

MANDATORY – FOR GP ROTATION ONLY

PRIVATE & CONFIDENTIAL

TERM DESCRIPTION / LEARNING OBJECTIVES

This form has been developed using the Junior Doctors Assessment Guideline sample and in line with the Australian Curriculum Framework (ACF) for Junior Doctors and CPMEC.

Guiding Principles

This form is to provide information to the Intern regarding the GP Rotation and to set Learning Objectives with the Supervisor at the commencement of the rotation. The Learning Objectives will be clearly set at the initial meeting/orientation between the Supervisor and Intern, and be taken to the Mid Term Appraisal and End of Term Assessment for discussion and ticking / signing off. Each term is 10 weeks duration, with the intern spending 2 x terms at the GP Clinic = 20 weeks in total. Therefore Mid Term Appraisal and End of Term Assessment are completed twice during the total rotation ie. Mid Term Appraisal at 5 weeks and 15 weeks, End of Term Assessment at 10 weeks and 20 weeks.

Instructions:

1. This form is to be completed by the Supervisor & Intern at initial/orientation meeting where information on the GP rotation will be provided to the Intern and Learning Objectives discussed and set by Intern & Supervisor.
2. Intern to bring this form to both Mid Term Appraisals and End of Term Assessments meetings where items will be continually signed off or reviewed.
3. At Mid Term Appraisals this form is to be used by Supervisor & Intern to discuss and tick off set Learning Objectives that have been achieved at this stage of the GP rotation. Discussion should also occur on any objectives that the Supervisor and/or Intern may feel are not being met or that have raised concern as to the Intern's performance. Learning Objectives to be reviewed and Mid Term Appraisal procedure followed.
4. At End of Term Assessments this form is to be used by Supervisor & Intern to discuss and tick off set Learning Objectives that have been achieved by the End of Terms. End of Term Assessment procedure to be followed.

Name:	Position: <input type="checkbox"/> PGY1 (Intern) <input type="checkbox"/> PGY2
Parent Health Service: (please circle) Alpine Health Cobram District Health Yarrawonga Health	Name of GP Practice:
Term/Rotation Dates:	Term/Rotation Number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Clinical Team: Supervisor to list Clinical & Supervision Team (or provide paperwork with this information) – please include contact details:	
Please provide details of the services carried out at this Practice: (alternatively please ensure Intern has been provided with such details in their GP Practice Orientation documentation.)	

Term Objectives:

By the completion of this GP Term the Intern may expect to acquire the following knowledge:

- Simple care of patients with common medical problems.
- Appreciation of teamwork and involvement with Allied Health.
- Development of flexibility in assessment and management skills.

During this rotation, the listed skills and conditions below are likely to be seen or be available to perform. You will however need to actively seek out opportunities to complete some of them.

Visits to outpatient clinics must be pre-arranged and must not impact on service provision in your current term. The Specialist in charge must be informed at the start of the shift of your wish to attend an outpatient clinic and you will only be able to go if the patient load of the department allows it.

The following is a list of conditions and situations which the Intern may expect to see and manage during their General Practice Term. Also following is a list of skills for which the Intern is expected to gain competence by the completion of this Term. These lists can be utilised as Learning Objectives for the General Practice Terms. Please discuss the items on these lists and tick off during the Term as they have been seen/managed/performed.

This document is to be taken by the Intern to the Mid Term Appraisals and the End of Term Assessments and completed as appropriate.

There is also space after these checklists, to list any other Learning Objectives that may be agreed to by the Supervisor & Intern.

CONDITIONS & SITUATIONS WHICH INTERNS MAY EXPECT TO SEE AND MANAGE DURING THEIR GENERAL PRACTICE TERM

	Seen (Tick ✓)	Managed (Tick ✓)
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
Adverse drug reaction & allergy	<input type="checkbox"/>	<input type="checkbox"/>
Aged Care Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Aged Care issues	<input type="checkbox"/>	<input type="checkbox"/>
Age related fractures	<input type="checkbox"/>	<input type="checkbox"/>
Anaemia	<input type="checkbox"/>	<input type="checkbox"/>
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
Cellulitis	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive or physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Concealed patient history	<input type="checkbox"/>	<input type="checkbox"/>
Confusion	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes: new cases & complications	<input type="checkbox"/>	<input type="checkbox"/>
Delirium	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	<input type="checkbox"/>
Disability issues	<input type="checkbox"/>	<input type="checkbox"/>
Dysfunctional family situations	<input type="checkbox"/>	<input type="checkbox"/>
Dysuria and/or frequent micturation	<input type="checkbox"/>	<input type="checkbox"/>
Elder abuse	<input type="checkbox"/>	<input type="checkbox"/>
Electrolyte disturbances	<input type="checkbox"/>	<input type="checkbox"/>
Falls, especially in the elderly	<input type="checkbox"/>	<input type="checkbox"/>
Fever (undiagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
Fluid retention	<input type="checkbox"/>	<input type="checkbox"/>
Functional decline or impairment	<input type="checkbox"/>	<input type="checkbox"/>
Genetically determined conditions	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Joint disorders	<input type="checkbox"/>	<input type="checkbox"/>
Leg ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Limb ischaemia	<input type="checkbox"/>	<input type="checkbox"/>
Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Morbid obesity & consequences	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home placement issues	<input type="checkbox"/>	<input type="checkbox"/>
Oliguria	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral oedema	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/respiratory infections	<input type="checkbox"/>	<input type="checkbox"/>
Postural hypotension	<input type="checkbox"/>	<input type="checkbox"/>
Septicaemia	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorders	<input type="checkbox"/>	<input type="checkbox"/>
Social difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
Upper airway obstruction	<input type="checkbox"/>	<input type="checkbox"/>
Urinary incontinence	<input type="checkbox"/>	<input type="checkbox"/>
UTI	<input type="checkbox"/>	<input type="checkbox"/>
UTI and association with systemic events	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss (unexplained)	<input type="checkbox"/>	<input type="checkbox"/>

