

Prevocational Training Term Description: Rural General Practice at BVMP

Date of term description version	June 2023
Date term last accredited	March 2023

Term Details

Facility	South East Regional Hospital				
Term name*	Rural General Practice at BVMP				
Term specialty*	General practice				
Term location	Bega Valley Medical Practice (Bega and Tathra)				
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)*	12-14 weeks (based on term dates)				
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)	CRMEC has not placed any limitations on this training 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 Duncan MacKinnon	
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 Duncan MacKinnon Dr Erika Jaensch Dr Konrad Reardon Dr Cathryn Archinal Dr Rhianna Xu
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	N/A

	EPA Assessors	Dr Duncan MacKinnon (TBA) Dr Erika Jaensch (TBA) Dr Konrad Reardon (TBA)	
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
	<p>All GPs at BVMP work in conjunction with BVMP Practice Nurses, Diabetes Educators and the rest of the GPs at the service. The intern will be embedded in a multidisciplinary team based clinical experience.</p> <p>Direct clinical supervision is provided at the General Practice on site. Supervision will be by a designated GP supervisor each day. The intern will review management of every patient with the supervisor and the patient.</p>		

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 requirements of the intern include: <ul style="list-style-type: none"> Communicate professionally with nursing and paramedical personnel. To communicate professionally with the other team members. Committed to good patient care. Enthusiastic in both learning and teaching. Willing to work and collaborate with other staff and assist them where required. Punctual, reliable, honest and behave in an ethical manner to patients and other staff. Efficient in the management of the daily workload in the general practice environment and be able to prioritise tasks.
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>Orientation includes a formal orientation to intern training program conducted at Canberra Health Services at the start of each teaching year.</p> <p>SERH provides a JMO Orientation Program at the term start. This is run by the Medical Administration Support Team in conjunction with the DPET. This orientation includes introduction to all relevant policies and procedures, education with the electronic medical record (eMR) support team in relation to electronic medical records and electronic prescribing. JMOs are shown how to access online resources including contact information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies.</p> <p>On the first day in the general practice the intern will be introduced and oriented by the supervising GP to the practice, their clinical services, IT system and patient care. The supervising GP will also orient the intern to expected learning outcomes of the term and the assessment process.</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

Bega Valley Medical Practice (BVMP) is a longstanding general practice in the Bega Valley. They have a multidisciplinary team, based in a practice in central Bega. BVMP also provides primary care services to one of the local residential aged care facilities.

BVMP holds full accreditation with Australian General Practice Accreditation Limited (AGPAL) and is accredited to teach GP registrars. The practice also has a long association with the ANU Medical School Rural Clinical School, and routinely hosts medical students during their rural year.

Rural General Practice

As BVMP is a longstanding rural practice, exposure to all areas of general practice is expected – chronic disease management in cardiac, respiratory, diabetes, geriatrics, chronic pain – and in conjunction with the multidisciplinary team. Clinical work at the practice includes:

- “On the day” general practice type emergencies, e.g. UTI’s, respiratory infections, trauma, fever in children.
- Health Assessments – in conjunction with the Practice Nurse – 4 yr old healthy child, 45-49 yr old, over 75 yr old, ATSI Health Assessments.
- Routine Immunisations
- Prescription Clinics (which will increase familiarity with prescribed medications)
- Procedural work, e.g. ECGs, spirometry, surgical management of skin cancers, wound dressings.
- Skin cancer clinic experience.

When possible, one session per week will include working alongside a GP Supervisor (fully supervised) at a local residential aged care facility (RACF) in Bega. patients in the RACF which will provide valuable experience in Geriatrics, Palliative and Terminal Care, Polypharmacy and Social Care in Rural General Practice.

The term provides opportunities for JMOs interested in Rural Medicine to gain exposure to a rural casemix and allows for further research opportunities and educational presentations.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

Interns can expect to undertake the following:

- Participation in practice educational and quality improvement activities
- Undertake consultations with patients in the general practice setting
- Assess each patient in a timely and professional manner and discuss the management with a supervisor before the patient consultation is completed
- Maintain accurate patient records

	<ul style="list-style-type: none"> • Ensure appropriate follow up is organised as required • Courtesy to patients and colleagues. <p>Quality communication skills are expected. This relates to: patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating supervisors and other senior medical staff, communicating with other health care professionals regarding longer term patient management.</p>
Work Routine Provide an overview of the work routine	General Practice <ul style="list-style-type: none"> • Undertake patient consultations in private consulting room. • Conducted structured consultation including taking a patient history, identifying differential diagnosis list and potential investigations and formulating a management plan. • Present the patient to the supervisor and confirm the management plan • Conclude patient consultation by confirming the management plan, any investigations and follow-up • Engage with multidisciplinary team as required
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>A GP Supervisor will be working alongside and available to the intern, and will review and complete the clinical case assessment and management of each case, either at the time, or at review at the end of each session. The level of support or involvement will depend on the Intern experience and expertise. This is similar to how BVMP provides supervision to Medical Students, IMGs and GP Registrars of all levels.</p>
Opportunities for Indigenous Health	<p>The South Coast of NSW has a high proportion of Indigenous patients. Aboriginal and Torres Strait islander patients may present within this term and interns will be able to engage Aboriginal support services as required for patients and their families and improve their knowledge, and skills around cultural safety.</p>

