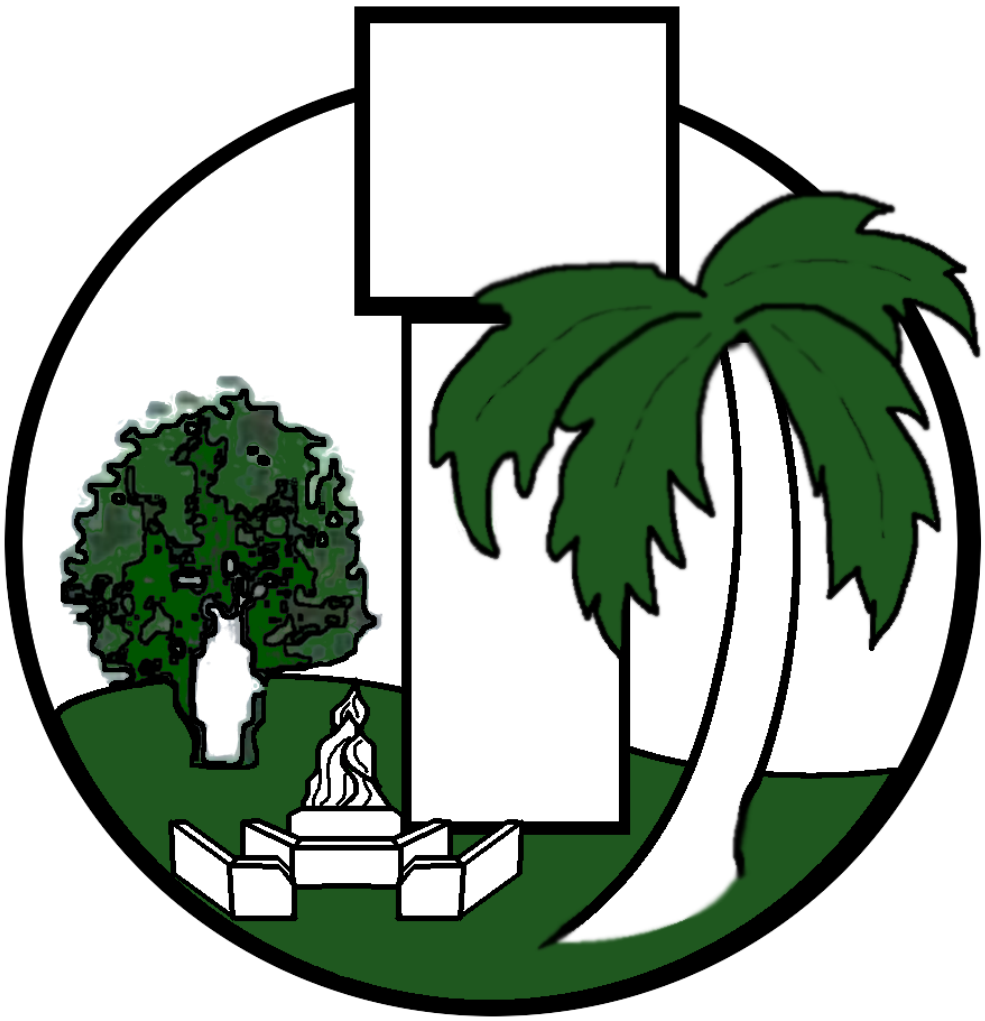
Theodore Medical
Thorough and Thoughtful



Theodore Medical
27 Ninth Ave
Theodore 4719
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07 4990 3000 (A/H)
Email: practice.manager@theodoremedical.com.au

Some time ago we developed a practice philosophy which tries to encompass the healthcare needs of the individual and the community. Every day, each and every one associated with the practice strives to ensure that this ideal is met.

The Practice Philosophy is as follows: "To meet the individual and changing needs of the patient and community by providing a comprehensive, professional and efficient primary health service."

Compiled by Anne Chater
Operations Manager Theodore Medical
October 2017

Next Review Date:

Intern Placement

Version 3: 01 June 2019

Your Rural General Practice term in your intern year.

Welcome –

We are really looking forward to having you in our rural General Practice, and we want to show you what a wonderful career opportunity it is. This opportunity has been provided to you by a Commonwealth Government initiative which allows interns an opportunity to experience rural general practice.

The intern year is where you get to "fly the plane rather than being a passenger". We want you to experience this in our setting too. We hope that during this placement you will experience the true professional benefits of rural practice. You will experience greater responsibility and autonomy than what you experience in the hospital settings where you have come from. Best of all, you will see patients of all demographic ages with a variety of presenting problems and co morbidities. Finally, you will truly experience working within multidisciplinary teams as well as learning about the resilience of rural communities. This will all be done within a highly supportive and supervised environment, so you will not feel alone!

So, remember to do your Learning Goals and Intern Professional Development Tracker so we can talk it over with you and can try to ensure you have these experiences. Whatever the GPs in the practice can do, you can too under supervision.
There is one important difference about your GP term – although you continue to be paid by the hospital, your funding actually comes from the Commonwealth Department of Health and so we have to abide by their conditions. They are:

- There is only a set amount of funding and so there are no overtime payments – you need to manage your hours within the practice to fit into the 38 hour week as set out for you under your Queensland Health terms of employment – of course, you may want to stay on late for your own personal experience and learning, but this is voluntary and will not attract any additional payment.
- You would have received provider numbers that are utilised within the hospital setting for requests and referrals. Those provider numbers are location specific for your hospital only and cannot be used in our practice. Your consultations, pathology and diagnostic requests, and medications you prescribe need to be in the name of the supervisor and checked and signed for by your supervisor.

Having said that, your attachment to our practice will mean that we will get you seeing your own patients, learning and using new skills and you may even be teaching students. Each time you see a patient, your GP Supervisors will need a hand over, discussion and our endorsement before the patient consultation is completed. Don't worry – we won't stifle your initiative but we do need to do these steps as part of our clinical governance.

As this is the first time that you will be learning all about MBS and the PBS and how these programs work in a private "fee for service" general practice, why not also utilise any free time that you have to upskill yourself in these areas, as they will be important learnings and requirements throughout your medical career. Both these programs are the responsibility of the Department of Human Services, and they have developed excellent online education modules which you will find very beneficial. It will also help you to understand the business of private general practice.

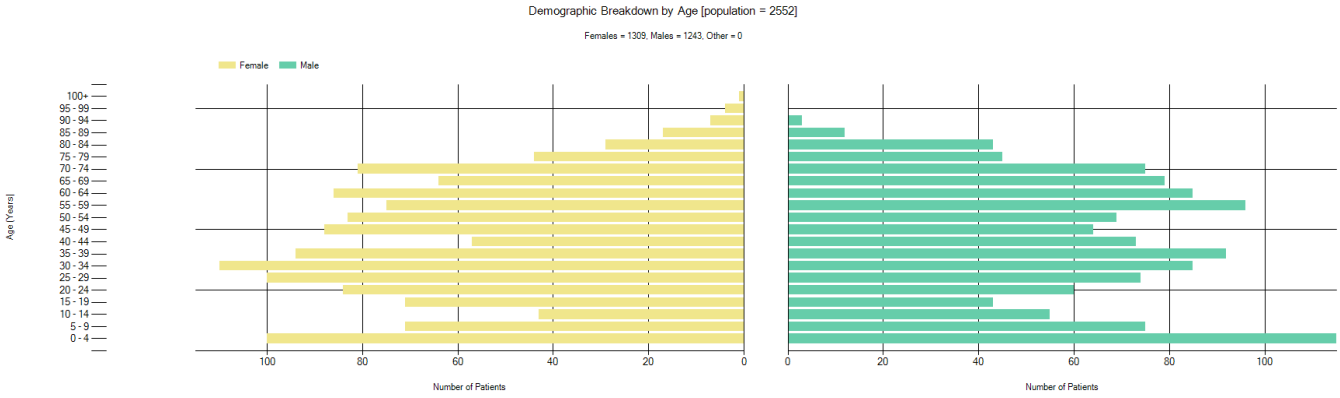
These modules are available here:
https://www.humanservices.gov.au/organisations/health-professionals/subjects/mbs-education-health-professionalshttps://www.humanservices.gov.au/organisations/health-professionals/subjects/pbs-education-health-professionals

Finally, we are pleased to have you join us as part of our practice family and we look forward to teaching you new skills and hopefully sufficiently excite you to consider a future rural career.