BY THE COMPLETION OF THIS GENERAL PRACTICE TERM THE INTERN MAY EXPECT TO GAIN COMPETENCE IN THE FOLLOWING SKILLS:

Skill	Seen (Tick ✓)	Performed (Tick ✓) & Date if possible
Assessment of vital sign	<input type="checkbox"/>	<input type="checkbox"/> Date:
Blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Pulse oximetry reading	<input type="checkbox"/>	<input type="checkbox"/> Date:
Core temperature measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Blood sugar estimation	<input type="checkbox"/>	<input type="checkbox"/> Date:
Estimate the GCS	<input type="checkbox"/>	<input type="checkbox"/> Date:
Recording a 12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/> Date:
Reading a 12 lead ECG	<input type="checkbox"/>	<input type="checkbox"/> Date:
Monitor Rhythm Scripts	<input type="checkbox"/>	<input type="checkbox"/> Date:
Gown and Glove in a sterile fashion	<input type="checkbox"/>	<input type="checkbox"/> Date:
Bladder catheterization (M&F)	<input type="checkbox"/>	<input type="checkbox"/> Date:
Urine dipstick testing – urinalysis	<input type="checkbox"/>	<input type="checkbox"/> Date:
Spirometry	<input type="checkbox"/>	<input type="checkbox"/> Date:
Peak Flow Measurement	<input type="checkbox"/>	<input type="checkbox"/> Date:
Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/> Date:
Nebuliser treatment	<input type="checkbox"/>	<input type="checkbox"/> Date:
Interpret X-Rays/Scans	<input type="checkbox"/>	<input type="checkbox"/> Date:
Insert Nasogastric Tube	<input type="checkbox"/>	<input type="checkbox"/> Date:
Analysis of Pathology	<input type="checkbox"/>	<input type="checkbox"/> Date:
Venepuncture	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous cannulation	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous infusion set-up	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous drug administration	<input type="checkbox"/>	<input type="checkbox"/> Date:
Fluid Balance Assessment	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intravenous fluid & electrolyte therapy	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Hyperglycaemia	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Dehydration	<input type="checkbox"/>	<input type="checkbox"/> Date:
Diagnose & manage Fluid Overload	<input type="checkbox"/>	<input type="checkbox"/> Date:
Anticoagulant prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Antibiotic prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Insulin prescription/monitoring	<input type="checkbox"/>	<input type="checkbox"/> Date:
Intramuscular & Subcutaneous injections	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Febrile Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Patient with Chest Pain	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Dyspnoeic Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Manage a Confused Patient	<input type="checkbox"/>	<input type="checkbox"/> Date:
Use alcohol withdrawal scale	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do mini mental state exam	<input type="checkbox"/>	<input type="checkbox"/> Date:
Perform a Literature Search	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do a case presentation at meeting	<input type="checkbox"/>	<input type="checkbox"/> Date:
Do a competent Discharge Summary	<input type="checkbox"/>	<input type="checkbox"/> Date:
Arrange a referral to another Specialist	<input type="checkbox"/>	<input type="checkbox"/> Date:
Perform a comprehensive handover	<input type="checkbox"/>	<input type="checkbox"/> Date:
Communicate with GP	<input type="checkbox"/>	<input type="checkbox"/> Date:

OTHER LEARNING OBJECTIVES SET BY THE SUPERVISOR & INTERN: Please list any other Learning Objectives you would like to meet in this GP Term.		
Skill / Condition / Situation	Seen (Tick <input checked="" type="checkbox"/>)	Performed / Managed (Tick <input checked="" type="checkbox"/>) & Date if possible
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
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	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:
	<input type="checkbox"/>	<input type="checkbox"/> Date:

Supervisor

Name: Position:

Signature: Date:

Junior Doctor

Name:

Signature: Date: