

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014

<b>Hospital/Practice Name:</b>	Northeast Health Wangaratta		
<b>Contact Name &amp; Position:</b>	Jason O'Keeffe-HMO Manager	<b>Contact Phone No:</b>	5722 5066
<b>Rotation Name:</b>	Emergency	<b>Parent Health Service:</b>	N/A
<b>Duration (no. weeks):</b>	10	<b>Core* Rotation (Y/N):</b>	Y
		<b>Position Priority: (1 = highest)</b>	2

Refer to a 'Guide for Interns in Victoria' for guidelines to core rotations. Document relevant responsibilities in the sections below.

### 1. Clinical Unit Description:

For Health Services – description of clinical casemix & patient complexity; inpatient (same-day versus multi-day) & outpatient % estimates.

For General Practices – approximate clinical catchment size, clinical casemix, relationships with local health services etc.

The Emergency Department at NHW is the only 24-hour emergency medical facility between Melbourne and Albury-Wodonga and last year provided care to over 20,000 patient presentations. In 2011/12 the emergency department treated the following number of patients within appropriate timeframes;

Category 1=55 patients

Category 2=978 patients

Category 3=5,079 patients

Category 4=10,232 patients

Category 5=4,462

### 2. Unit structure, medical staffing & supervision:

For Health Services – unit medical staffing profile (senior, junior) & approximate FTE, supervision in and out of hours.

For General Practices – medical staffing (VMOs & registrars) & approx. FTE, supervision both in and out of hours.

A Senior Medical Officer works all days from 0800-1600hrs and 1400-2200hrs.

Junior Medical Officers (JMO) are rostered 1) 0800-1540hrs, 2) 1100-1840hrs, 3) 1420-2200hrs and 4) 1620-2400hrs.

Two JMOs work in ED overnight from 2130-0830hrs.

Senior Medical Staff Specialist profile;

- Dr Ian Wilson-Director of Emergency/Supervisor of Intern Training 0.8 FTE
- Dr Jo Bowmaker- Deputy Director of Emergency 0.6 FTE each
- Dr Geoff Rofe-FACEM 0.6 FTE

Unaccredited Registrars- 2.0 FTE

HMO/PGY2/3- 7.0 FTE

Intern-2.0 FTE

A Telehealth Pilot (funded by DoH) is in progress to support patients at Yarrawonga Health from 2300hrs to 0700hrs. The Intern will not be directly involved in this pilot.

During 0800-2200 hours Supervision will be provided by Senior Medical Officer.

Further support and supervised from;

1. Medical Registrar til 2030hrs (Night duty Med Reg working 2000-0830hr)
2. Orthopaedic Registrar- on site til 2200
3. Surgical Registrar- on site til 2200
4. Anaesthetic Registrar- on site til 2200

The nursing workforce consists of approximately 24 full time equivalent nurses, most of whom have specialist training in Emergency Nursing or Critical Care Nursing.

### 3. Intern role/duties:

For Health Services – expected patient load; rostered duties (eg. theatre, outpatients, admissions, participation in receiving),

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014

& general roster arrangements (average weekly rostered hours including after hours).

For General Practices – expected patient load, duties (including inpatient, aged care & procedural) & rostered hours.

The emergency department currently averages 56 patient presentations per day, which are predominantly categories four, three and five, respectively with a variety of clinical presentations including paediatric, obstetric and gynaecology and trauma conditions. More recently procedures involving sedation, Biers block anaesthesia, femoral nerve block and DCR for AF are being performed in the ED. This variety in clinical exposure is supported by a knowledgeable and proactive senior medical officers committed to training and up skilling the junior medical workforce. The ED comprises 12 cubicles and is soon to start redevelopment works to build a four bed short stay unit. On average 56 patients are seen in the NHW Emergency Department each day. Approximately 23% of patients presenting to ED are admitted.

The Intern will be rostered to work 7.6 hours per day, either starting at 0800/ 1100/ 1440/ 1640 hour. Rostered weekends is on average 1:3. No night shift. The Intern will be rostered 38hrs per week with unrostered overtime expected to be very minimal. On each shift the Intern will be working alongside a Senior Medical Officer from Emergency.

Rostered duties include (further detailed in PD);

- gain experience in the acute presentation of common medical and surgical conditions including altered consciousness and trauma
- gain an understanding of the initial management of a patients presenting complaint as part of their overall management
- become familiar with agreed protocols for the management of emergencies
- perform common procedures for the management of acute conditions (with adequate supervision)
- develop an appreciation of which patients and types of conditions require hospital admission as opposed to those who may be best managed within an outpatient, community and other ambulatory settings
- ensure all patients that are seen are discussed with the ED Senior Medical Officer or Consultant prior to disposition

#### 4. Describe proposed unit/practice orientation, and any resources to support this:

Interns will participate in a mandatory, formal medical/hospital orientation program from 6<sup>th</sup> January 2014 (Orientation week). The program will be coordinated and overseen by the HMO Manager, MEOs and Supervisor of Intern Training. This will be an interactive program whereby NHW will provide a comprehensive overview of;

- the history and structure of the organisation,
- Roles and responsibilities of the Medical Workforce Unit, MEOs, SIT,
- Position statements of the clinical duties, standard of clinical duties and learning responsibilities expected of interns, including the skills, knowledge and experience interns will gain during the rotation. The JMO handbook is discussed in detail.
- Assessment processes used throughout the rotation and expected standards, identifying learning needs for interns and evaluation of same. Shadowing with the departing Interns is a key feature of this week.

#### 5. Describe the formal and informal learning opportunities available, and a general statement regarding expected learning outcomes/Learning Plan for the intern in this rotation (eg. aligned to the Australian Curriculum Framework (ACF) for Junior Doctors – *Safe Patient Care, Patient Assessment, Emergencies, Patient Management, Common Problems & Conditions, Skills & Procedures, Patient Interaction, Managing Information, Working in Teams, Doctor & Society, Professional Behaviour, Teaching, Learning and Supervision*):

##### Formal/informal learning opportunities

A variety of education programs are available to JMOs. A weekly education program facilitated by the MEOs and SIT (this is JMO protected time), weekly craft group meetings, a monthly medical grand round and more recently complimented by a range of telehealth and local workshops coordinated by the M2M Intern program committee. VMOs and Registrars frequently attend along with the rural clinical school undergraduates. Weekly informal feedback with Director of Emergency/SIT will be undertaken.

JMOs are encouraged to have regular contact with the medical workforce team for concerns with rosters, pay, accommodation, work/life balance and any clinical risks or conflict.

**Safe Patient Care:** Learning about mechanisms than minimise errors and maximise safe patient care. He/she will follow established protocols relating to adverse events and near misses, public health issues including notifiable diseases, infection control, medication safety, and risk minimisation to protect both patients and staff.

**Patient Assessment:** Learning to assess patients with the complete range of acute and chronic medical problems that present to a regional health service.

**Emergencies:** Learning to assess and manage ABC management in an emergency situation working as part of a team or following instructions from supervisory/senior staff in an emergency situation. Evaluates own strengths & limitations in emergency care & seeks advice and assistance when appropriate.

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014

**Patient Management:** Learning to take a concise history and perform an appropriate examination towards developing competence in the diagnosis and management of common conditions; developing a management plan, which could include ordering appropriate investigations, referral to specialist/s, allied health professional/s or community support services and prescribing medication.

**Common Problems & Conditions:** Learning to assess patients presenting with common physical and mental health problems, both acute and chronic. These include dermatological, neurological, musculoskeletal, cardiovascular and respiratory conditions, oral disease, infectious diseases, ear, nose and throat conditions, ophthalmic, gastrointestinal and renal conditions. They also include health problems specific to women, men and children.

**Skills & Procedures:** The intern will acquire a range of procedural and/or assessment skills according to hospital's policies/guidelines. Ensures consent/information given to patient re procedures. Seeks assistance from supervisor when unable to perform/complete a procedure.

**Patient Interaction:** Developing skills in communicating and interacting with patients and families or carers; treating patients courteously and respectfully, showing awareness of and sensitivity to different social or cultural backgrounds; communicating with patients and families or carers in language they understand, avoiding medical jargon and unnecessary medical terminology; involving patients and families or carers in discussions and decisions about their care; showing empathy and compassion when breaking bad news.

**Managing Information:** Complying with hospital policies regarding timely and accurate documentation in medical records; learning to use the institution's electronic patient information system; learning to use the medical record to ensure patient safety and continuity of care.

**Working in Teams:** Gaining an understanding of the team including the roles and responsibilities of team members including general practitioners, practice nurses, visiting specialists, staff of the hospital and aged care facilities, allied health professionals and others involved in patient care; participating in multi-disciplinary case conferences and learning to present cases effectively to other team members; demonstrating an ability to work with other team members and contributing to team work to maximise the team's effectiveness.

