

TERM DESCRIPTION

DOCUMENT VERSION: September 2017															
FACILITY: South East Regional Hospital															
TERM NAME: Emergency Department															
TERM SUPERVISOR: Dr. Sam Tormey FACRRM															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>		Dr Sam Tormey FACRRM Dr Chris Cole FACEM													
ACCREDITED TERM FOR :		<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td>2</td><td>Core ED</td><td>26 weeks at 0.5 FTE</td></tr><tr><td>PGY2+</td><td>0</td><td></td><td></td></tr></table>			Number	Core/Elective	Duration	PGY1	2	Core ED	26 weeks at 0.5 FTE	PGY2+	0		
	Number	Core/Elective	Duration												
PGY1	2	Core ED	26 weeks at 0.5 FTE												
PGY2+	0														
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		<p>The Emergency Department (ED) at The South East Regional Hospital serves the Bega Valley and surrounds, with an estimated population catchment of 45,000 people. Annual presentations to the ED average 16,000-17,000 . The ED has 2 resuscitation beds, 6 acute beds, 2 psychiatric beds and a 4 bed short-stay unit.</p> <p>The department has 3 key roles:</p> <ul style="list-style-type: none">• To facilitate the timely assessment, treatment, and referral of patients with acute undifferentiated medical, surgical, paediatric and psychiatric presentations;• To provide training in Emergency Medicine for undergraduates and postgraduates; and• To stabilise and transfer higher acuity patients to tertiary hospitals in Canberra or Sydney <p>SERH is a major regional orthopaedics centre. Other services include general medicine and surgery, intensive care, psychiatry, obstetrics/gynaecology and paediatrics. There is no neonatal or paediatric ICU, neurosurgery or interventional cardiology. Some subspecialties are offered on a visiting basis (eg urology, ophthalmology).</p>													
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>		Basic clinical training and compliance with NSW Health immunisation, working with children, occupational health and safety and medical registration and professional insurance policies.													

<p>ORIENTATION:</p> <p><i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i></p>	<p>Orientation to the full term includes a formal orientation to the intern training program conducted at Canberra Hospital and Health Services. In addition, there is an orientation to the Bega Hospital that is undertaken by all interns rotating to Bega.</p> <p>The intern will be thoroughly oriented to the ED by the term supervisor or a senior colleague prior to undertaking any clinical work.</p> <p>On the first day of term the intern will shadow a senior ED doctor and orientation will take place during the course of the day.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ul style="list-style-type: none"> • Punctuality in starting the shift, continued attendance throughout the shift, and consultation with shift supervisor before taking breaks; • Consult senior emergency staff on all patients; • PGY-1 staff are not to discharge a patient without discussion with a supervising medical officer from the ED (inpatient registrars are not a substitute); • Courtesy to patients and colleagues; • Be guided by senior ED nursing staff; • Assess patients in order of triage priority; • Record patient data into the electronic medical record; • Ensure adequate handover of patient at change of shift or ward transfer; • Communicate with GP and/or community services upon discharge and appropriate completion of medical record and discharge summary; and • Ensure adequate handover of patient if out on a break and at shift conclusion. <p>Patients:</p> <ul style="list-style-type: none"> • Assess each emergency patient in a timely and professional manner and discuss the management with a supervisor • Be able to manage more than a single patient at a time. <p>Presentations:</p> <ul style="list-style-type: none"> • Concise case presentations are expected at the handover rounds; • Participate in ED education and present at least one case at SERH Grand Rounds <p>Satisfactory term completion</p> <p>There is a minimum requirement for 32 clinical shifts worked in the department for PGY-1 staff to be signed off as meeting AHPRA requirements. Interns will do a minimum of 48 shifts during the rotation.</p>
<p>SUPERVISION:</p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS:</p> <p>Supervisors are available at all times during hours.</p> <p>AFTER HOURS:</p> <p>After Hours and in emergencies there are additional supervisory resources available from ICU , anaesthetics and ED doctors.</p>
<p>STANDARD TERM OBJECTIVES:</p> <p><i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of</i></p>	<p>CLINICAL MANAGEMENT:</p> <p>By the completion of this term the JMO may expect to acquire the following knowledge:</p> <p>Clinical:</p> <p>Confidence in the assessment and initial management of common medical, surgical and paediatric presentations, by being able to:</p> <ul style="list-style-type: none"> • Understand the abnormal physiology and manifestations of critical illness; • Recognise and assess acutely ill or deteriorating patients; • Understand that resuscitation and symptom control measures may be instituted before complete assessment;