THEODORE MEDICAL OVERVIEW

Theodore Medical is a privately owned and operated rural general practice. Dr Bruce Chater and his wife Anne have owned and managed this practice since 1981. Theodore Medical has six consulting rooms, two procedure rooms, nurses' room, X-ray room, health improvements hub, practice manager's office, Aboriginal Health Worker's office and large reception area. Situated on the hospital grounds, Theodore Medical connects via link-way/corridor to the Theodore Hospital a 13 bed facility with 9 acute and 4 aged care beds. The Hospital has an Emergency Department with video link and inpatient facilities, x-ray, labour ward, theatre (being re-established) point of care testing and telehealth facilities.. RFDS provides medical retrievals. Patients requiring admission can have this prepared at Theodore Medical and taken straight into a hospital bed.

The population of Theodore is approximately 500 with a further 1000 people in the district. The population age profile resembles the Australian Population except for some being away at boarding school or higher education.



Theodore Medical has many patients who drive more than 100 kilometres (one way) to access the doctors and health services provided. Theodore has an indigenous population of approximately 130. During the winter months, Theodore has an influx of 'grey nomads' camping at Junction Park or the Show Grounds.

Theodore is a service town in an agricultural area – cattle, cotton, broad acre crops and timber mill. There is gold mine fifty kilometres to the south east (Cracow) and a coal mine which begins 20km to the north (headquartered sixty kilometres to the north). Some Theodore residents work at these mines with some farmers and graziers working to provide off farm income.

Theodore Medical is a comprehensive rural general practice providing comprehensive rural generalist services consistent with the Cairns Consensus definition.

"We define Rural Generalist Medicine as the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- *Comprehensive primary care for individuals, families and communities*
- *Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting*
- *Emergency care*
- *Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues*
- *A population health approach that is relevant to the community*
- *Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs."*

Presentations to Theodore Medical reflect all these aspects of practice.

The practice provides comprehensive general practice services from cradle to grave with continuity to hospital practice and return. Also available on site is a wide range of diagnostic services including, pathology collection and some Point of Care testing, and ultrasound, X-ray (plain film), slit lamp, ECG, spirometry and audiometry. Childhood and adult immunisation is also available extending to school based vaccination program, travel immunisations and Q Fever clinics. Women's health checks and support is provided. A dedicated Health Improvement team is available to assist patients in managing their chronic disease and assisting aboriginal patients with their health needs.

Health professional support staff include a Registered Nurse, EEN and AIN, a qualified Medical Assistant, AHPRA recognised Aboriginal Health Worker, Chronic Disease RN and Diabetic Educator, (Theodore Medical) and an Allied Health Assistant (CQHHS). Procedures include excision of lesions with or without flap repair, vasectomies, insertion/removal of IUDs, ear irrigation, slit lamp interventions, fracture management and suturing of lacerations. Mine, aviation and pre-employment medicals are also part of the service provided. Other services include acupuncture, back manipulation, nutritional medicine and non-PBS dispensary. On-site allied health services are provided by third party clinicians (private and CQHHS) and include speech pathology, occupational therapy, exercise physiologist, optometrist, dietitian, podiatrist, physiotherapist and supported by allied health assistants. Patient files and correspondence are all managed electronically using Medical Director, Pracsoft, cdmNet, secure messaging through Medical Objects and HealthLink, as well as clinical audits through PEN Cat and other data analysis. All consulting rooms have telehealth connectivity for telehealth consultations (three with QH Cisco jabber) which are used to access specialist health care without the inconvenience of long distance travel.

Doctors from Theodore Medical also visit Dawson View Retirement Village and hostel as a community service. The local Commonwealth Home Support Program (CHSP) work in conjunction with Theodore Medical ensuring the aged population is well supported to remain in their homes.

Working as a team, Theodore Medical works closely with the Theodore Hospital, Qld Police Service, Qld Ambulance Service, the Rural Fire Brigade and the State Emergency Service. Theodore is proud of its close working relationship with the emergency services of Theodore.

Current Model of Care

Theodore Medical responds to patient and community health needs. The identified support and speciality services deliver care across all primary health areas.

Theodore Medical doctors are also employed by Theodore Hospital for emergency and inpatient and subacute care.

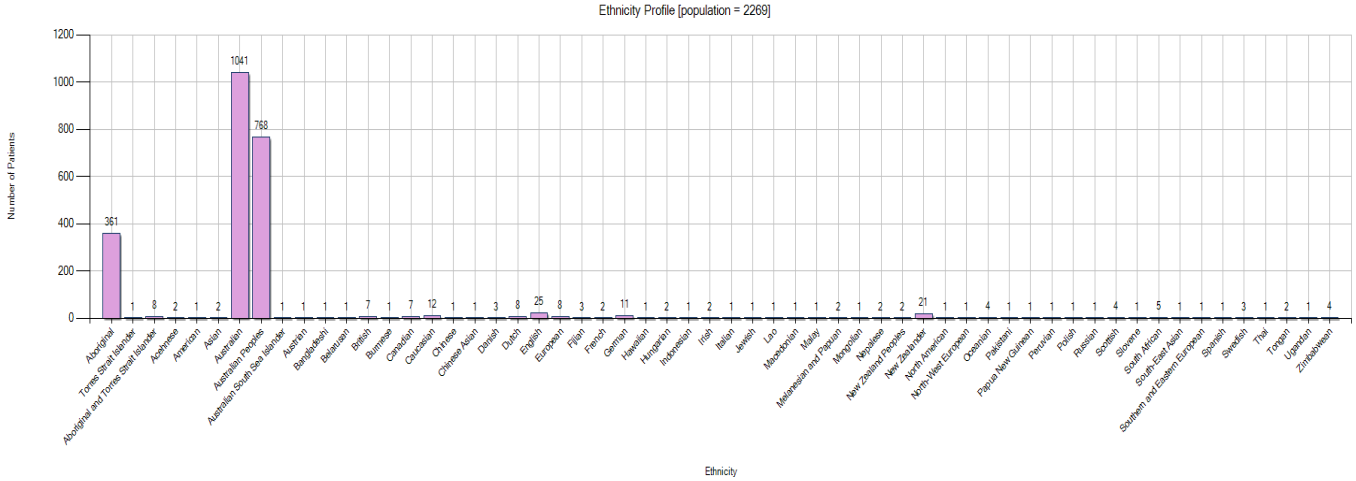
Services agreements are established for after-hours triage of private patients with Theodore Hospital.

