

Prevocational Training Term Description: Rural General Practice at SCMP

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

Term Details

Facility	South East Regional Hospital				
Term name	Rural General Practice at Sapphire Coast Medical Practice				
Term specialty*	General Practice				
Term location	South East Regional Hospital and Sapphire Coast 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 John Marshmann
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 Grace Daley Dr Andrew Pitrowski Dr Jasmine Ventura Dr Maria Lorenzo Dr Kate Reid

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.		GP registrars
	EPA Assessors		Dr John Marshman Dr Grace Daley Dr Andrew Pitrowski Dr Kate Reid
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
	Sapphire Coast Medical Practice provides services to 3 different locations – Bega, Tathra, and the residential aged care facility of Hillgrove House. There are a team of specialist General Practitioners that work at this practice, and the intern in this context will be supernumerary. The practice will have an allocated supervisor to the junior doctor each day, and the junior doctor will be given a room in the practice to enable parallel consulting with close supervisory input.		

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 requirements as for all NSW health staff including clinical training and compliance with NSW Health immunisation, working with children, occupational health and safety and medical registration and professional insurance policies.</p> <p>JMOs will be instructed on mandatory training requirements during the orientation program and will be provided opportunity during the first two weeks of work to complete these.</p> <p>Other general expectations of the JMO at the commencement of the term include that the JMO will:</p> <ul style="list-style-type: none"> • Communicate professionally with nursing and paramedical personnel. • Communicate professionally with the other team members. • Be committed to good patient care. • Be enthusiastic in both learning and teaching. • Be willing to work and collaborate with other staff and assist them where required. • Be punctual, reliable, honest and behave in an ethical manner to patients and other staff. <p>Be efficient in the management of the ward workload and be able to prioritise tasks.</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	<p>SERH provides a detailed orientation to the hospital on the first day. This program is run by the Director of Prevocational Education and Training and the JMO Support Officer. It is followed by an additional unit supervisor and Nurse Unit Manager introduction, and an introduction to the Director of Medical Services.</p> <p>There are sessions on the electronic medical record systems, and on electronic prescribing. JMOs are shown how to access electronic resources including daily</p>

<p>term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</p>	<p>patient lists, contacts information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies. The orientation program is supplemented with an information handbook including the term ROVER, with necessary information and policies, and links to digital resources that include all necessary information are also provided. The intern will also be given a separate orientation to the general practice. On the first day of GP 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. The intern will then undertake a period of close supervision before parallel patient consultation is enabled.</p>
--	--

<h2 style="color: red;">Overview of the Unit</h2>	
<p>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</p>	<p>Sapphire Coast Medical Practice (SCMP) is a longstanding general practice in the Bega Valley. They have a team of doctors, nurses and allied health professionals working from 2 separate practice locations – one in Bega and another in Tathra. The practice also provides primary care services to one of the local residential aged care facilities.</p> <p>SCMP 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.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>Daily tasks and responsibilities include the following:</p> <ul style="list-style-type: none"> • Punctual attendance at practice • Participation in practice educational and quality improvement activities • Assess each patient in a timely and professional manner and discuss the management with a supervisor • Maintain accurate patient records; • Ensure appropriate follow up is organised as required; • Courtesy to patients and colleagues; <p>Education/presentations:</p> <ul style="list-style-type: none"> • Case presentations at GP meetings • Participate in ED and intern education program, including EMET training days when these take place • Participation in clinical audit or quality improvement project (4hrs/week) <p>Satisfactory term completion: There is a minimum number of shifts that must be undertaken in order for satisfactory term completion. Upon introduction of the new framework, a minimum of 2 EPA assessments relevant to the term must be completed. This includes:</p> <ul style="list-style-type: none"> - At least one EPA assessment of EPA 1 - At least one EPA assessment of EPA 2

Work Routine Provide an overview of the work routine	<p>Full details of the work routine are available in the term ROVER, which will be provided during orientation to the term. Please also refer to previous section.</p> <p>In general terms the work routine for Monday/Tuesday/Thursday/Friday is as follows:</p> <ul style="list-style-type: none"> 08:00 Work start and teaching/quality improvement program 08:30 Patient consultations start 12:20-13:00 Lunch break 13:00 – 16:30 Patient consultations 16:30 - 17:00 Finalise paperwork <p>The timetable for Wednesdays can be found below. Note that every second Wednesday the JMO will be providing after hours ward cover.</p>
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>Each patient seen in the General Practice will be discussed with the supervisor on the day. When covering the ward after hours, clinical handover will be taken from ward JMOs between 14:30 and 16:00 depending on their shift time. The junior doctor must discuss any patients of concern with the relevant team registrar and/or the ICU registrar well before their finish time at 20:00.</p>
Opportunities for Indigenous Health	<p>6.6% of the population of Bega Valley are indigenous. There are frequent admissions of indigenous patients to SERH, and an active Aboriginal Liaison Service within the hospital. JMOs are encouraged to interact with this service and refer all indigenous patients on admission to the ALOs.</p>