<p><i>Term assessments.</i></p>	<ul style="list-style-type: none"> • Understand the triage process; • Formulate an appropriate differential diagnosis and initial investigations list; • Communicate effectively with patients and their families as well as medical and nursing staff; • Develop their capacity to move from 'presenting a history' to adjusting their verbal presentation of the clinical scenario according to the patients progress through the clinical episode and the purpose of their communication; • Effectively manage time with regard to a patient's clinical priority; and • Be able to manage common medical and surgical emergencies under supervision. <p>Procedural: Confident and proficient in performing ABG, IV cannulation, plaster cast, urinary catheterisation and basic life support. Basic skills in bedside ultrasound use (eg. For peripheral IV access and limited eFAST exam) will be expected by the end of the term.</p> <p>Please refer to the ACF attached for a description of patient presentations and specific skills that the JMO can potentially be exposed to during the Emergency term.</p> <p>Educational:</p> <ul style="list-style-type: none"> • Learn about management of common medical, surgical and paediatric presentations and emergencies; and • Take opportunities to learn about emergency procedures such as NIV, intubation, chest drains, advanced IV and arterial access techniques. <p>Interpretative: Be able to interpret and act upon common abnormalities in FBC, ABG, serum electrolytes, ECG, emergency x-ray, ultrasound and CT.</p>
	<p>COMMUNICATION: Quality communication skills are expected as standard. This relates to: patient interaction, patient information note taking, liaising with patient family members, working as member of a team, communicating with senior consultants, communicating with other health care professionals regarding longer term patient management. Every discharged patient will have a discharge letter sent to their nominated GP. All pathology and radiology results must be copied to that GP. It is strongly encouraged to ring the patient's GP if the patient has an unexpected emergency or has been personally referred by a GP or their colleague to ED, particularly if the patient is to be discharged.</p>
	<p>PROFESSIONALISM: Professionalism is expected throughout your employment. This relates to: Effective communication and participation in a multidisciplinary clinical team, develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>

INSERT TIMETABLE (the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

Weekly roster – Combined GP and ED term for intern 1 and 2

Mon	Tues	Wed	Thurs	Fri
BVMP- 8.30-9 am Practice teaching session 9-12.30 am session 1-1.30 lunch 1.30-5.00 Pm session				
Intern 1	Intern 2	See Wed below	Intern 1	Intern 2
Emergency 8.00-4.30				
Intern 2	Intern 1	See Wed below	Intern 2	Intern 1

Wednesday Program.

(Intern 1 and 2)

7.30-8	Grand Rounds	SERH
8.30-9.00	BVMP meeting	BVMP
9-12.00	Research and audit project – Discharge planning	Dr Duncan McKinnon
12-12.30	Lunch	
12.30-2.30	JMO teaching program	SERH- DPET
2.30-4.00	ED teaching	Dr Sam Tormey

JMO teaching program – all 4 interns – program will be delivered over entire year as part of SERH teaching program.

The departmental requirement for the JMOs to present every clinical encounter to either a registrar or consultant immediately provides a much closer working relationship and far greater opportunities for bedside teaching than exists in other units.

Wednesday teaching 2.30-4 pm will be a mixture of theoretical, practical and scenario sessions. Some key core topics will be delivered to cover the curricula delivered in the Emergency Department Canberra Hospital.

PATIENT LOAD:	Expected load 2 acute + 4 subacute patients per shift
----------------------	---

OVERTIME

There is no overtime during the rotation except for contribution to the SERH weekend roster. Weekend roster 1 in 4 weekends rostered overtime 0900-1500.

Average hours per week **ROSTERED:** 40 plus 4 rostered overtime **UNROSTERED:** 0

EDUCATION:

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit

See Wednesday timetable for teaching.

Topics include:

- Emergency Eye presentations & use of the slit lamp
- Wound washout/debridement
- Fracture care & plastering techniques
- Recognition of the sick child
- Analgesia in adults and children

timetable.	<ul style="list-style-type: none"> - ECG interpretation - Diabetic ketoacidosis - DVT & PE - Acute Coronary Syndromes and differential diagnoses - Headache - Toxicology – approach to the poisoned patient - ENT emergencies - First trimester bleeding <p>Bedside teaching during clinical shifts</p> <p>Procedural instruction from senior medical staff at time of the procedure</p>
RESEARCH: <i>The term supervisor should identify opportunities for juniors to undertake further research.</i>	<p>Opportunities for research and audit will be discussed with the junior doctor and can take place on Wednesday am.</p>
ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i>	<p>Term Supervisors will provide formal assessment and feedback, documented using the standard approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff, allied health and ancillary staff.</p>