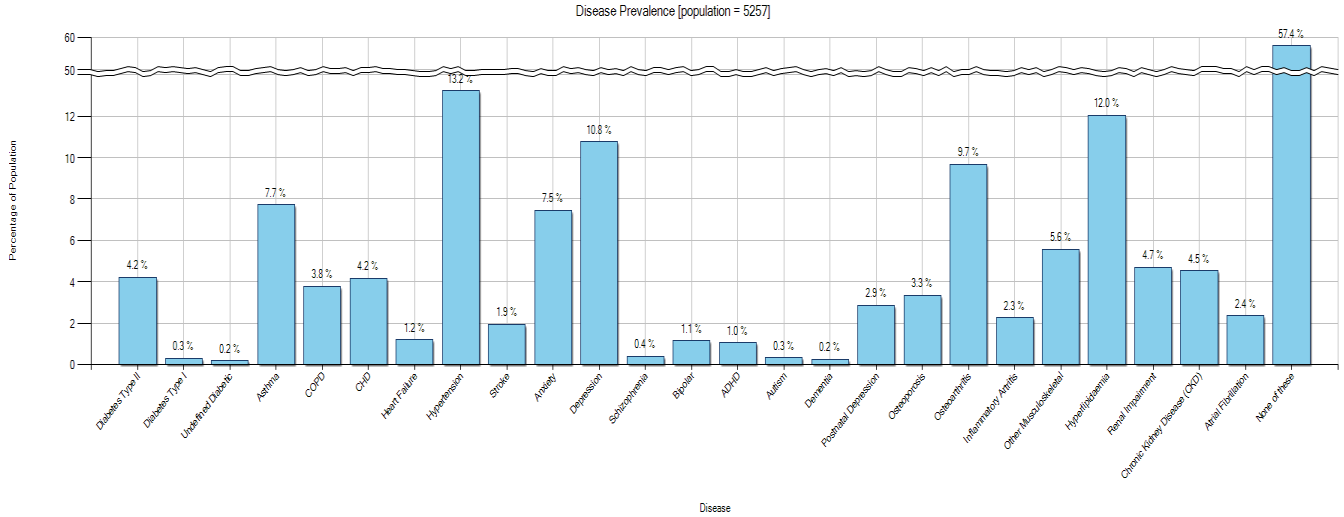
	PROGRAMS		
Speciality & Support Services	**Women & Family**	**Emergency & Inpatient**	**Hospital Avoidance & Sub-acute**
CQHHS Administration Services CQHHS Operational Services Aboriginal Health Services Allied Health Services Mental Health & ATODs Oral Health Services	• Extended Midwifery • Antenatal Classes • Antenatal Clinics • Well Baby Clinics • Postnatal patients • School Programs • Postnatal Clinics • Well Women Clinics • Family Counselling • Family Care Program • Paediatric Clinics • School Immunisation Programs	• Emergency Department • Medical Inpatients • Step down surgical • Stepdown rehabilitation • Dressing • Phlebotomy • X-ray • Palliative care • GP Private Practice • Home visiting • •	**Community Care/support** • Hospital Avoidance • Discharge Planning • Palliative Care **Rehabilitation Programs** • Step-down post stroke • Cardiac rehabilitation **Health promotion programs** • Men's health • Womens health • Chronic disease management • Health assessments

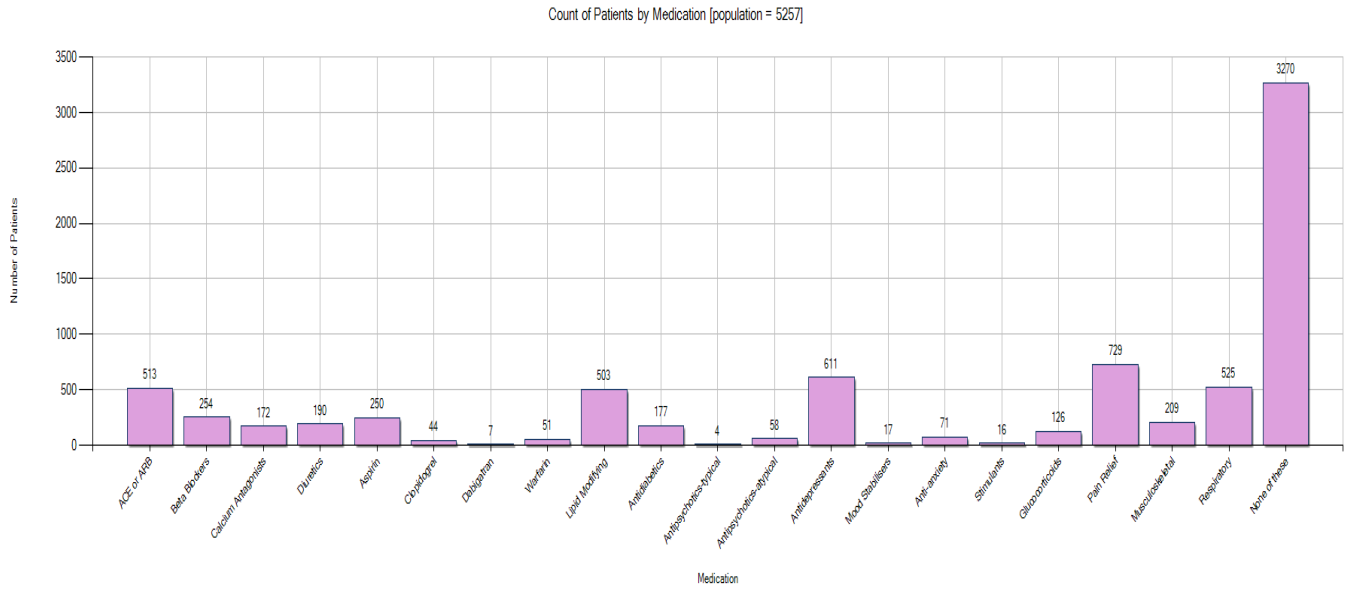
Theodore Medical	Joint with hospital	Hospital only	Visiting CQHHS and private

Case Mix

Babies, children, teenagers, young adults, middle aged, elderly, indigenous, agricultural workers, mine workers, saw millers, public servants, council workers, Sunwater workers. Within this mix the following can be expected: antenatal, immunisation, chronic disease, industrial accidents, MVAs, skin cancer, prostate and breast cancer, bowel cancer, zoonosis such as q-fever, leptospirosis, snake bite, respiratory infections from pneumonia to influenza A, B, and mycoplasma. In short, read Harrisons.





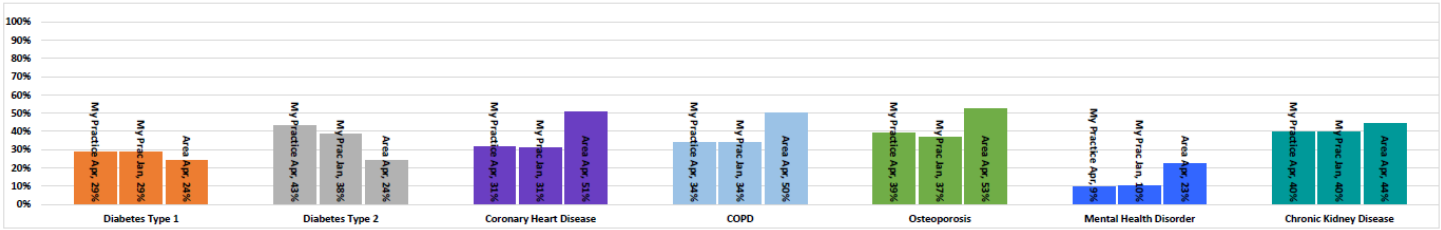


General Practice
Quality Benchmarking Report

Theodore Medical Centre

Population	Medicare Chronic Disease Items	April 2019 Data: My Practice Active Apr Population #	April 2019 Data: My Practice Apr Population Assessed in past 24 months #	April 2019 Data: My Practice Apr Population Assessed in past 24 months %	January 2019 Data: My Practice Jan Population Assessed in past 24 months #	January 2019 Data: My Practice Jan Population Assessed in past 24 months %	January 2019 Data: Area Jan Population Assessed in past 24 months %	January 2019 Data: Area Apr Population Assessed in past 24months %
Total Database Population (include inactive patients)		5,359	-	-	-	-	-	-
Total Active Patients (seen 3 or more times in the past 2 years)		2,554	-	-	-	-	-	-
Active DVA Patients	Possibly eligible for CVC program	19	-	-	-	-	-	-
Active Patients prescribed >5 medications	Possibly eligible for DMMR/RMMR (900, 903)	516	-	-	-	-	-	-
Active Patients of Aboriginal and or Torres Strait Islander descent all ages	Eligible for Health Assessment every 9 months (715)	230	143	62%	143	63%	41%	49%
Active Patients = or >75 years old	Eligibile for annual Health Assessment (701-707)	207	123	59%	120	59%	45%	43%

