

## Purpose of Term Descriptions

The purpose of the term description is to provide information to JMOs regarding what they can expect to experience during the term, as well as operational information about how to perform duties and important contact details. Term descriptions are also used to provide information to relevant groups about the term, for example the CRMEC for accreditation.

Images of term descriptions in this document are examples. Please consult your term description for the correct information

## Term Description Breakdown

### Term Details

Term Details outlines the general information of the term, including location, length, and number of places.

Term classifications reflect the clinical experience of each term. Each term can have a maximum of two classifications, although some terms may only have one. Check out the *Term Mapping factsheet* on the [JMO Resources website](#) for more information about classifications.

Term Details					
Facility	South East Regional Hospital				
Term name*	Rural general practice				
Term specialty*	General practice/community-based medicine				
Term location	Bega Valley Medical Practice				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Pari-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
Term duration (weeks)*	10-12 weeks				
Term accredited for	PGY1 and PGY2		PGY2 Only		
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no current condition placed on this term		

### Term Supervision and Commencing the Term

These sections provide useful information that you should read prior to commencing your term. Term Supervision details the term supervisor, members of the clinical team, and the clinical team structure. Your supervisor should be your first port of call for any term-specific question. It also includes prerequisites and **orientation** information. Each term description should have clear and explicit supervision arrangements.

Commencing the Term	
<b>Requirements for commencing the term*</b> If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	<b>Basic requirements of the intern include:</b> <ul style="list-style-type: none"> <li>Communicate professionally with nursing and paramedical personnel.</li> <li>To communicate professionally with the other team members.</li> <li>Committed to good patient care.</li> <li>Enthusiastic in both learning and teaching.</li> <li>Willing to work and collaborate with other staff and assist them where required.</li> <li>Punctual, reliable, honest and behave in an ethical manner to patients and other staff.</li> <li>Efficient in the management of the daily workload in the general practice environment and be able to prioritise tasks.</li> </ul>
<b>Orientation</b> Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b>	Orientation includes a formal orientation to intern training program conducted at Canberra Health Services at the start of each teaching year. SERH provides a JMO Orientation Program at the term start. This is run by the Medical Administration Support Team in conjunction with the DPET. This orientation includes introduction to all relevant policies and procedures, education with the electronic medical record (eMR) support team in relation to electronic medical records and electronic prescribing. JMOs are shown how to access online resources including contact information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies.  On the first day in the general practice the intern will be introduced and oriented by the supervising GP to the practice, their clinical services, IT system and patient care. The supervising GP will also orient the intern to expected learning outcomes of the term and the assessment process.

### Overview of the Unit

This section should explain both the role of the unit and services provided, as well as the clinical responsibilities and tasks that JMOs can expect to perform.

### Education, Learning and Assessment

This section will outline the learning objectives, education opportunities and assessment structure of the term. Assessments occur in each term through clinical supervisors' assessment of **entrustable professional activities (EPAs)** and through mid- and end-of-term assessments.

<b>Assessment</b> <ul style="list-style-type: none"> <li>The term supervisor will complete the PG1 doctor's assessments as set by the Australian Medical Council. The supervisor will assess feedback directly and from various collateral sources including the registrars, nursing staff, patients and the DPET.</li> <li>Performance concerns will be raised early and a learning plan will be formulated with the JMO, the supervisor and the DPET.</li> <li>A minimum of 2 EPA assessments relevant to the term must be completed. This includes:                             <ul style="list-style-type: none"> <li>At least one EPA assessment of EPA 1</li> <li>At least one EPA assessment of EPA 2</li> </ul> </li> </ul>				
	<b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b>	<b>EPA 1</b> Clinical Assessment	<b>EPA 2</b> Recognition and care of the acutely unwell patient	<b>EPA 3</b> Prescribing

## Term Learning Objectives

The learning objectives should relate specifically to the clinical experience of the term. They should describe the main things you can expect to gain confidence and competence in by the end of the term. This can include clinical knowledge (e.g. understanding of condition management specific to the clinical area) or communication and professional skills (e.g. working with a multidisciplinary team).

It is good practice to review the learning objectives in the middle and at the end of the term to reflect on your progress and target your future learning. If you have not had opportunity to develop the skills listed in the learning objectives, this might be an indication that the term description needs to be updated. You should provide feedback on this through the term supervisor or DPET – including suggestions about more relevant learning objectives is usually appreciated and helps the next JMO in the term!

Education, Learning and Assessment	
<p><b>Term Learning Objectives</b> List the term-specific learning objectives*</p>	<p>By the completion of this term the intern should achieve a fundamental level of skill in assessment, initial management and follow up of common medical, surgical and mental health presentations to the rural general practice and in the residential aged care facility environment.</p> <p><b>Clinical learning objectives</b></p> <ul style="list-style-type: none"> <li>Conduct a structured patient consultation</li> <li>Recognise and assess acutely ill or deteriorating patients in the context of general practice;</li> <li>Formulate an appropriate differential diagnosis and initial investigations list</li> <li>Prioritise urgency of investigations</li> <li>Recognise and plan for patient mental health needs, with reference to an appropriate history</li> <li>Communicate effectively with patients and their families as well as medical, nursing and allied health staff</li> <li>Develop their capacity to move from 'presenting a history' to adjusting verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication</li> </ul> <p><b>Interpretative learning objectives</b></p> <ul style="list-style-type: none"> <li>Be able to interpret and act upon common biochemical and medical imaging abnormalities.</li> </ul> <p><b>Professional learning objectives</b></p> <ul style="list-style-type: none"> <li>Team communication</li> <li>Setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice</li> <li>Skills in information technology relevant to clinical practice</li> <li>Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques</li> <li>Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment</li> </ul> <p><b>Research and quality improvement objectives</b></p> <ul style="list-style-type: none"> <li>Gain knowledge of the process, applications and challenges of clinical audit</li> <li>Understand clinical governance processes within the hospital environment and the general practice</li> <li>Understand the role of KPIs and quality indicators as an approach to measuring standards of care</li> <li>Understand the role of incident reporting in patient safety</li> <li>Understand the role of mortality and morbidity meetings to identify systems and other issues affecting patient care</li> <li>The opportunities and constraints on research within the rural and regional context</li> </ul>

## Rostering

The rostering information should be accurate to the experience. If you find you work more after hours shifts or overtime than reported in the term description, the term rostering section may require updating or review by accreditation authorities. Discuss significant inaccuracies with the term supervisor, the DPET or MOSCETU, or contact the CRMEC.

Term/Unit Timetable and Indicative Duty Roster*						
<p>Include the <b>start time</b> and <b>finish times</b> of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor are expected/rostered to attend – these include all <b>education opportunities</b> (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.</p>						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	0830 – 1200: Research/quality improvement  1200-1230: Lunch  1230-1430: JMO Teaching program (delivered at SERH)  1430-1600: Research/ ED teaching (delivered at SERH)	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	Total shift 0830-1700 0830-1300: AM Session 1300-1330: Lunch 1330-1700: PM Session	1:7 weekend ward cover 08:00 – 20:00	1:7 weekend ward cover 08:00 – 20:00
BVMP	BVMP		BVMP	BVMP		

## Questions about Term Descriptions?

Term descriptions should be clear, concise, and accurate. If you have any questions or concerns about a term description:

- Leave feedback in your term evaluation;
- Discuss questions or concerns with your term supervisor;
- Inform DPET or MOSCETU;
- Contact the CRMEC: [CRMEC.Manager@act.gov.au](mailto:CRMEC.Manager@act.gov.au)