Term supervisor Signature

Date

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



Principal General Practitioner	Dr Duncan MacKinnon
Location of the General Practice Term (if multiple branches provide information on all branches)	
Practice:	Bega Valley Medical Practice
Address:	61 Carp St BEGA NSW 2550
Postal Address:	P O Box 688 BEGA NSW 2550
Phone:	02 64923333
Website:	
Term name	
Primary supervisor:	Dr Duncan MacKinnon
Email	dmack@bigpond.net.au
Signature and Date	
Type of Term (Core/Other)	Other
Term duration (weeks)	26 weeks – 0.5 FTE
Other Supervisors: Including names of other general practitioners, registrars, nursing staff, practice manager etc. who will have a role in supervision	Dr Erika Jaensch, Dr Giles Ellingworth, Dr Konrad Reardon, Dr Grace Daley, Dr Bianca Preo, Dr Corrin Miller, Dr Megan Kendall, RN Susan MacKinnon, RN Cassy Hooper, RN Meghan Campbell, Practice Manager Jodie Meaker.
Number of PGY 1	2 at 0.5 FTE
Term Capacity	1 FTE Maximum Total 2x0.5 FTE

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



A: Overview of practice

Please provide details of the practice (local area, demographic profile, staff type and number, equipment)

Situated in Bega, the practice is the youngest in the area (19 years) and the most pro-active. Bega is two and a half hours from the nearest tertiary referral hospital (The Canberra Hospital) and serves a population of around 34,000. Bega itself is a small rural town of approximately 5,000 but acts as the service centre for the Bega Valley Shire. As a result of its relative isolation and the presence of a private day surgery facility, the area has attracted a critical mass of residential and visiting specialists. This fact makes procedural general practice possible and very rewarding.

Although growing the practice population is skewed to an older group of clients as people retire to the area, the practice itself has been extensively refurbished and extended and is regarded as "state of the art". The practice strives to be early adopters of best practice and has made many initiatives that are regarded as innovative and cutting edge amongst its peers.

Each practitioner has a full set of diagnostic tools including Welch Alllyn macroview, Dermlight and automated sphyg. The practice has a subscription to 'Up to date' and Etg and prides itself on utilising electronic resources in a seamless manner.

The surgery is spacious with a welcoming environment. The clinical team is enthusiastic and highly motivated to provide multidisciplinary support for those with chronic disease. It is an environment where mutual education and the ability to network significantly impacts on job satisfaction.

B: Nature of the practice (range of services and procedures offered, locations where services are provided, case mix)

Bega Valley Medical Practice has a well-established multidisciplinary team that strives to support patients with chronic diseases. The registered nurses have a large degree of supervised independence and are core to the extended model of care offered patients. The podiatrist and team of 5 psychologists complete the in house services offered to these groups.

The practice has two treatment rooms which are utilised for minor procedures including skin biopsy, contraceptive implants, pap smears, wound repairs, ECGs, spirometry and skin imaging for melanoma.

The practice is pioneering a nurse led clinic for teenagers- "Teen clinic".

Five GPs are VMOs at South East Regional Hospital and provide obstetric, anaesthetic and A&E services when required. A small amount of RMO "weekend ward work" will also be offered. This work is shared with the other JMO's. Bega has eleven resident specialists - 4 surgeons, 2-3 orthopods, 2 anaesthetists, 2 physicians, obstetrician and visiting specialists - ENT, radiologist, urologist, ophthalmologists, paediatricians, vascular surgeon, dermatologist, endocrinologist, phsyician (ECHO & TOE), oncologists, neurologist and rheumatologist.

BVMP has been a teaching practice for over 19 years. The practice has medical students and registrars and previously took junior doctors under the PGPPP program for 5 years. It has a clear track record as high quality teaching practice.

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



Teaching objectives

(Outline the teaching objectives in the following 5 learning areas (per the Australian Curriculum framework).

Clinical management: Outline the objectives, the expected level of attainment and align with ACF

To initiate appropriate therapy and management in a general practice context
To implement an appropriate investigation strategy
To understand the complexity of undifferentiated presentations in general practice, and form a diagnostic and appropriate management plan
To recognise psychological presentations and form an appropriate management plan
Demonstrate a capacity to manage common clinical presentations including hypertension, asthma, diabetes, dyslipidemia, depression and musculoskeletal medicine
To maintain a multidisciplinary approach to patient care

Professionalism: Outline the objectives, the expected level of attainment and align with ACF

To maintain professionalism and practice ethically when dealing with all patients
To practice within the framework of evidence based medicine and current practice guidelines
To maintain standards of practice consistent with the level of experience.