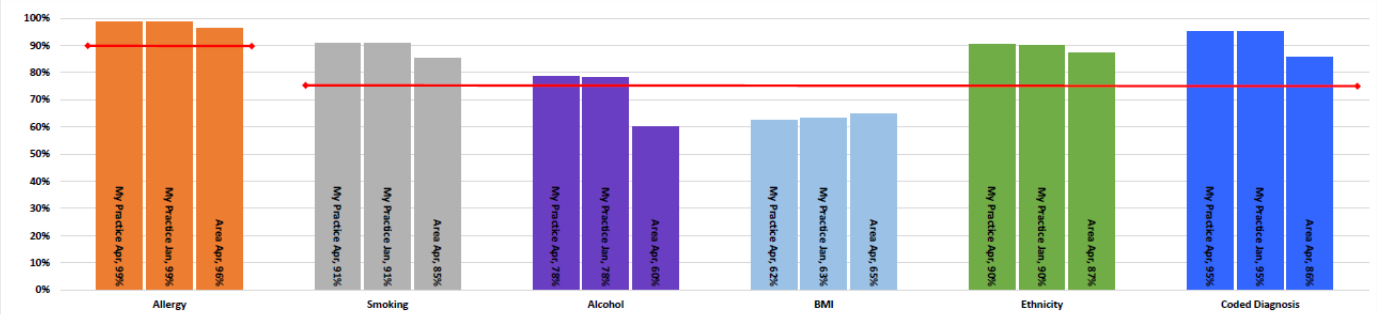
Chronic Disease Prevalence	Medicare Chronic Disease Items	April 2019 Data: My Practice Active Apr Population #	April 2019 Data: My Practice Apr Population Assessed in past 24 months #	April 2019 Data: My Practice Apr Population Assessed in past 24 months %	January 2019 Data: My Practice Jan Population Assessed in past 24 months #	January 2019 Data: My Practice Jan Population Assessed in past 24 months %	January 2019 Data: Area Jan Population Assessed in past 24 months %	January 2019 Data: Area Apr Population Assessed in past 24months %
Active Patients with a diagnosis of Diabetes Type 1	Eligible for annual Cycle of Care (2517 - 2526; 2620 - 2635)	7	2	29%	2	29%	18%	24%
Active Patients with a diagnosis of Diabetes Type 2 (includes undefined diabetics)	Eligible for annual Cycle of Care (2517 - 2526; 2620 - 2635)	160	69	43%	50	38%	22%	24%
Active Patients with a diagnosis of Coronary Heart Disease	Eligible for GPMP (721)	153	48	31%	40	31%	51%	51%
Active Patients with a diagnosis of COPD	Eligible for GPMP (721)	141	48	34%	43	34%	51%	50%
Active Patients with a diagnosis of Osteoporosis	Eligible for GPMP (721)	143	56	39%	48	37%	54%	53%
Active Patients with a diagnosis of Mental Health Disorder (Anxiety, Schizophrenia, Bipolar, Depression)	Eligible for GP MHTP (2700, 2701, 2715, 2717)	542	51	9%	50	10%	22%	23%
Active Patients with a diagnosis of Chronic Kidney Disease	Eligible for GPMP (721)	192	76	40%	69	40%	56%	44%



General Practice
Quality Benchmarking Report

Theodore Medical Centre

Accreditation Measures	Accreditation Key Performance Indicator (KPI) %	April 2019 Data: My Practice Active Apr Population #	April 2019 Data: My Practice Apr Eligible Population Recorded #	April 2019 Data: My Practice Apr Eligible Population Recorded %	January 2019 Data: My Practice Jan Eligible Population Recorded #	January 2019 Data: My Practice Jan Eligible Population Recorded %	January 2019 Data: Area Jan Eligible Population Recorded %	January 2019 Data: Area Apr Eligible Population Recorded %
Active Patient All Ages Allergy Status Recorded	90%	2,554	2,521	99%	2,518	99%	96%	96%
Active Patient = Or >10 Years Old With Smoking Status Recorded	75%	2,183	1,980	91%	1,986	91%	83%	85%
Active Patient = Or >15 Years Old With Alcohol Status Recorded	75%	2,091	1,639	78%	1,633	78%	58%	60%
Active Patient = Or >18 BMI Measure Recorded	75%	2,028	1,262	62%	1,281	63%	65%	65%
Active Patient All Ages Ethnicity Status Recorded	75%	2,554	2,307	90%	2,299	90%	86%	87%
Instances Of Appropriately Coded Diagnosis In Past History Where Applicable	75%	101,194	96,308	95%	94,794	95%	84%	86%



Risk Screening	April 2019 Data: My Practice Apr Population #	April 2019 Data: My Practice Apr Population Screened in past 3 years #	April 2019 Data: My Practice Apr Population Screened in past 3 years %	January 2019 Data: My Practice Jan Population Screened in past 3 years #	January 2019 Data: My Practice Jan Population Screened in past 3 years %	January 2019 Data: Area Jan Population Screened in past 3 years %	January 2019 Data: Area Apr Population Screened in past 3 years %
Active pts = or >45 with Australian Absolute Cardiovascular Risk Score in last 3 years (System Generated Values)	1,152	721	63%	740	64%	54%	56%
Active and eligible Females (age 18-70, not marked ineligible in clinical software) papsmear within 3 yrs	814	620	76%	608	76%	45%	45%

Ask your Practice Support Officer for more information on utilising your Clinical Audit Tool to drill down to find your most at risk population. They have helpful resources to help you achieve your risk management, chronic disease management and data cleansing goals.

