS. **Peer support:** We are trialling a peer support group for junior doctors which is facilitated by the DPET who is having training /mentoring in the running of these groups. The JMOs are invited to attend a meeting once every 2 weeks.
Work Routine Provide an overview of the work routine	8am medical ward handover, followed by ward round with the VMO, followed by jobs generated by ward round plans (eg. Organisation of imaging, referrals, discharge summaries), assessment of patients outside of ward round.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	8 am week-day medical ward handover with VMOs, nursing staff and allied health. Week-day afternoon handover to COU medical officer of any unstable patient on the medical ward, or outstanding urgent tasks (eg. follow up of outstanding imaging report).
Opportunities for Indigenous Health	There are a significant percentage of Aboriginal patients in the Moruya region. Aboriginal and Torres Strait Islander patients may present within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	**CLINICAL MANAGEMENT** 1. To gain competency in or exposure to the following skills: • Venepuncture • Peripheral venous cannulation • Arterial puncture e.g., arterial blood gas sampling • Bladder catheterisation

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Correct techniques for ECG recording, spirometry, and other common bedside procedures
Correct application of CPAP and NIV therapy
Depending on patient presentations they may have the opportunity to perform or be instructed on how to perform:

Pleural aspiration
Abdominal paracentesis
Elective DC Cardioversion
Fascia iliac blocks for fractured neck of femurs

2. To gain competency in making appropriate referrals to tertiary hospitals.
3. To gain exposure to and experience in initiation and coordination of medical retrievals (under close supervision)
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<tr><td>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.
Formal education opportunities should also be included in the unit timetable</td><td colspan="4">
RMO teaching will be held weekly and in accordance with the provisions of the ACT Salaried Medical Officers Enterprise Agreement, and consistent with the requirements under the national Prevocational Training Framework.The Unified Education Series (UES) produced by NSW JMO Forum (see HETI website) further informs the education and training program.

Education opportunities

RMO teaching will be held 2 hours per week with timing depending on availability of senior colleagues. This may be on block of 2 hours or shorter blocks making up the 2 hours. Topics will include ACLS/management of acute medical conditions and topics tailored to the career interests of the JMOs each term. Simulations will include BLS/ALS and management of acute conditions they may be called to assist with on the ward. A timetable has been developed by the DPET. This may be modified during the term based on VMOs availability to deliver education on their area of interest and depending on the JMOs' interest and needs.

Learning resources
There is easy access to the CIAP website for online information including Up to Date. HETI has a catalogue of on-line courses.

GCTC/ETPC meetings
These meeting are held once, or twice per term, ie, mid-term and at the end of term. Both JMOs will attend with site executives and supervisors, at which training issues will be discussed. There will be action items from these meetings.

Assessment
The term supervisor will assess competency when working clincially with the JMO or by disccussions with their allocated VMOs.
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<tr><td>During this term prevocational doctors have opportunity to complete the following EPAs* (Highlight all that apply)</td><td>EPA 1
Clinical Assessment</td><td>EPA 2
Recognition and care of the acutely unwell patient</td><td>EPA 3
Prescribing</td><td>EPA 4
Team communication – documentation, handover, and referrals</td></tr>
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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
8.00 Ward Team meeting 9.30 Ward round 4.30pm shift end	8.00 Ward Team meeting 9.30 Ward round 4.30pm shift end	8.00 Ward team meeting 9.30 Ward round 4.30pm shift end	8.00-9.00 DPET / supervisor teaching 9.30 Ward round 2-3pm TCH JMO teaching 4.30pm shift end	8.00 Ward team meeting 9.30 Ward round 4.30pm shift end	Not rostered	Not rostered

Patient Load Average Per Shift	Up to 15 patients. If the number exceeds 15 patients there is flexibility for the other team to take on some of the patient load. The average length of stay is under 3 days. The patients can be complex and elderly, and the interdisciplinary team is well developed for working towards a timely and well supported discharge for these patients. Patients may need to be transferred to a tertiary hospital and the JMO plays a pivotal role in the preparation and handover of patients for transfer.	
Overtime	Rostered overtime hours/week	0
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster?	There is no after-hours work in this term. No after-hours weekdays, weekends, or NSW public holidays (Canberra public holidays are not included).	

List Other Relevant Documentation