Communication: Outline the objectives, the expected level of attainment and align with ACF

Develop communication skills with patients, their families, colleagues and staff members.
To be able to consistently establish rapport and be empathic with patients
To elicit the patient's issues, problems, feelings and expectations
To understand the principals in obtaining informed consent.
To complete appropriate certificates and reports relating to a patient's illness
To appropriately record findings in the medical record system used by the surgery
To write an appropriate referral letter to another health professional
To confirm a patient's understanding and agreement with the management plan
To appropriately discuss past and current management of a patient with another GP or another health professional

Clinical problems and conditions: Outline the objectives, the expected level of attainment and align with ACF

To initiate a medical interview and effectively take a history of the presenting complaint
Perform a competent physical examination relevant to the presenting problem
To identify the presence and severity of the problem and anticipate the development of common and serious complications
To recognize the sick patient and manage or refer appropriately
To identify the sick child and manage or refer appropriately
To gain an ability to deal with the uncertainty of some general practice presentations
Demonstrate a capacity to diagnose, examine and manage common clinical presentations including hypertension, asthma, diabetes, dyslipidemia, depression and musculoskeletal medicine

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



Skills and procedures: Outline the objectives, the expected level of attainment and align with ACF

BP measurement, Temperature reading, Blood sugar estimation (finger prick reading), Urine dipstick testing, Throat swab, Ear examination with an otoscope, Ear syringing, Visual acuity assessment with Snellen eye chart, Spirometry, Use of asthma inhalers, Immunizations and vaccinations, Wound dressing and management, Urine pregnancy testing, Eyelid eversion for foreign body examination
Eye drop administration, Eye irrigation, Pap smears / vaginal swabs / speculum examination, Urethral swab, Cryotherapy,
Simple wound suturing, Suture removal, Simple skin lesion excision, Application of a back slab
Obstetric examination: fundal height measurement / fetal heart sound detection

Requirements for commencing the term

Administrative: Outline administrative requirements before term commencement

Administrative Requirements for the PGY1 to start the term
Conditional registration and hospital indemnity

Knowledge and skills required to practice safely: Outline knowledge and skills required by trainee and align with ACF

General computer skills and comfort with using a computer are required. The use of software specific to the practice will be introduced by the practice manager as part of the orientation program to the practice.
Basic Clinical training at intern level.
Each patient is reviewed by the clinical supervisor at the end of each consultation process.

Assessment

Describe how trainee will be assessed

The trainer will undertake continual assessment as they are reviewing and giving feedback following each patient encounter.
One45 formal evaluations will take place mid term and end of term. These will be done by the principle supervisor after discussion with all practice supervisors.

CRMEC FORM 06A

TERM DESCRIPTION GENERAL PRACTICE



Orientation

Orientation provided by linked hospital: Describe orientation to hospital and general practice term

Orientation to the full term includes a formal orientation to the intern training program conducted at Canberra Hospital and Health Services. In addition, there is an orientation to the Bega Hospital that is undertaken by all interns rotating to Bega.

Orientation to Bega Valley Medical Practice will take place on the first few days of the rotation.

Orientation provided by general practice: Outline the orientation to the term

A 2 day orientation at the practice will be undertaken by the practice manager, practice nurse and the supervisor.

Intern will initially sit in and observe supervisors for the first week and then gradually start to see their own patients under supervision by the end of the first week.

Trainee clinical responsibilities and supervision in working hours

In practical tasks and responsibilities (Please list tasks and responsibilities during work hours in the practice)

Tasks

- Use diagnostic and investigatory services with increasing discrimination
- Develop an understanding of ethical and legal issues as they apply to general practice
- Develop an understanding of the Medicare system and billing requirements
- Develop appropriate personal and professional attributes as they apply to general practice
- Communicate appropriately with other GPs and specialists
- Assess patients in a timely and professional manner
- Develop a patient centred focus in a GP context

Responsibilities

- Appropriate dress
- Punctuality in starting the session
- Learn to accept clinical responsibility within a supervisory framework
- Consult GP supervisor on ALL patients prior to organizing management and discharge from the

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



surgery

Courtesy to all patients, colleagues and staff

Record accurate patient information in the medical record system used by the surgery

Safe working practices

In practice supervision during work hours: Outline the trainee supervisor mechanism when working in the practice

The GP supervisor will be reviewing every patient seen by the JMO before a management plan is decided on and the patient leaves the surgery.

The GP supervisor will be present in the surgery for consultation by the JMO at all times.

Concise case presentations for the GP supervisor are expected for every patient seen at the surgery.