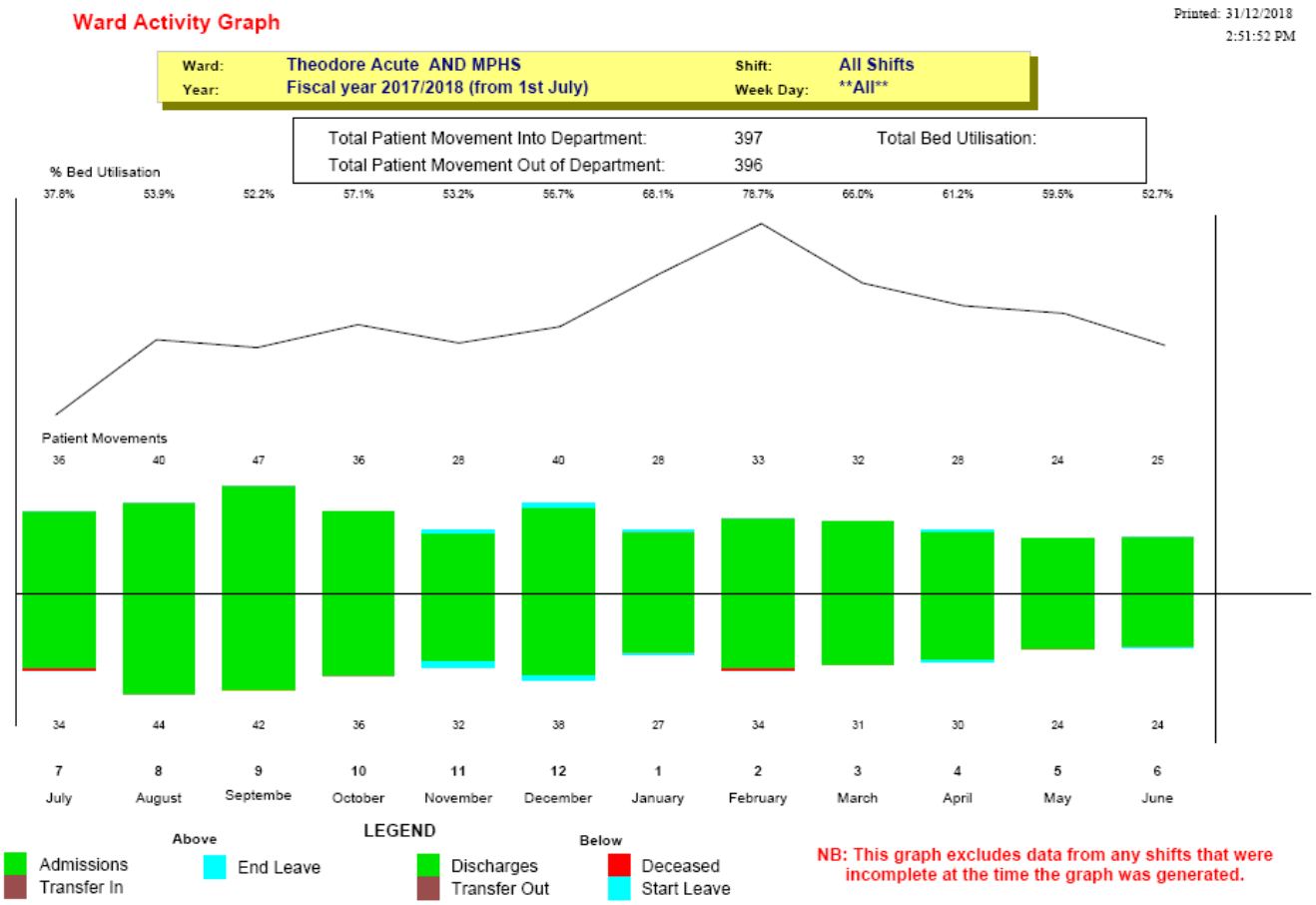
Theodore Medical doctors have Queensland Health appointments consisting of a Medical Superintendent with Right of Private Practice (MSRPP) Dr Bruce Chater and one Medical Officer Right of Private Practice (MORPP) shared between two registrars – Elizabeth Clarkson (PGY4) and Salome Villiger (PGY4). These doctors have clinical privileges and admitting rights to Theodore Hospital. These doctors work fulltime at Theodore Medical. Another doctor, Dr Adele Love, is a VMO with admitting rights. All will be intern supervisors.

In this role Theodore Medical doctors provide primary health care through Theodore Medical and hospital or secondary health care via inpatient, outpatient and emergency department medicine. Patients can be admitted from Theodore Medical or through Emergency Department of the hospital. Both Theodore Medical and the Theodore Hospital provide initial assessment, investigation, stabilisation and management of acute presentations. More complex presentations are dealt with at the hospital. For those patients requiring admission, a management plan is developed and depending on the condition the patient may be treated locally at Theodore Hospital or, if definitive specialist care is required, a transfer to an accepting hospital is facilitated via Retrieval Service Queensland (RSQ). The MSRPP or MORPP (registrar) in consultation with MSRPP (if complex case) organises acceptance at hospital. If critical a dial in consultation via telehealth is organised and for obstetric or paediatric patients, three way discussion with RSQ, Theodore doctor and Brisbane based specialist is organised through Rockhampton or Brisbane depending on case. Aerial retrieval transfer for patients needing acute specialist care is usual and is coordinated with Royal Flying Doctor Service (RFDS). Admitting hospitals may be either Brisbane or Rockhampton depending on the type of medical problem and resources needed.

The doctors from the practice are responsible for about 450 emergency presentations, 700 outpatients occasions of service and nearly 400 admissions each year. A relatively small, number of these are transferred out.

Theodore:

Activity	2016 Calendar Yr Actual	2017 Calendar Yr Actual
Emergency Department (Presentations):	ATS 1 = 5 ATS 2 = 21 ATS 3 = 86 ATS 4 = 170 ATS 5 = 172 TOTAL = 454	ATS 1 =2 ATS 2 = 20 ATS 3 = 162↑↑ ATS 4 = 192↑ ATS 5 = 261↑ TOTAL = 637↑↑
Outpatient (OOS) These OOS include the telehealth and antenatal clinic OOS but are compared separately below to look at activity trends	OOS = 565 Outpatients OOS	OOS = 1146↑↑ Outpatients OOS
Telehealth (OOS)	OOS =19	OOS =36↑
Antenatal (OOS)	OOS =112	OOS =55↓



NOTES: * This graph displays the bed utilisation and patient movement in the ward/department for the selected period.

Theodore Medical is accredited with AGPAL QIP practice for General Practice and Diagnostic imaging, and with ACRRM and RACGP for registrar training.

Hours

- Monday to Friday consulting as per roster
- Doctor on Call for Theodore as per roster
    - after hours calls triaged at Theodore Hospital before doctor contacted
- Local Only One Problem (LOOP) Clinic – open access 8.30 to 9.30 every day

Facilities

- 6 consulting rooms, 2 procedures/treatment rooms, nursing room, X-ray room, Practice Manager's office, Health Improvements office, Aboriginal Health Worker's office, reception area, patient toilet, staff toilet and staff/training room

Services include:

- Acute and routine medical, surgical, mental health, paediatric and obstetric
- Antenatal with associated midwife clinics – onsite ultrasound and CTG
- Implanon and IUD insertion and removal
- Elective procedures such as vasectomies, skin lesion excision +/- flap repair
- Minor Trauma
- Immunisations – child and adult including at risk patients, travel immunisations including Yellow Fever, Q Fever clinics and flu immunisation clinics. School Based Vaccination Program is also conducted by Theodore Medical.
- Medicals:
    - mine and pre-employment
    - aviation
    - drivers licence
- ECG
- Spirometry – as per Thoracic Society of Australia and New Zealand protocol
- Audiometry
- ABI
- X-ray - (accredited with QIP) X-rays are transmitted to I-Med in Rockhampton and read by radiologists
- POC ultrasound and INR
- Ear Irrigation
- Slit lamp
- Diabetes education and cycles of care
- Non PBS dispensary
- Women's health
- Indigenous Health
- Health Assessments
- GP Management Plans
- Coordinate Hep C retroviral therapy management and Metabolic review and drug administrations for mental health patients

Activity of Theodore Medical

(a) Combined consultations, procedures and private inpatients item numbers in 2016 = 18 500

(b) Standardised Whole Patient Equivalents (SWPE) 1437

(c) Patient numbers vary depending on season. Average number of patients seen = 4+ patients per hour for experienced doctors and 2 to 3 patients per hour for registrars until such times competencies can accommodate 4+ patients per hour. 1-3 patients per hour for interns.

