Welcome to Imokilly Medical Centre!

We are delighted that you have joined our team as GP Intern. This induction document aims to provide you with the essential information about our Practice.

Our mission at Imokilly Medical Centre is to provide a safe, effective, and efficient service that is patient centred, and which is delivered in a friendly and caring environment. We offer a wide range of services. Our patient demographic is a mixed medical card (public) and private patient profile. We hope that you will gain a valuable insight into the planning and provision of community care and the importance of General Practice for our community.

**Phone & Email:**

Phone number: 021-4633476

Fax number: 021-4621895

Dr Mike: 087-6213420

Noelle: 087-7647816

Email: info@imokillymedical.ie

Healthmail: mike.thompson@healthmail.ie

**Practice Team:**

Clinical Staff

Dr Mike Thompson – Intern Tutor.

Dr Katie Spencer

Dr Bridget Wilson

GP Registrar on rotation – currently our Registrar is Dr Ailbhe Fell.

Nurse Aimee Quirke

Administrative Staff

Noelle – Practice Manager

Alicja

Noreen

Sarah

Tara

**Facilities**

We have a staff kitchenette equipped with the basics – fridge, microwave, kettle, toaster, coffee machine. You are welcome to use all of these, but we do ask everyone to clean up after themselves and to respect the shared space.

You have your own room. Please keep it tidy. Personalise as you like.

You will have access to a library in treatment. You are also welcome to connect your own device to the Practice WiFi (acceptable use please).

**Local Area**

We are located within walking distance of a lot of local eateries – you are of course welcome to spend your lunch time as you please, but the below list may be of use if you would like to grab a bite to eat:

Pan – bit of everything

Monty’s – sandwiches, salad bowls and coffee

Pantry – café with outside space

Leonardo’s – Italian

Toastie – takeaway toasties

The Black Barrell – pub grub

Ferritt & Lee – wide selection (but more pricey than Pan)

Midleton has all the big-name supermarkets – ALDI, LIDL, SuperValu, Tesco; as well as the usual shops you would expect in a small town.

**Working Week**

Imokilly Medical Centre opens for appointments from Monday-Friday as below:

Monday: 9am –5pm

Tuesday: 9am –5pm

Wednesday: 9am – 12:30pm

Thursday: 9am –5pm

Friday: 9am –5pm

We ask that all clinical staff are in the surgery and ready to call first patient by 9am. The afternoon session tends to run until 6pm. If another doctor is behind or has a number of

patients waiting to be seen it would be helpful to check with the reception staff if any

of those patients would be happy to see you to begin their consult and take their history. We all fall behind at times, and as a team we try to help each other out when possible.

The GP intern is expected to attend the surgery every day of the working week. Your patient-contact time and scheduling will be adapted to match your level of confidence,

competence and familiarity with the practice. You will have one non-clinical session per week in the practice. This will usually be on Tuesday afternoons (subject to change) and

during that time you will have a tutorial with Dr Mike as well we an opportunity to focus on audit and research, practice planning activities, development of your reflective portfolio and training logbook.

Given feedback, we have increased the time you will have for administration.

**Leave**

You will of course have your allotted holiday leave and study leave. This must be pre-approved by Noelle (Practice Manager) so that once approved, she can highlight this in the appointment diary.

Please give plenty of notice if you can. Clinical staff ideally should stagger their time off to minimise disruption.

If you are sick and cannot attend on a given day please contact Dr Mike or Noelle as soon as possible. It is recommended you have your own GP externally.

**Health & Safety**

The Imokilly Medical Centre Safety Statement is available as a hard copy in the green folder in Noelle’s office. The individual elements of the Statement are saved in the Shared Folder on each PC. It is important that you familiarise yourself with this.

We also have several Practice Polices that are applicable to patient services. This is to try to ensure consistency as well as the safety of our patients and our team.

The full range of Practice Policies is available to staff either through the shared folder on all PCs or in the black folder in reception. You may not find all policies relevant every day but it is worth familiarising yourself with them. For example – we hope you won’t need the Sharps Injury Policy often but it is vital to be aware of what to do if this does happen.

All incidents and accidents at Imokilly Medical Centre must be reported and recorded as appropriate. Minor incidents and accidents, and incidents that do not result in injury or staff absence must still be reported using the incident report form in Section 3 of the Safety Statement. Incidents that result in staff absence of 3 days or more, or death, must be reported to the HSA. This can be done online through the official HSA website.

All incident report forms will be stored in a locked filling cabinet in the office, this will include a copy of any report made to the HSA.

Our Safety Statement, Risk Assessments and Policies will be reviewed annually, staff are encouraged to and welcome to be involved in Risk Assessment and review of policies and procedures.

**General Housekeeping**

Imokilly Medical Centre employs cleaners to service the premises 2x weekly. It is expected that staff clean up after themselves in the interim – including emptying your waste bin at the end of each session and removing filled sharps boxes to the clinical waste bin.

**Socrates**

We use Socrates for booking management, downloading and storing results, maintaining patient records, sending prescriptions, sending Social Welfare certs and sending E-referrals as well as many more important functions. It is vital to have a good understanding of Socrates - as with most software, the easiest way to get used to Socrates is to use it. We will demonstrate the most important functions in person and get into more detail throughout your rotation.

You will access Socrates through your own log in. Your username and password will be provided to you during your induction. **All documents must be signed off as your own name when logged in as Dr Mike.** What you can access and do through Socrates will vary based on your profile type, i.e a Doctor can send prescriptions, admin cannot.

Socrates have an online user manual available. This is accessed after login.

***Help – Online help – download user manual***

There are also some good Youtube tutorials for various Socrates functions.

**Prescriptions**

Repeat prescriptions, if not given sufficient care and attention, can pose a significant clinical and medico-legal risk. For this reason, all patients are asked to give a minimum of 48 hours notice for repeat prescriptions. Ideally the patient should be reviewed every 6/12. This reduces requests for prescriptions to reception and will reduce drug errors. A review of patients’ medication list is useful.

It is always a good idea to read the last doctor’s entry, as they may have requested, for example, that the patient return for review after one month, particularly if started on new medication. If in any doubt it may be advisable to issue a repeat prescription for 1 month and attach a note to let reception staff know that the patient should make an appointment for review. It may also to prudent to check if a patient for example needs repeat bloods tests, for example thyroid function test, cholesterol etc.

If the patient is requesting medication which they have not received regularly, generally a consultation is required, and you should ask Reception to contact the patient to attend an appointment. If a patient is requesting a prescription for an antibiotic, it is best practice to see the patient rather than issuing a prescription on demand.

You should take special care when issuing prescriptions for painkillers, opiates, benzodiazepines or sleeping tablets. If in doubt, please ask one of the other doctors for advice.

Please be aware of statutory regulations and particularly regulations regarding Controlled Drugs. You will have a tutorial with Dr Mike specifically about safe prescribing.

**Lab Specimens**

Our usual Lab is CUH. A CUH Lab book is available in each room to check which bottles/special precaution/turnaround time. Our courier usually collects samples at around 12:15pm. We aim to do bloods prior to this with bloods in p.m. only if really necessary. It is very acceptable to bring patient back to Nurse to have bloods done at a different time or the patient can be asked to deliver their sample to the Lab.

Stool culture must be same day sample. MSU can be kept overnight if needed.

Specimens to be sent to the Lab must have printed labels attached. Please ensure that all forms are completed and stamped before handing to reception prior to collection. Advise reception if urgent as they will be sent in the urgent bag.

**Documentation in Practice**

Contemporaneous notes should be kept (without exception) on all patient contacts,

including phone-calls. If the file is not immediately available, then written notes should be kept and transferred to the patient’s computer file as soon as possible.

Your notes are the only evidence of the interaction you have had with the patient. Be

aware that the next doctor to see the patient will be relying on your notes to inform them so the notes should contain all relevant information. This is particularly important in cases

which may result in the request for a medico-legal report i.e., a consultation following an

accident, assault etc. You may have left the practice when the request comes through for a

report, so the doctor submitting the report will be relying on your notes.

