

## EXPRESSION OF INTEREST FOR NEW INTERN POSITIONS 2014

<b>Hospital/Practice Name:</b>	Northeast Health Wangaratta (NHW)		
<b>Contact Name &amp; Position:</b>	Jason O'Keeffe-HMO Manager	<b>Contact Phone No:</b>	5722 5066
<b>Rotation Name:</b>	General Surgery	<b>Parent Health Service:</b>	M2M
<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.

NHW provides a 25 bed Surgical unit with three very busy theatres (fourth under construction) performing over 5300 surgical procedures (in 2011) including over 1900 general surgery cases and 429 urological cases providing a comprehensive range of clinical exposure. Currently the two Surgical Interns alternate weekly between the ward/pre admission clinic cover and theatre. Additional Interns will ensure that two Interns cover the ward/clinics and one gains theatre exposure for general surgery and urology.

Interns attend (Surgical) Pre admission Clinics twice weekly (approx 4 patients on each day). A once weekly Surgical outpatients clinic is attended by the Surgical Registrar, however the intern can attend if able.

### 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.

Supervision arrangements will be the same as for the current Interns.

The Visiting Medical Officers (VMO) Consultant General Surgeons who will provide supervision are; Assoc Prof Frank Miller (Supervisor of Surgical Training), Dr P Thomas, Dr S Franzi, Dr A Cichowitz  
Urologist is Dr M Forbes

Two Surgical Registrars (SET trainees from RM) work all days from 0700-1700hrs with one working til 2200hrs and on call overnights. The Surgical Registrars will significantly contribute to supervision and training of Surgical Interns.

Two other Interns will be rostered from 0700-1600 or 1700hrs. Surgical Interns will be rostered to work til 2200hrs approximately 1 night per week.

During 0800-2200 hours further support and supervision 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
5. Emergency Senior Medical Officer-on site til 2200

### 3. Intern role/duties:

For Health Services – expected patient load; rostered duties (eg. theatre, outpatients, admissions, participation in receiving), & 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 daily clinical load is currently shared between 4 General Surgeons teams of between 15 to 20 patients and 5 Urology patients (Avg). The Surgical Unit discharges approximately 180 patients per month.

The Intern will be rostered to start work from 0700 hrs each day with an average of one afternoon shift per week 1400-2200hrs. Rostered weekends will be 1:4. No night shift. The Intern will be rostered between 38 to 45 hrs per week (depending if working w/end). Interns will be rostered off for 2 weekdays in the week prior to working a weekend. Unrostered overtime is expected to be minimal with a 3<sup>rd</sup> Surgical Intern. On each shift the Intern will be working alongside other Interns, two Surgical Registrar and VMOs undertaking procedural work or rounds at NHW.

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Rostered duties include (further detailed in PD);

- Take a comprehensive history with specific reference to prior medical conditions/ surgical treatments and perform a complete and accurate physical examination for each patient under your care and record this legibly in the patient's medical record.
- The intern will be involved with the admission of acute patients, provide regular documentation in the medical record, participate in Discharge Planning and write a Discharge Summary for each patient.
- Identify and prioritise the issues/problems relevant to the patient's presentation and future well-being and refer up deteriorating patients
- Perform appropriate pathology ordering and investigation based on evidenced based practice and be able to correctly interpret the results
- Become familiar with agreed protocols for the management of emergencies
- Perform common procedures for the management of acute conditions (with adequate supervision)

#### 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 and SIT
- Support structures in place for Interns
- 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.

**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

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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, practices 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:

- 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

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- 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.

**Name & Signature of Rotation Supervisor:**



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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***