(d) Private after hours patients per year = approximately 100

Medical Personnel	**Medical Superintendent with Right of Private Practice:** Dr Bruce Chater (Term Supervisor) 0419674164 07 4993 1371 **bruce.chater@theodoremedical.com.au** **VMO Medical Practitioner** Dr Adele Love (Term Co-Supervisor) 07 49931104 adele.love@theodoremedical.com.au **Registrar PGY4** (Term Co-Supervisor) Dr Elizabeth Clarkson 07 4993 1371 **Registrar PGY4** (Term Co-Supervisor) Dr Salome Villiger 07 4993 1371
Practice Manager	Natalie Dunk Andrews RN; Diabetes Educator 07 4993 1371 practice.manager@theodoremedical.com.au
Operations Manager	Anne Chater 0407156752 chater@tpg.com.au or anne.chater@theodoremedical.com.au
Reception	Margaret Hedington 07 4993 1371 receptionist@theodoremedical.com.au
Acute Nursing	Alix Hedington RN nurse@theodoremedical.com.au Leah Hewitt EEN ain@theodoremedical.com.au Sam Moore AIN ain@theodoremedical.com.au 07 4993 1371
Health Improvements (Chronic Disease)	Natalie Dunk Andrews RN Diabetes Educator Community.nurse@theodoremedidcal.com.au Hailey Keene MA Health.improvements@theodoremedical.com.au Dani Beezley AHW

	Aboriginal.health@theodoremedical.com.au 4993 1279
Aboriginal Health Worker	Danielle Beezley AHW Aboriginal.health@theodoremedical.com.au
Roster Co-Ordinator	Dr Bruce Chater
Secretarial Support	Anne Chater
Cleaning/Laundry	Kelcie Moore and Shirley Mill respectively

Theodore Hospital Contacts	
Director of Nursing	Jenny Ralaca 4990 3021 jennifer.ralaca@health.qld.gov.au
CNC	Belinda Rule 4990 3038 belinda.rule@health.qld.gov.au
Administration Officer & Support	Jordan Young, Jessica Tweed, Yvonne Calderwood, Annabelle Edwards 4990 3000 theodorehospital@health.qld.gov.au

UNIT ORIENTATION

Orientation to Theodore Medical:

1. Prior to coming to Theodore, Intern will be emailed the Theodore Medical orientation checklist, practice booklet, Theodore Medical policies and directed to the Theodore Medial website and Facebook page for further information. Any questions or queries can be addressed by either Term Supervisor or Operations Manager prior to arriving in Theodore.
2. Intern will be asked to send a request for any time off or variation of roster if required in the ten week placement so as can be accommodated, if possible, in roster.
3. Roster will be emailed once term dates have been confirmed.
4. Operations Manager will liaise with Interns re accommodation provided by Theodore Medical. Incoming Interns will speak to outgoing Interns to assist in preparation of their term at Theodore Medical. This could include clinical and operational matters, roles and duties, tips with respect to community, time management and how best to meet learning objectives.
5. Upon arriving into Theodore either Operations Manager or Practice Manger will meet and greet Intern and show Intern their accommodation, the town, Theodore Medical and Hospital.
6. Keys will be given to Intern with key register signed upon arrival.
7. Security Code will be given for access to Theodore Medical
8. Once completed the orientation checklist will be scanned and filed on the Theodore Medical system and emailed to the Medical Education Unit (MEU) Rockhampton.

9. Access to hospital after hours is discussed

   The Term Supervisor attending this meeting will provide orientation as outlined on the orientation checklist, covering the following areas:

   - Educational opportunities
   - Roster
   - Learning objectives
   - Clinical duties
   - Supervisor and reporting lines
   - Assessment procedures
   - Roles and responsibilities of the Intern

   Intern scope of practice will be fully explained together with supervision requirements and reporting lines. You are also expected to discuss your own scope of practice with your supervisor before commencement of duties. This is for your safety and the patients'. During your Theodore Medical placement there is the opportunity to work to your fullest capacity as you will be working with direct contact with rural generalist supervisors. Your scope of practice will be determined in discussion with your supervisor to suit your own capabilities; the time of the term that you are at Theodore Medical; and the needs of Theodore Medical.

10. On Monday (first day of rotation) Interns should have a scheduled meeting with the Theodore Medical Practice Manager who will arrange the orientation program and ensure that you meet other important staff at Theodore Medical and Theodore Hospital that you will be working with. Interns should read this orientation document and be familiar with identified processes before the formal orientation. The Practice Manager will begin the orientation process with issues specific to Theodore Medical. Practice Manager will also collect signed policies and answer any questions Intern may have with respect to these. The orientation checklist items will take a few days to complete.

Rostered hours for Interns

0730 – 1630 Monday, Tuesday, Thursday, 7.30 to 1700 Wednesday, 7.30 to 2.30 Friday as described in the roster

The Intern will present to Theodore Medical Centre, 27 Ninth Ave Theodore at prior to 7.30am in preparation for ward round.

Interns are rostered across Theodore Medical and as required the Emergency Department and inpatient ward rounds during day shifts. At each shift they will be paired with one of the Theodore Medical Supervisors.

The roster co-ordinator is responsible for an individual's roster within Theodore Medical Centre, as well as, identifying, initiation and approval for any variances to rosters.

Any negotiations for specific days off including time off for training and development courses needs to be done in consultation with the roster co-ordinator and secretarial support provided with as much notice as

possible. Your roster co-ordinator and secretarial support is listed within the contact information of this manual.

LEARNING OBJECTIVES

All Interns are expected to develop their own learning objectives for this rotation in consultation with the Term Supervisor during the first few days of the rotation using the 'Individual Learning Objectives Plan' (Appendix 3). These learning objectives are intended as a guide only and depend not only on your previous experience and level of appointment, but on the availability of opportunities during the term. The learning objectives developed and documented in consultation with your Term Supervisor should be referred to at your mid and end of term interviews where you can monitor your progress and set reviewed goals for further progress and independent clinical practice development.

The principal learning objectives for this term is through gaining exposure to a multi-disciplinary healthcare environment with shared decision making. There will be a focus on continuity of care between the hospital, the Practice and the community; it will fulfil the requirements of the Australian Curriculum and Intern Training.

The term will give the Intern an exposure to the practice of medicine by a Rural Generalist. This is a non-core Term with a community focus.

Personal Skills

- Learn to work as a member of a clinical team with effective time management skills
- Learn to consult effectively
- Be able to present a case concisely and clearly to senior staff using ISBAR
- Recognise the role and experience of other health care professionals
- Develop the interpersonal skills for dealing with patients, their friends and relatives and in particular, interacting with family of a recently bereaved patient
- The Australian Curriculum Framework for Junior Doctors has listed conditions and situations which Interns/RMOs may expect to see and manage during their General Medicine term.
- During the rotation the educational objective for the intern is the delivery of emergency and general care for patients in a rural setting.

To this end the following skills should be developed:

History

• Learn to take a problem orientated history rapidly and efficiently
• The history obtained should be adequate for the assessment and treatment of the patient

Physical Examination

• Perform physical examination efficiently yet thoroughly
• Elicit pertinent signs of acute illness and interpret their significance
• Learn to recognise the warning signs of critical illness.

Diagnostic tests

• Learn the rationale and appropriate use of diagnostic tests. Tests should be both clinically justifiable and cost effective.
• Know when specific tests are indicated in defined situations and tests that require SMO approval
• Learn how to apply the use of point-of-care pathology tests and manage patients in a rural environment where some diagnostic tests are not immediately available.

Treatment & Management

• Learn the immediate treatment of a range of acute and chronic conditions
• Develop management plans for the ongoing treatment of acute and chronic illness.

PROCEDURAL SKILLS

Not all Interns will have the opportunity to learn every procedural skill during their rotation. Appropriate supervision of junior doctors is necessary to ensure a safe clinical environment for patients and a safe and effective learning environment for the junior doctor.