Please refrain from making personal comment in the notes. Take extreme care when

referring to third parties in your notes. It may be useful to say the patient “alleges so- and

so did such-and -such” rather than stating it as fact. Avoid naming a third party directly if possible or giving any information about them.

**Home Visits**

Ideally patients should be encouraged to come to the surgery if possible. Imokilly Medical Centre will sometimes facilitate a house call in cases of palliative care. Always discuss with one of the other doctors if a patient (or relative) requests a home visit. Seeing a patient in their own environment can be very helpful but it also has its drawbacks.

**Correspondence**

It can be worthwhile to read all the post if you have time. Post addressed to named Doctor MUST be signed by that Doctor before it can be scanned to file – if you are reading the post prior to the addressee please return it to their cubby for review.

Most outgoing post can be computer generated on the individual patient’s chart – e.g. referrals via Healthlink. Any hand written forms or paperwork should always be given to reception for scanning prior to sending.

**Other Information**

You will always be working with at least one other GP – you will never be here alone.

Please ask any and all questions you may have – you are here to learn and we are here to teach you.

Please consider implications/profession when posting on Social Media. It is best not to communicate with patients at all on these platforms.

We are always interested to hear feedback about the practice and the teaching/learning experience. This can be done formally during the 1:1 sessions, or informally at any time during the working week.

**Intern Handover**

The following document is an intern handover created by the intern(s) who completed their rotations here earlier this year. We hope that a document created by your peers will give you a valuable insight into what your rotation will look like.

Towards the end of your time here we will ask you to consider adding to or amending this document to further help our next intern.

*A word document to edit is available in the shared folder – Noelle will show you this whenever you would like start to add to/edit it. This will then be updated in the induction booklet for our next intern.*

**THE HANDOVER DOCUMENT!**

**\*GENERAL INFO\***

Length of Day:

Morning Clinic: 9 to 12.30

Afternoon Clinic: 2.30 to 5

The intern has their own room.

**TYPICAL WEEK:**

Monday, Thursday, Friday: Typically full clinical days.

Tuesday: Clinical morning. Teaching/Chart in afternoon.

Wednesday: Clinical morning. Half day.

Administration time is scheduled throughout week. I had 30 minutes, from 12 to 12.30, but often clinical time runs over. Some weeks I was very on top of the admin, other weeks I was very very behind, so I’m not sure that’s enough but see how you go with it.

**TASKS LIST:**

Intern Handover

All tasks are colour coded.

* Red: Urgent
	+ Needs to be sorted today/ASAP.
* Pink
	+ Just FYI, might not need action
* Blue
	+ Will need action/Will need to contact patient
	+ EG: blood test results, radiological results OR patient has called practice with a question and needs a reply.
* Orange
	+ E-Post
* Light Blue
	+ New patient records

So useful, didn’t get a hang of it until well into the rotation, but **forward dating your tasks** is such a lifesaver. Makes it way less cluttered and easier to see everything.

Other Important Pointers:

Attire:

Wear scrubs when in contact with patients. Imokilly Medical Centre scrubs are provided.

Team Meetings:

Take place at least once per month at lunch. The intern attends.

***\*CLINICAL\****

**ACUTES:**

30 minutes allocated for “acute” presentation – tonsillitis, URTI, LRTI, UTI etc etc. Lots of paediatric presentations. Lots of ENT examinations. Decent amount of MSK examinations.

SOAP format is preferred. Go out to present to Doctor you’re allocated to for that session. You can ping on Socrates to say you’re ready with a patient. Best to wait in the corridor after that.

Then - Write note. Prescribe medications if needed. Include seen by (s/b) or discussed with (d/w) Dr. X.

HSE antibiotic prescribing for children – good for dosing.

Intern Handover

**BLOODS:**

Was initially allocated 30 minutes, but I don’t think this is necessary.

Generally pretty clear which bloods need to be done.

Make sure to use Stamp specific to GP – usually Dr Mike, but can be for Katie or Bridget also. Still should task the bloods though as they will get lost otherwise.