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<p>By the completion of this term the intern should achieve a fundamental level of skill in assessment, initial management and follow up of common medical, surgical and mental health presentations to the rural general practice and in the residential aged care facility environment.</p> <p>Clinical learning objectives</p> <ul style="list-style-type: none"> • Conduct a structured patient consultation • Recognise and assess acutely ill or deteriorating patients in the context of general practice; • Formulate an appropriate differential diagnosis and initial investigations list • Prioritise urgency of investigations • Recognise and plan for patient mental health needs, with reference to an appropriate history • Communicate effectively with patients and their families as well as medical, nursing and allied health staff
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	<ul style="list-style-type: none"> • Develop their capacity to move from ‘presenting a history’ to adjusting verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication <p>Interpretative learning objectives</p> <ul style="list-style-type: none"> • Be able to interpret and act upon common biochemical and medical imaging abnormalities. <p>Professional learning objectives</p> <ul style="list-style-type: none"> • Team communication • Setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice • Skills in information technology relevant to clinical practice • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques • Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment <p>Research and quality improvement objectives</p> <ul style="list-style-type: none"> • Gain knowledge of the process, applications and challenges of clinical audit • Understand clinical governance processes within the hospital environment and the general practice • Understand the role of KPIs and quality indicators as an approach to measuring standards of care • Understand the role of incident reporting in patient safety • Understand the role of mortality and morbidity meetings to identify systems and other issues affecting patient care • The opportunities and constraints on research within the rural and regional context
<p>Detail education and research opportunities and resources <u>specific to this training term</u> 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>Education/presentations</p> <ul style="list-style-type: none"> • Case presentations at GP meetings The JMO should aim to complete at least one case presentation to the GP practice during their term. • Participate in ED and intern education program, including EMET training days • Participation in clinical audit or quality improvement project (4hrs/week) <p>The JMO teaching program on Wednesday teaching 12:30-2:30 pm includes a mixture of theory and clinical skills. Additional emergency medicine teaching sessions are scheduled intermittently, including through visits from the Canberra Emergency Medicine Education and Training (EMET) team. It is expected that the JMO will participate in all teaching sessions during rostered work weeks.</p> <p>Grand Rounds is held every second month. This is an interdisciplinary session involving hospital and community health staff, with several presentations around a theme of relevance to the hospital and primary care.</p> <p>There is easy access to the CIAP website for online information including UpToDate. The ACI Emergency Care Institute clinical resources and procedures app should be used routinely to assist patient management in ED (open access; also linked to all ED computers Firstnet screen).</p>

	<p>The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of hospital based ANU Medical School Education Centre. There is also the facility for Eduroam access for those JMOs with ongoing university commitments.</p> <p>Research/quality improvement The JMO will also participate in a research, quality improvement or clinical audit project during their term as described above. This may include continuing a project that is underway or starting a new project in consultation with their GP supervisor and the DPET. The project must have some relevance to both the GP and hospital environments.</p> <p>Assessment</p> <ul style="list-style-type: none"> • The term supervisor will complete the PGI1 doctor’s assessments as set by the Australian Medical Council. The supervisor will assess feedback directly and from various collateral sources including the registrars, nursing staff, patients and the DPET. • Performance concerns will be raised early and a learning plan will be formulated with the JMO, the supervisor and the DPET. • A minimum of 2 EPA assessments relevant to the term must be completed. This includes: <ul style="list-style-type: none"> ○ At least one EPA assessment of EPA 1 ○ At least one EPA assessment of EPA 2 			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p>EPA 1 Clinical Assessment</p>	<p>EPA 2 Recognition and care of the acutely unwell patient</p>	<p>EPA 3 Prescribing</p>	<p>EPA 4 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
BVMP Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	BVMP Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	0830 – 1200: Research/quality improvement 1200-1230: Lunch 1230-1430: JMO Teaching program (delivered at SERH)	BVMP Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	BVMP Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	SERH 1:7 weekend ward cover 08:00 – 20:00	SERH 1:7 weekend ward cover 08:00 – 20:00
		1430-1600: Research/ED teaching (delivered at SERH) Alternate weeks: 16:30 – 20:30 ward cover				

Patient Load Average Per Shift	To be determined in consultation with GP supervisor	
Overtime	Rostered overtime hours/week	Total Rostered Hours: 40 hours
	Un-rostered overtime hours/week	None
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <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 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.	Wednesday alternate weeks 16:30 – 20:30 ward cover. Weekends: 1 ward cover shift (08:00 – 20:00) in every 7 weekend days.	

List Other Relevant Documentation

Intern job description
 Rover Guide