It is however important that Interns make every effort to learn as many procedural skills as possible and to ask their supervisor to teach them.

All Interns are expected to keep a record of their skills and procedures learnt. The ACCRM skills logbook is provided for this purpose and should be taken to the mid and end of term assessments meeting with their Term Supervisor. Interns may also take the opportunity to discuss their learning needs for skills and procedures.

Signoff of the skills should be done as they occur – a Registrar or Rural Generalist can sign off the ACCRM skills logbook.

Below is a list of skills and procedures and the supervision requirements. Always confirm your own scope of practice with your supervisor. As you gain experience your scope of practice will change, but this must always be negotiated with your supervisor.

INTERNS SHOULD AIM TO ACHIEVE PROCEDURAL COMPETENCE FOR:

1. Perform with gradual independence:

Venepuncture
IV Cannulation (traditional methods and with near patient Ultrasound guidance)
Arterial Blood Gases (after negotiation with your supervisor and once supervised), ECG (interpretation with Supervisor)
Spirometry
Subcutaneous injection
Intramuscular injection

2. Perform under supervision

X-ray interpretation
ECG interpretation
Spirometry interpretation
Fracture reduction
Joint relocation
Plaster cast/splint limb immobilisation
Gynaecological speculum & pelvic examination
Traumatic wound debridement and suturing and management
Local anaesthetic, excision and suturing
Slit Lamp and panophthalmoscope use
Corneal & other superficial foreign body removal
Joint injections
Lumbar puncture
Pleural tap and Chest Drain
Bladder Catheterisation
Utilisation of Syringe drivers including Palliative Care patients

3. Opportunity to observe and learn (only observe)

Obstetric assessment
Cardioversion
Endo tracheal Intubation
Non Invasive Ventilation
Advanced Life Support procedures (Pericardiocentesis, Needle Decompression, IO/IV Defibrillation, Rapid fluid infuser, Waveform Capnography, Drugs used in cardiac arrest)
External pacing
Trauma and Acute Resuscitation interventions

SCOPE OF PRACTICE

It is the responsibility of the Intern and the Term Supervisor to discuss and develop the individual's scope of practice relevant to their clinical area and their level of experience before the commencement of duties. This discussion should include identification of clinical skills which require direct observation prior to independent practice and any limitations in clinical duties. As you learn and develop throughout the term changes to your scope of practice may be revised however must be discussed in consultation with your Term Supervisor.

DUTIES AND RESPONSIBILTIES

Below is a description of what an Intern is expected to do in Theodore Medical General Practice rotation, however the Intern should check with the Term supervisor whether their scope of practice will cover all the areas listed below.

INTERN DUTIES

The Intern is part of the team and as such is expected to be part of any interventional procedure that will happen either electively or urgently. Any procedures or treatments must be conducted under the direct supervision of either the Clinical Supervisor or Term Supervisor.

At Theodore the Intern will be expected to undertake the following duties:

Interns who are full time at TMC are expected to work 9 sessions per week (maximum 76 hours per fortnight)
Interns are paid by their training hospital and do not bill Medicare while in their GP placement.

We also feel that it is important to expose you to as many styles of generalist practice as we can offer. To this end, we plan to involve all our senior doctors and registrars.

The practice provides a structured program of consulting with and in parallel (seeing the patient independently first) with the full range of Supervisors.

You will be exposed to a variety of learning environments including supervisors sitting in with you while consulting, you sitting in with Supervisors while consulting, topic based tutorial sessions, corridor consultations, direct observation of procedures, supervised performance of procedures and time spent with other practice staff

Take advantage of opportunistic learning situations and engage in consultations and be part of procedures. Remember that for some procedures e.g. venesection the best teachers are our experienced nurses.

Each week there will be a CQHHS intern training session and an in house training session. You will be expected to present as case and lead some discussion around that case 2-3 times in your term.

Teaching is the best form of learning and so we will encourage you to discuss cases with our students when they are rostered on with you.

The interns will participate daily in:

Ward round

Participate in ward round
Assist with note taking
Assist with procedures
Documents admissions
Document discharges

In the practice:

LOOP - Local only one problem clinic

In this there will be an emphasis on:

- **Triage**
- **Repeat prescriptions**
- **Ordering pathology and imaging**
- **Prepare referral letters**
- **Some more complex emergent and new patients**

Clinic - morning session

See patients with or in parallel with the supervisor
Clerk history on new patients
Intake emergent patients
Help student prepare patients for presentation
We encourage you to take increased responsibility in these session during term

Clinic - afternoon session

On Mondays
consulting patients in parallel with supervisor X3
On-call supervisor

Nursing home round (hostel or hospital)

Assist with note taking
Assist with procedures
Documents admissions
Document discharges

Other learning opportunities

The practice has other practitioners who run clinics at TMC including:
Aboriginal health worker (in house)
Midwives
Visiting allied health
and you might like to join these.

Learning Session Wednesday afternoon.

Be part of roster to present for this (see attached)

Theodore Medical Education session may include typically

- Case of the week
- Journal article of the week
- Topic of the week
- Visiting education e.g. NPS
- Hands on
- Student presentations

Term dates

2019 term dates

The 2098 intern employment year will run for 52 weeks.

Mon 21 January 2019–Sun 19 January 2020

Queensland Health interns are required to undertake a paid intern orientation program for five working days prior to the start of the official hospital year.

Orientation week commences on **Mon 15 January 2019**

Term	From	To	Duration
1	21 January 2019	14 April 2019	12 weeks
2	15 April 2019	23 June 2019	10 weeks
3	24 June 2019	1 September 2019	10 weeks
4	2 September 2019	10 November 2019	10 weeks
5	11 November 2019	19 January 2020	10 weeks

SUPERVISION

During this term Interns will work under the direct supervision of a Term Supervisor who is the Medical Superintendent and the co-supervisor, the MORPP.

IN HOURS:
Theodore Medical has at least two supervisors rostered on each day that the Interns will be in the facility – one the on-call supervisor. The 1st point of contact will be the on-call supervisor. Primary supervision and escalation is as below. Please review

On-call clinical supervisor	On-call doctor
Secondary clinical supervisor	Senior doctor in practice
Escalation point	Medical Superintendent
Education supervisor	Medical Superintendent

ESCALATION POLICY
When the rostered supervisor is called away, one of the remaining doctors will take over supervision of Intern until such times as the rostered supervisor returns.
When term supervisor is absent from Practice, the most senior doctor on duty will take responsibility for Intern.
In the event that the Intern is unable to seek advice from the on-call clinical supervisor they should seek advice from senior doctor in practice that day. A further point of escalation, the Medical Superintendent can be sought for advice.

Other senior medical staff will be delegated supervisory duties to the Interns and they will be your clinical supervisors for day to day matters.

The Term Supervisor will take overall responsibility for the implementation of the Intern training and education whilst in the facility.

AFTER-HOURS
There are no after-hours duties.
There is an option to be called in for trauma, maternity cases, to observe, for retrievals, for resus and for further experience.

UNIT EDUCATION OPPORTUNITIES

Facility education sessions suitable for the Intern to attend: Area Medical Officer meetings including Morbidity and Mortality Meetings; Medical Education Sessions, ALS simulation Scenarios. Mandatory

CQHHS training. Interns will participate in a weekly video conference to 2 hours of education at the Rockhampton Base Hospital.

A key benefit of the Intern Term at Theodore Medical is the direct availability of the practice doctors for clinical and educational supervision. The medical workforce model at Theodore Medical means the Intern has access to a Term Supervisor or Clinical Supervisor throughout each shift. This offers a significant benefit in terms of education and learning.

ATTENDANCE EXPECTATIONS
Interns - you are expected to attend all sessions.