I tasked all the bloods to myself. Set the date as 1 week from now on the task (obviously shorter if urgent) and give them my own colour code.

When the tests come back – then task the GP that requested it or the GP that patient usually sees.

If it’s straightforward/all normal – message patient, if unsure – task.

If stated that copy needed for consultant, task reception to email it on.

If bloods are urgent – mark urgent and put in kidney dish on top of box in reception, let reception know it’s urgent so courier sees it.

**ECG or ABPM:**

Has to be done in nurse’s room.

Get nurse Aimee to show you how to use it.

Look at and interpret it, but task to clinician who requested it to review also.

**INJECTIONS:**

Usually B12 or Vaccinations. Very straightforward.

When writing note for B12 etc:

* Write in Batch Number and Expiry Date into note on Socrates.
* Some patients bring it, if they do – use theirs. Most seem not to – just use supply from store cupboard/Nurse Aimee’s Room.

Registering the vaccinations – covid, pneumovax, influenza

* + Immunisations > Add E-Schedule > Select relevant vaccination
	+ Fill out proforma (Make sure it’s under Dr Mike Thompson). Should say “Awaiting Ack” when submitted.
	+ Sometimes I was too busy and reception did them, but I tried to do them.

***\*THE CHART\****

**“THE POST”:**

Dr Mike highlights part of correspondence.

Could be

* Diagnosis to code into Socrates (google ICD10 code for it, search function is terrible)
* Medications to confirm/start
* Send results of scan/tests to patient
* Message patient to come in for tests etc
* Referral to write
* Etc. generally very clear what you need to do

GMS prescription. If GMS patient (not GMS visitor) gets a prescription from hospital/private consultant etc. for the pharmacy to get reimbursement for this they need a Rx from GP. These will come through the post

ADHD medications also fit into this, they have to be prescribed through GP for GMS patients. Always include paragraph such as :

*As per GMS contract. This medication was prescribed by Dr. X. Please direct any questions or concerns surrounding this drugs interactions, side effects or contraindications to the prescriber. Dr X, MRN X, Consultant Psychiatrist*

* Once done with this post, put it in scanning pile.

**E-POST / “ORANGE” POST:**

Noelle will task this correspondence to you. You open it and do any tasks that need to be done – same as physical post – code diagnoses etc etc. You then TASK this to Mike so he can see it. I like to write a short synopsis under the task if it’s a simple one to save him from having to open it.

Will get a fair bit of duplication of letters and e-post.

**NEW PATIENTS RECORDS:**

These get tasked to intern when their records come through. Start note – labelled Chart Review or Background etc. Go through past records, list out main diagnoses, medications, allergies, whatever is there.

Code any diagnoses. Add any medications to chart. Add allergies/alerts.

Take note if any GMS patients – will they fit OCF/PP/CDM schemes.

**SENDING REFERRALS:**

Intern Handover

I found this confusing to be honest and had to ask/doublecheck a lot of the time!

**Most referrals are through Healthlink**(Basically all CUH, including **ED NB**. SIVUH, Bons Etc)

Make sure to put Dr Mike Thompson as referring Doctor – it won’t accept it otherwise.

* GP access to diagnostics
	+ Access to free imaging for all patients, not just private.
	+ CXR in mater is most common – NB this is walk-in during office hours, once you send it they can go up straight away. DEXA etc. are obviously all different and patient will be contacted for these.
	+ Put “CHO4” in Name box
	+ Put “GP access to diagnostics” in Surname box.
* Affidea is separate again
	+ Straightforward
	+ Just make sure they’re covered under them.
	+ Aside – if it’s under GP access scheme, have to refer under here also but again put in CHO4, GP access scheme.
* Private rooms
	+ Usually a written and posted letter.
* To write letter : Open Referrals > Add Letter > Try and find contact or add new > Write Letter
	+ Print +/- stamp
	+ \*Save this letter\*

Just save it, don’t need to change location or anything

Then this letter can be viewed from the Socrates page on all computers on the network.

Intern Handover

**CDM:**

Mostly relevant to Intern rotation 2 and 4. Liase with Nurse Aimee.