

General Practice:	Cobram Medical Clinic					
Contact	Mrs Sue Duscio			Contact Phone No:	03 5871 1433	
Term Supervisor:	Dr Cristina Dumitrescu Dr Michael Chabbou Dr Jude James All doctors can be contacted through the general practice. The on-call doctor can be contacted on the on-call phone number after-hours.			Email:	channel@iinet.net.au	
Unit/Rotation name:	General Practice			Parent Health Service:	Cobram District Health	
Duration (no. weeks):	20	Type of Post? (PGY1 or PGY2)	PGY1	Practice Accredited by RTP for vocational training?)	Yes	

\*For intern posts refer to the *Guide for Interns in Victoria* (<u>http://www.pmcv.com.au/resources/publications</u>) and the *National Intern Training Framework* (<u>http://www.amc.org.au/index.php/ar/psa</u>).

Intern/PGY2 Requirements				
Does the Intern/PGY2 have a dedicated consulting room?	Yes			
Does the Intern/PGY2 have living accommodation provided?	Yes			
Does the Intern/PGY2 accompany his/her Supervisor to visit patients off-site in a local hospital or other facility? If so,	Yes During this rotation the intern will be rostered to			



please specify which facility/faci	lities. attend the local Aged Care facilities where the supervisor (s) has patients. They will also attend on anesthetic / theatre roster and ante natal clinics on an ad hoc basis. Interns will also spend time with a variety of visiting medical specialists including Physicians, surgeons etc		
	Parent Health Service Details		
Parent Health Service	Name: Cobram District Health		
Parent Health Service	Name:		
Supervisor of Intern Training (S			
applicable:	Time allocated to PGY2 activities (FTE):		
Parent Health Service	Name: Dr Jack Best		
Director of Clinical			
Training (DCT) if applicable	Time allocated to PGY2 activities (FTE):		

Nature of relationship between the Practice & the Parent Health Service

(e.g. level of contact about HMO staffing & management, support provided by parent hospital, shared education progre existing administrative arrangements (if any), visits by senior staff, etc.)

The Cobram Medical Clinic is part of Cobram District Health and the clinic's general practitioners provide Services to patients in the hospital and manage the Urgent Care Centre.

Cobram District Health coordinate the following medical meetings:

- Medical Consultative Committee / Administration
- Journal Club (monthly)
- Clinical Reviews

Cobram Medical Clinic general practitioners provide Emergency services and inpatient care services at the hospital and the clinic is located on the same site as, or adjacent to the hospital, the Community Health Centre, the Community Rehabilitation Centre, Dental Clinic and Residential Aged Care. Geriatricians visit 6 weekly at Cobram District Health, with GPs from Cobram Medical Clinic involved in case conferencing with Geriatricians.

All medical practitioners and staff at Cobram Medical Clinic are invited to attend applicable education sessions, workshops, etc held at Cobram District Health, eg. Grand Rounds, Geriatrician Education Sessions, Medical Education Sessions, Skills Workshops, SIM Training Scenarios, etc.

Is there a secondment agreement in place? Yes

Distance of General	
Practice from Parent	Less than 1km. (approx.)
Health Service	



### 1. Overview of Practice

approx. clinical catchment size, clinical casemix, relationships with local health services etc.

The approximate patient catchment of Cobram is 12,000 people including the towns of Yarroweyah, Strathmerton, Katamatite in Victoria and Barooga, Tocumwal and Finley in NSW. Cobram Medical Clinic is located in a large, state of the art, modern, purpose-built medical centre, in the township of Cobram, on the same site as Cobram District Health. There are thirteen consulting rooms, all with PC and internet access, and four treatment rooms. The clinic has Goulburn Valley Pathology located on-site. Residential Aged Care facilities are located on the same site. There is ample car parking available onsite. Diabetic Educator, Dietitian, Paediatrician and other visiting Specialists provide regular services from this clinic.

Cobram Medical Clinic provides medical consultations to approximately **700** - **800** patients each week. The practice is fully computerized and uses Genie Solutions as a clinical package and Genie as an accounting/appointment package.

Cobram Medical Clinic is an Accredited Teaching Practice for Registrars, Interns & Medical Students. Tutorials are held weekly by one of the GP Supervisors. Medical education is encouraged through educational meetings held at the Hospital, many other local meetings including satellite broadcasts and Doctors Journal Club.

The Clinic offers such services as Ante Natal Clinic, Acupuncture, Audiometry, Travel health, Minor Surgery, Asthma Management, Vaccinations, Immunisations and Pap Smear Clinic. Visiting Specialists include Orthopaedic Surgeon, Physician, Obstetrician/Gynaecologist, General Surgeon, Paediatrician, Audiologist, Psychiatrist, Psychologist and Sleep Studies.

On line resources such as medical journals and GP learning are available and all M2M Education Program sessions are available.

### 2. GP structure and medical staffing

medical staffing (GP, registrars, medical students) & approx. FTE, and any other clinical team members (ie: nursing/allied health staff).