EDUCATION CO-ORDINATOR
The Medical Superintendent will be the Educational Supervisor for each Intern and will take responsibility for ensuring each Intern learning plan is completed during the term.

THEODORE MEDICAL TIMETABLE

Home and Nursing home visiting with supervisors is included.

Notes

LOOP = Local only one problem
*On-call supervisor if doctor rostered off

Emergent patients may present to hospital or medical practice

	7.30-8.30	**8:30 – 10:00**	**10:00- 13:00**	**13:00-14:00**	**14:00-16:30**	**Total hours**
	Ward round	*LOOP clinic*	*Clinic*	*Lunch*	*Clinic*	*8*
Monday	Ward round	Consulting patients with Bruce Chater *	Emergent in parallel x 1-2 and admissions 1-2 On-call supervisor	Lunch	Consulting patients in parallel with supervisor X3 On-call supervisor	8
Tuesday	Ward round	Consulting patients with Elizabeth Clarkson *	Emergent in parallel x 1-2 and admissions 1-2 On-call supervisor	Lunch	Aged care visits with supervisor on roster for these	8
Wednesday	Ward round	Consulting patients with Salome Villiger*	Emergent in parallel x 1-2 and admissions 1-2 On-call supervisor	Lunch	Theodore Medical education session All medical staff and students	8
Thursday	Ward round	Consulting patients with Adele Love*	Reflective preparation time	MEU organised weekly lunchtime education session	Lunch	Discharge planning and summaries	8
Friday	Ward round	Consulting patients in parallel with supervisor X3 On-call supervisor	Emergent in parallel x 1-2 and admissions 1-2 On-call supervisor	Lunch	Admin Tasks	½ day off	6

ASSESSMENT

Assessment is a routine and essential component of junior doctor education and training. A central focus will be on "closing the loop" in your assessment process to ensure that your learning plan priorities are reflected in your term experience, that issues identified during this term (and carry-over issues from previous terms) and ongoing feedback are combined to deliver a tailored and targeted learning program for you during your term at Theodore Medical. Regular check-ins and questionnaires, combined with formal progress reports, will ensure a rounded and closed loop learning system is in place during your Term.

Interns must ensure that:

- Feedback and formal assessment is conducted throughout the term taking into account your progress towards achievement of the nominated learning objectives.
- Progress is discussed at mid-term with feedback provided by your Term Supervisor during the feedback meeting.
- Interns should ensure a Mid-Term assessment (Week 5) & End of Term Assessment (Week 10) with their Term Supervisor.
- Assessments are completed and returned to the Rockhampton Medical Education Unit (MEU).
- All supervisors have input into the assessment process and you will benefit from the Medical Superintendent and Theodore Medical team having first-hand experience of your clinical proficiency when they collaboratively complete your mid-term and end-of-term assessment. Other staff the intern works with may also be asked about feedback regarding their performance.

Carry-over remediation issues from prior terms will be built into term learning plans and the Term supervisor will ensure these issues are addressed during the Theodore Medical General Practice Term. The Term Supervisor is a member of the Assessment Review Group.

Any junior doctor identified as 'underperforming' and requiring additional measures to meet the standard of performance appropriate to their level of appointment will be referred to the Director of Clinical Training (DCT) and Medical Education Officers (MEO) for remediation. The Assessment Review Group of the CQHHS will have representation from Theodore Medical General Practice and will oversee the improvement plans for interns that rotate into and from the Theodore Medical General Practice rural placement.

The performance management process will be undertaken in line with the "Guidelines for Unsatisfactory performance by Junior Doctor" and "Informing Interns of Serious Concerns" procedure which can be found here http://qheps.health.qld.gov.au/cqld/procedure/medical-officers-education-workforce/docs/cq_i8.pdf

EVALUATION

Evaluation of the term is completed and returned to the Rockhampton MEU.

As this is the first year of intern placement at Theodore Medical, evaluation data will be analysed for any improvements that could be made to the intern training program at Theodore Medical. Interns placed in the Theodore Medical placement will be asked for clear constructive feedback about the placement to enable Theodore Medical to improve the placement for future interns.

BENEFITS OF COMPLETING A PLACEMENT WITHIN THEODORE MEDICAL

Theodore Medical and the community of Theodore offers interns a unique experience for many reasons. Interns will work closely with experienced primary care physicians and see how primary and secondary/hospital care meets the needs of a rural community. Interns are challenged to make decisions away from the convenience of on-site specialists and consultants and to develop clinical diagnostic skills, not reliant on CTs and the like. Interns learn to assist in the management of the whole patient and not just their presenting condition. Interns have more opportunities to work to their full potential in this setting and acquire the skills necessary in having to manage the patient/doctor relationship where one lives and socialises with one's patients. Interns will be exposed to the value of a true community orientated facility and the key role a primary health care provider such as Theodore Medical contributes within the community. Intern will also visit Theodore Hospital, Dawson View Hostel and HACC to see how health care connects and coordinates across the community. Interns will potentially see how the emergency services within Theodore combine with Theodore Medical/Theodore Hospital in responding to MVAs, agricultural and industrial accidents, natural disasters such as flooding.

POLICIES AND PROCEDURES

CQHHS Unit Procedures

Clinical Procedures can be found on the CQHHS procedure portal which can be accessed through QHEPS or via this link http://qheps.health.qld.gov.au/cqld/procedure/clinical-practice/index.htm
(INTRANET ACCESSIBLE ONLY)

Theodore Medical Policies and Procedures

Policies and procedures can be found on the Theodore Medical server – M drive. Interns will have access to these once term has begun and computer logins have been allocated.

ORIENTATION

The purpose of orientation is to ensure we achieve both patient safety and intern safety during your Term. It is crucial that at the end of this orientation process you are clear on who is your supervisor (and who you can escalate to) and what is within your approved Scope of Clinical Practice. Any questions regarding these matters should be addressed prior to any clinical activity being undertaken.

ROVER

A ROVER, also known as a Rolling Handover document, is an information package which identifies the specific roles and responsibilities of the intern doctor within each rotation. The ROVER is intended to be used in conjuction with other unit orientation packages provided by each department, however it is differentiated by the fact that it is developed, updated and produced by interns who have recently experienced the unit. Due to this, a ROVER is more relevant and user-friendly to the incoming intern doctor as it contains information which will quickly orientate them to an unfamiliar environment. Furthermore, the document is able to be kept and used as a quick reference guide throughout the rotation.

Interns receive the ROVER for their new rotation one week before the End of Term Handover Meeting and two weeks prior to the commencement of the new term. The contents of the Rover allows the recipient to determine realistic learning objectives for the rotation and assists in directing appropriate revision before the beginning of the term. During the eighth week of term, the interns of each department will edit and update the ROVER for their current unit before passing it on to the incoming interns.

Theodore Hospital Orientation:

Welcome to CQHHS/Theodore Hospital team!

- **Discussed with DON during orientation:**
  - **CQHHS Orientation to the facility & ED**
  - **Safety walk around in first 24 hours**
  - **Nurses station and ward resources in ward round trolley**
- **Access to resources, computers**
- **Hospital admin processes & discharge summaries**
- **Telehealth done in Q Health – documentation in QH medical record (hard copy)**
- **QH accesses – updated by AO on Day 1**
- **CQHHS procedure compliance as with all intern placements is required**
- **Access to QHEPS for any procedural review prior to undertaking in hospital**
- **Booking training room & checking for bookings before use**
- **Use of Medical Officer laptop or computer in training room**

Theodore Hospital as a learning organisation welcomes undergraduates, new graduates, nursing, medical and allied health. We hope you will enjoy your time in our team in Theodore.