**Doctor & Society:** Developing an understanding of the role of the doctor in the wider community including understanding and accommodating the special needs of patients with a physical or cognitive disability, acknowledging the potential impact of different social, economic, cultural, ethnic and religious backgrounds in health care, and being aware of the diversity of Indigenous Australians' cultures, experiences, spirituality and relationship to the land, and communities and behaving appropriately in light of these. It is also important that the intern recognises and meets his/her more formal obligations to society by complying with professional standards and legal requirements. There is also an obligation to recognise that healthcare resources are finite when assessing and managing patients.

**Professional Behaviour:** Maintaining appropriate standards of professional practice within personal capabilities and having regard for personal punctuality, presentation, time management and prioritisation of workload.

**Teaching, Learning and Supervision:** Learning objectives linked to the Australian Curriculum Framework for Junior Doctors can be defined and progress assessed during and at completion of the term. The intern will have internet and Intranet computer access. There is the opportunity to learn to rely on clinical skills and judgment to make clinical decisions while under close supervision, to be part of a vertically integrated teaching program that includes other NHW junior and senior medical staff and to participate in teaching activities organised by M2M and the Bogong Regional Training Network.

### 6. Describe existing/proposed process for the provision of feedback to the intern for this rotation, including management of an intern with difficulties:

Feedback, both positive and negative, will be a regular part of the informal day to day interactions between Intern and Supervisor. Interns & Supervisors will complete a formal feedback session form (outlined below) at least twice a term:

- Midpoint session 5 weeks
- End Session 10 weeks

The feedback to the Intern will focus on strengths as well as areas of improvement and be a two way process between the Supervisor and Intern. The key areas covered are:

#### 1. Clinical - Strengths and Weaknesses

For example:

- Knowledge base
- Procedural skills
- Appropriate investigations, management, prescribing and referral

#### 2. Communication – Strengths and Weaknesses

For example:

- Communication in the consultation
- Communication with patients, family and other health professionals
- Patient records

#### 3. Ward/Unit Management – Strengths and Weaknesses

For example:

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014

- Time management
- Rosters, Reports
- Legal responsibility
- Use of unit/ward resources

### 4. Social/Personal – Strengths and Weaknesses

For example:

- Presentation/integration into the ward/unit
- Punctuality
- Enthusiasm/interest

What could be improved?

Most weaknesses in performance are identified during the appraisal process, however on occasions issues arise during the term via informal feedback from other health professionals or captured in adverse events recorded in 'riskman'. Initial discussions are between the Intern and the HMO Manager, followed by discussions with the SIT, DMS or term supervisor as required. A performance plan is developed with agreed objectives and timeframes.

### 7. Describe existing/proposed process for the intern to provide feedback on his/her rotation experience:

Feedback, both positive and negative, will be a regular part of the informal day to day interactions between Intern and Supervisor. Interns & Supervisors will complete a formal feedback session form (outlined below) at least twice a term:

- Midpoint session 5 weeks
- End Session 10 weeks

The feedback to the Supervisor will focus on strengths as well as areas of improvement and be a two way process between the Supervisor and Intern. The key areas covered are:

#### 1. Organisational Aspects – Strengths & Weaknesses

For example:

- Hours of work, work-life balance
- Evening cover shifts
- Accommodation

#### 2. Orientation to the Hospital, Ward/Unit– Strengths & Weaknesses

For example:

- Was this adequately covered?
- What improvements could be made?
- Involvement in hospital social club, ward/unit based functions

#### 3. Teaching – Strengths & Weaknesses

For example:

- Are you receiving the required amount of face to face teaching with your supervisor?
- Are you able to contact your supervisor when required?
- Do you feel comfortable approaching your supervisor?
- Do you receive corridor teaching?
- Do you go on ward rounds with your supervisor?

#### 4. Learning - Strengths & Weaknesses

For example:

- Have you developed/reviewed your learning plan with your supervisor?
- Does your supervisor sit in and observe you with patients?
- Have you sat in with your supervisor or other clinicians and observed them consulting?
- Do you spend time learning/practicing procedural work?

#### 5. What are the supervisor strengths?

#### 6. What could be improved?

### Additional comments:

In May 2012 PMCV re-accredited NHW for core Intern terms in Emergency, Medical and Surgery until 2015. Subsidised accommodation will be provided.

Name & Signature of Rotation Supervisor:

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014



Dr John Elcock-Director Medical Services

***Expressions of interest are being given priority weighting as per the Department of Health's identified priority areas, and are being assessed against the PMCV Intern Accreditation Standards. For shortlisted positions, the following will be required as a minimum prior to PMCV granting provisional accreditation:***

- ***Rotation position description/learning objectives***
- ***Intern rotation roster***