The practice has seven GPs, including one registrar. There is a practice manager, reception staff and seven practice nurses. All GPs admit patients to Cobram District Health. The Clinic provides ante natal clinics on site and runs Pap Smear Clinics with their qualified Pap Smear Nurse.

### 3. Supervision

Nominate the Principal Supervisor and outline supervision arrangements both in and after hours *if applicable* and if trainee attends local hospital (see also *PGPPP Guidelines*). If the new post is in addition to currently accredited posts in that practice please also discuss availability of supervision across all.

Cobram Medical Clinic has seven experienced rural general practitioners (including one Registrar). All GPs and qualified nursing staff assist in the supervision and education of the interns. The practice supervisors and GPs are:

- Dr Cristina Dumitrescu (Supervisor)
- Dr Jude James (Supervisor)
- Dr Michael Chabbou (Supervisor)



- Dr Taufiq Abu
- Dr Yue Chen
- Dr Derrick Pang
- Dr Pauline Tyndall

All nominated Supervisors are experienced supervisors and have supervised doctors-in-training, including interns, registrars and medical students. The intern sees patients in a classic parallel consulting model with the default position being interns see two patients per hour. This may increase or decrease based on the intern's experience and competence.

Several GPs from the Practice have regular sessions at the local Aged Care Facilities and the Intern will attend these sessions on a regular basis with their Supervising Doctor. The doctor providing the services to the aged care facility at the time will provide supervision for the intern during the Aged Care sessions. The same process will occur in regard to the on site ante natal clinics. The Interns will also be rostered to sessions such as visiting Geriatrician case conferencing where available.

Interns will also be rostered with visiting medical specialist such as surgeons, physicians and paediatricians.

The visiting medical specialists will provide supervision for the intern under the principal supervisor.

### 4. Intern/PGY2 role and responsibilities

• expected patient load, duties (e.g. including inpatient, aged care/procedural), & rostered hours and oncall (*if applicable*). If the new post is in addition to currently accredited intern/PGY2 posts in that practice please also discuss the impact on all.

It is expected the intern will work at Cobram Medical Clinic in a dedicated room, for 5 to 6 sessions per week. These are standard hours in the morning and afternoon. The exact days of sessions will depend on rosters for 2015.

The patient load will begin at 1-2 patients per hour in a standard parallel consulting format. The number of patients may increase per hour dependent on the experience and competence of the intern. This is especially relevant for the 20 week term where the intern may grow considerably in their ability to see patients. The intern will be exposed to the common cross section of patients that the practice services. Cobram Medical Clinic undertakes minor procedures and the intern will be exposed to these experiences.

The sessions at the Aged Care facilities will be centred on the scheduled appointments by the intern's supervisor. The role of the intern during any session will be to prepare the patients to be seen by their supervisor during the supervisor's usual 'ward call' to the Aged Care Facility. The intern will then accompany the supervisor during their 'ward rounds' at the Aged Care Facility and if applicable remain for the full or half day session to follow up on any activity requested by the Supervisor. It is noted that the session that the intern participates in may be at different Aged Care facilities across different weeks. Where the intern has time to undertake other activity during these sessions they will be directed to undertake medication reviews.



The Visiting Specialist's theatre/anaesthetic/consultation sessions will be once a week/once a fortnight, depending on the rosters of the supervisors at the time. The intern will attend at Cobram District Health and assist them with their anaesthetic/theatre/consultations roster. Involvement in this on an ad hoc or continual basis will be dependent on the learning objectives of the intern.

The structure of these sessions may allow the intern to follow patients from the General Practice to outpatients at Cobram District Health hospital to aged care facilities etc. Where appropriate, interns will have the opportunity to track and assist patients navigate the health system in the local area.

The Intern will also be provided access to the visiting medical officers to both Cobram District Health and the Clinic.

- They will be given the opportunity to parallel consult with a visiting Physician.
- Attend theatre and patient consults with visiting surgeons in areas such as General Surgery, Urological Surgery, Orthopaedic Surgery and O&G.
- Attend consultations by Visiting Specialists such as Paediatricians & Geriatricians.

# 5. Describe the Orientation to the practice provided to the Intern/ PGY2, and any resources to support this.

Each Intern, on their first day in the GP rotation, is provided with an Orientation to both the Clinic and the Parent Health Service.

One Half day is spent at the Clinic where the Practice Manager and Supervisor take the intern through items such as, tour of the Clinic and introduction to staff and work colleagues, log in and access to computer systems and medical director, etc. The other half day is spent at the Parent Health Service giving a tour of all hospital facilities, organising "swipe card" access, confidentiality agreements.

Each Clinic and health service are provided with a standard "checklist" which they must complete with the intern during orientation and sign. A copy of these documents is attached.

Each Intern is also provided with an M2M Intern Manual at the commencement of their internship (Orientation Week). This manual contains all information on Orientation, Assessment, and Evaluation.