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<p>Learning objectives must be discussed with the term supervisor in the first 2 weeks of term.</p> <p>CLINICAL MANAGEMENT:</p> <p>By the completion of this term the JMO should achieve a fundamental level of skill in assessment, initial management and follow up of common medical, surgical, paediatric, and mental health presentations to the rural general practice and in the residential aged care facility environment. The junior doctor should be able to:</p> <ul style="list-style-type: none"> • 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; • Develop their capacity to move from ‘presenting a history’ to adjusting their verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication;
--	---

Interpretative:

Be able to interpret and act upon common biochemical and medical imaging abnormalities.

COMMUNICATION:

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.

PROFESSIONALISM:

By the end of term the JMO may expect to have developed their professional skills in the following areas:

- 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
- Collection and interpretation of clinical data
- 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.

QUALITY IMPROVEMENT

By the end of the term the JMO should have an understanding of fundamental aspects of quality improvement and clinical governance, and/or research within the context of the rural and regional environment. Specific learning objectives in this domain are to be set in consultation with the GP supervisor and DPET, and may include the following:

- Knowledge of the process, applications and challenges of clinical audit;
- Clinical governance processes within the hospital environment and the general practice:
 - The role of KPIs and quality indicators as an approach to measuring standards of care
 - The role of incident reporting in patient safety
 - 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 opportunities</p> <p>The Rural General Practice (BVMP) JMO will be expected to participate in the JMO teaching program, with protected teaching every Wednesday from 12:30 – 14:30. This program is mapped to the Australian Curriculum Framework for junior doctors, and is designed to address the education requirements of JMOs as the progress through their first prevocational year.</p> <p>Other learning opportunities include:</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. • Participation in clinical audit or quality improvement project (4hrs/week) • Community Medical Grand Rounds are held every 2nd month on a Wednesday evening. These will be advertised to all JMOs, and JMOs will have the opportunity to present at these. • CRC meetings are held monthly. • GCTC meetings are held once per term. • There are additional teaching sessions each week with paediatrics, ED, surgical, and orthopaedics. The details of these are available on the education calendar on MS Teams, and on SharePoint. There are also additional simulation based education sessions. <p>Junior doctors present at SERH for 9 months or more are also eligible to apply for education scholarships through HETI. Past JMOs have used this to access various courses including ALS, trauma workshops, surgical skills, child and maternal health diploma course.</p> <p>Research opportunities</p> <p>The JMO will have the opportunity to 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>There is also an emerging research network within Southern NSW LHD, and there is opportunity for motivated JMOs to participate in this.</p> <p>Resources</p> <p>There is easy access to the CIAP website for online information including UpToDate. The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of the ANU School of Medicine and Psychology Clinical Training Facility, which is located on the hospital campus. There is also the facility for eduroam access for those JMOs with ongoing university commitments.</p>			
<p>During this term prevocational doctors should expect to opportunities 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
Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	0830 – 1200: Research/quality improvement/assistance with ward intern 1200-1230: Lunch 1230-1430: JMO Teaching program (delivered at SERH)	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	1:7 weekend ward cover 08:00 – 20:00	1:7 weekend ward cover 08:00 – 20:00
SCMP*	SCMP*	14:30 – 16:30: Assistance with ward intern	SCMP*	SCMP*		

*SCMP Bega or Tathra. 1 day per week in residential aged care facility

1030 – 1230	Research/quality improvement/support for ward intern	SERH DPET
1230-1430	JMO Teaching program	SERH DPET
1430-1630	Research/quality improvement/support for ward intern	SERH DPET/GP supervisor

Wednesday Education and Research Program

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. The JMO should aim to complete at least one case presentation to the GP practice during their term. 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>Patient Load Average Per Shift</p>	<p>To be determined in consultation with GP supervisor</p>	
<p>Overtime</p>	<p>Rostered overtime hours/week</p>	<p>Total Rostered Hours: 40 hours. No rostered overtime</p>
	<p>Un-rostered overtime hours/week</p>	<p>Varies</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>Wednesday alternate weeks 16:30 – 20:30 ward cover.</p> <p>Weekends: 1 ward cover shift (08:00 – 20:00) in every 7 weekend days.</p>	

List Other Relevant Documentation

- SERH SCMP GP ROVER
- SERH JMO Supervisor guide