Supervision will be given by GP Supervisors within the Practice on a roster system. The GP supervisor will take responsibility for reviewing all patients seen by the intern and will sign off on all investigations, referrals, certificates, scripts and letters.

Out of practice additional tasks and responsibilities: Please list task and responsibilities when on home visits, faculty visits, community development during work hours

Interns will not undertake home visits or nursing home visits unless accompanying the supervisor as an observer. They will have supervision at all times in the practice.

Trainee clinical responsibilities and supervision after hours

After hours additional task and responsibilities

(Please list tasks and responsibilities when work after hours – at practice, on visits and in local hospital)

There will be no after hours responsibilities or tasks in General Practice .

Interns will participate in the after-hours roster at SERH.

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



Linked hospital tasks and responsibilities: Describe work responsibilities to accredited hospital during placement in the general practice term

Interns will be undertaking 0.5 FTE in the Emergency Department. See separate Term description.
Interns will be involved in weekend after hours roster at SERH.

Workload

Patient load (average)	1-2 patients per hour
Overtime (where, hours and frequency)	See hospital SERH roster – 2 weekend days per 6 weeks.

Timetable

Weekly roster – Combined GP and ED term for intern 1 and 2

Mon	Tues	Wed-	Thurs	Fri
BVMP- 8.30-9 am Practice teaching session 9-12.30 am session 1-1.30 lunch 1.30-5.00 Pm session				
Intern 1	Intern 2	See Wed below	Intern 1	Intern 2
Emergency 8.00-4.30				
Intern 2	Intern 1	See Wed below	Intern 2	Intern 1

Interns start at 8.30 except for Wednesdays

Wednesday Program. Intern 1 and 2 together.

7.30-8	Grand Rounds	SERH
8.30-9.00	BVMP meeting	BVMP
9-12.00	Research and audit project – Discharge planning	Dr Duncan McKinnon
12-12.30	Lunch	
12.30-2.30	JMO teaching program	SERH- DPET
2.30-4.00	ED teaching	Dr Sam Tormey

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



JMO teaching program – see attached program. Teaching program in ED and GP will be delivered according to a 6 month rotation.

Practice consulting days and hours

Supply hours practice opened, Trainer and GP supervisors' names and hours worked, trainee hours. *(Add more rosters for trainees/additional trainers/supervisors as required)*

	Practice: Bega Valley Medical Practice		Trainee: A or B
Days	Hours	Days	Hours
Mon	8-5pm	Mon	(A) 8-5pm
8-5pm	8-5pm	Tue	(B) 8-5pm
Wed	8-5pm	Wed	(A&B) 8-12pm
Thurs	8-5pm	Thurs	(A) 8-5pm
(B)	8-5pm	Fri	(B) 8-5pm
Sat	8-12 alternate Saturdays	Sat	NIL- no junior doctors working on Saturdays
Sun		Sun	

	Principle Trainer: Duncan MacKinnon		GP Supervisor: E Jaensch/ G Ellingworth/K Reardon/G Daley
Days	Hours	Days	Hours
Mon	SERH	Mon	8-5
Tues	8-5pm	Tue	8-5

CRMEC FORM 06A

TERM DESCRIPTION

GENERAL PRACTICE



Wed	8-5pm alternate wed.	Wed	8-5
Thurs	SERH	Thurs	8-5
Fri	8-5pm	Fri	8-5
Sat	Alternate Saturdays	Sat	Alternate Saturdays
Sun	-	Sun	-

Trainee Support

Welfare supports

The GP Supervisors provide ongoing support and mentoring during the term and are readily available when the JMO is in practice.

The DPET will be available as a secondary source of mentoring and support for the JMO.

The CHHS Pod educator will be an external support from Canberra Hospital and Health Services and will visit regularly to meet with the interns

The CHHS DPET is also available as a source of support should the JMO require additional assistance.

Interns will also have a local mentor Dr Andy Petrovsky who is outside the practice and also works as a VMO at SERH.

DPET contact details

Dr Konrad Reardon
SERH

Grievance resolution

See SERH grievance processes and CHHS policy.

DPET SERH and CHHS PMEO and DPET also available for support and resolving issues.

Additional information

Send other information as attachments and list attachments names here

General Practice Accreditation- certificate

Training Practice accreditation certificate

CRMEC FORM 06A

TERM DESCRIPTION GENERAL PRACTICE



Related documents

- Term description template
- Accreditation Policy

Version control

<i>Policy 22: Selection, appointment and Training of Accreditation Surveyors</i>				
Review date	Version	Updated by	Approved by	Changes made
August 2017	1.0	Admin	Manager	Conversion and Formatting