All interns must attend the M2M orientation program conducted at the commencement of employment. This program includes orientation to the general practice and shadowing" in the general practice. A copy of the M2M orientation program is attached.

# 6. Describe the formal and informal learning opportunities available and expected learning outcomes/Learning Plan for the intern/PGY2 in this rotation

### Formal/informal learning opportunities

(comment on access to teaching and learning including tutorials, case presentations etc.)



Interns will be presented with a learning environment that provides exposure to a range of clinical presentations that meet AMC and ACFJD learning objectives.

Education will be available to the intern during their community placement at 4 different levels.

- The Practice will dedicate 1:1 teaching during rostered times, at which the current interns participate.
- The practice conducts a Doctors Journal Club meeting on a monthly basis. The intern not only attends these meetings but will be rostered to present on a topic of their choosing at one meeting to their peers.
- All interns during their general practice rotation will be required to present at a formal Clinical Grand Round and a Clinical Review. These sessions will require research and delivery to peers both internal and external to the medical professionals within Yarrawonga.
- All interns in their general practice rotation will have coordinated education rostered in working hours. These sessions will include skills workshops, Paediatric Telehealth and video conferenced education sessions. This education will be provided across a range of sites. This is in addition to any education provided at the core rotations at the major health services.
- The interns will also be able to attend any other multidisciplinary education conducted within Yarrawonga and surrounds. These sessions may be conducted by the health service, Medicare local or Regional Training Provider for example.

Additionally, the intern will have supervisors who use every clinical encounter as an informal teaching opportunity. During the community term at Cobram Medical Clinic the intern will be exposed to several supervisors and be exposed to these supervisors in different learning contexts (aged care, mental health, paediatrics)

### • Intern Outcome Statements

(for intern posts only - provide comments on these for this new post - refer to National Intern Training Framework)

The overall aim of a medical internship is to gain general registration as a medical practitioner through exposure to, and experience in, a defined set of skills and competencies. The M2M Internship will achieve this by assuring adherence to the Medical Board of Australia (MBA) standards for internships and utilising the Australian Medical Council (AMC) Guidelines for Terms (Nov 2013) to develop the program of experiences for the internship.

The experiences will be a mixture of supervised practice and integrated training and as such fit with the AMC 'National Standards for Programs' (Nov 2013). The Australian Curriculum Framework for Junior Doctors (ACF) has been reviewed to determine what is able to be experienced in a community setting and the competencies listed in this document will form the basis for evaluation of the achievement of the program. The ACF, along with the Intern Outcome Statements (AMC, Nov 2013), form the basis for the education program implementation in the M2M Intern Program.

• <u>Expected Learning Outcomes</u> (must be aligned to the Australian Curriculum Framework for Junior Doctors (ACFJD - <u>http://www.cpmec.org.au/Page/acfjd-project</u>)

Interns will be presented with a learning environment that provides exposure to a range of clinical presentations that meet AMC and ACFJD learning objectives. During this rotation interns will meet learning outcomes in Clinical



Management, Professionalism, Communication, Skills and Procedures Clinical Symptoms and Problems and Conditions

Cobram Medical Clinic has general practitioners with a range of special interests that will provide interns with exposure to a extensive range of patient presentations.

- Ante Natal Clinic
- Minor Surgery
- Chronic Disease Asthma Management,
- Mental Health
- Immunisation & Vaccinations
- Diabetes Education
- Travel health -
- Aged Care
- Audiometry,
- Acupuncture,

Cobram District Health has a range of visiting medical specialists that will provide interns with exposure to a wide range of patient presentations and medical procedures.

- General Surgery
- Orthopaedic Surgery
- Physician
- Obstetrics & Gynaecology Theatre
- Paediatrician
- Audiologist
- Psychiatrist
- Sleep Studies
- Ophthalmology



# Describe the process for the provision of <u>feedback to the intern/PGY2</u> for this rotation, including management of an intern/PGY2 with difficulties (ie: not coping/ health issues).

DCT Visits Survey Mid Term and End Term Assessments and IPAP if required

# 7. Describe the process for the intern/PGY2 to provide <u>feedback on his/her rotation</u> experience. What happens with this information?

DCT Visits Survey

Mid Term and End Term Assessments

End GP Rotation Evaluation by Intern (completed at 10 week & 20 week mark)

DCT visits provide an opportunity for the Intern to speak with the DCT and Manager M2M on all aspects of their rotation experience and follow up on any items on their Term Assessment. All Term Assessments, after sign off, are filed in an individually allocated folder for each intern and kept with M2M administration officer. At the 10 week and 20 week mark of the GP rotation the intern is asked to complete a GP Rotation Evaluation (copy attached) and return to M2M administration for collating and filing. Any concerns, issues or matters to be raised are directed to the Manager M2M for follow up.

### Additional comments:

(insert reply)

Name & Signature of Rotation Term Supervisor: