



Prevocational Training Term: Cardiothoracic Surgery

Date of term description version	April 2024
Date term last accredited	July 2021

Term Details

Facility	Canberra Health Services				
Term name*	Cardiothoracic Surgery				
Term specialty*	Surgery				
Term location	Canberra Hospital				
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	Peri-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)*	12-14 weeks				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	2	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations or conditions in this term	

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr Peter Bissaker
Clinical team supervision	Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Glenn McKay Dr Peter Bissaker
	Additional Clinical Supervisors (Positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	One senior registrar and three surgical registrars on day shift. One registrar on evening and night shift.



	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.	
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other
	Each PGY doctor will be allocated to a clinical team. The term supervisor will explain the team structure and describe how ward based care is distributed.		

Commencing the Term	
Requirements for commencing the term* 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.	Basic Clinical Training
Orientation 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. The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.	<p>The JMO should report to Dr. Bissaker on the first day of term for an orientation. Please contact on 6244 3096. Prior to starting the term, please also contact the preceding JMO for information and a handover on the term.</p> <p>The JMO should be familiar with the hospital policies on hand hygiene, pre-operative assessments, DVT prophylaxis regimens and pain management.</p> <p>At the end of term, please ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and handover any current inpatients.</p>

Overview of the Unit	
The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are	<p>Surgical Pod 1 This term forms part of Surgical Pod 1 which includes the following units:</p> <ul style="list-style-type: none"> • General Surgery; • Trauma Management; • Wound management; • Acute Surgical Unit; • Cardiothoracic Surgery; • Urology; and • Relief positions. <p>Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub-specialties when able as well as your own specialties' teaching programme. All JMOs are encouraged to attend any teaching sessions provided by the Medical Education Unit. Junior doctors will be released for mandatory teaching sessions weekly.</p> <p>Cardiothoracic Surgery term</p>



	<p>We provide both inpatient and outpatient services to people with:</p> <ul style="list-style-type: none"> • cardiovascular disease and arrhythmias • heart failure • conditions of the lungs that may need surgery, such as lung cancer. <p>We work closely with multidisciplinary teams to deliver holistic care. These include:</p> <ul style="list-style-type: none"> • cardiologists (a doctor who specialises in treating diseases of the cardiovascular system - mainly the heart and blood vessels) • cardiac rehabilitation teams and • medical oncologists <p>Who we care for</p> <p>We care for people of all ages who have been referred by their General Practitioner or specialist, Canberra Hospital Emergency Department or a Canberra Hospital ward after admission.</p> <p>Our email address is: CardiothoracicTCH@act.gov.au</p> <p>More information: Cardiothoracic Surgery</p>
<p>Clinical responsibilities and tasks of the prevocational doctor</p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>In addition to regular JMO duties, JMOs can expect to undertake the following:</p> <p>Clinical</p> <p>Inpatient management of a range of cardiac and thoracic surgical patients, including but not limited to:</p> <ul style="list-style-type: none"> • Management of post-operative cardiothoracic surgical patients • Peri-operative management of open heart surgery patients • Fluid management and nutritional management • Intercostal catheter and underwater sealed drain management • Pre-operative assessment and investigations • Wound management • Principals of informed consent • Patient and patient kin counselling skills development • Management of cardiac arrhythmias and hypertension and other common medical illnesses. <p>Procedural</p> <ul style="list-style-type: none"> • Familiarisation with a range of cardio and thoracic surgical operations. • Development of skills including insertion of Foley Catheter and intravenous cannulation • Additionally, depending on opportunities, experience in tube thoracostomy, central venous catheterisation and nasal gastric tube insertion
<p>Work routine</p> <p>Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p> <p><u>Consultant Specific Requests</u></p> <p>Every consultation to the Unit requires a specialist opinion.</p> <p><u>Ward Rounds and Ward Work</u></p> <ul style="list-style-type: none"> • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day – ward rounds start at 0700 hrs



	<ul style="list-style-type: none"> Any patient in whom there is clinical involvement and not under the Unit bed card or computer-generated patient list should be included in this daily review; Enter a written note on every inpatient every day. The note MUST be timed and dated. Prior to rounding the Nurse in Charge of that ward should be given the opportunity to attend the round. Should the Nurse in Charge elect not to round then they should be briefed on patient care plans at the completion of the round. <p><u>Surgery Rounds</u></p> <ul style="list-style-type: none"> Each Morning a round will commence in ICU or ward 6B (see unit roster). <p><u>Outpatient Sessions</u></p> <p>The JMOs responsibilities are mainly in the pre-admission clinic (PAC).</p> <p><u>Operating Theatre</u></p> <ul style="list-style-type: none"> Participation in operating sessions is optional for the JMO but during the course of this term the JMO should attend a representative sample of procedures and gain a firsthand understanding of these procedures JMOs who have a particular interest in surgical training or who are already Basic Surgical Trainees will be encouraged to participate in the surgical procedures, particularly with the harvesting of leg veins for Coronary Artery Bypass.
<p>Clinical handover procedure Provide overview of handover procedure and expectations in this training term</p>	<p>On weeknights, the evening to night handover occurs in the Auditorium. Handover on weekends and public holidays between Surgical Pod 1 JMOs tends to occur in the JMO Lounge. Handover may be supplemented by messaging through a hospital approved messaging service.</p>
<p>Safety</p>	<p>Occupational Violence While rare, occupational violence is a risk in all departments. JMOs should:</p> <ul style="list-style-type: none"> Always maintain a clear exit path from the bedspace when seeing patients. Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). <p>Pregnancy PGY1/2 who are pregnant or trying to conceive should be aware of the following:</p> <ul style="list-style-type: none"> Where possible, ensure immunisations are up to date prior to conception. Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. Rigorous adherence to the 5 moments of hand hygiene is essential to maintain patient and clinician safety. Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. Take care with patients who may have communicable infections associated with congenital infection (e.g. varicella-zoster, CMV, parvovirus) and discuss with your supervisor options for reducing risk of infection. Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) and maintain a safe distance from these patients for several hours after the scan. Please, consult with your term supervisor if unsure.



	<ul style="list-style-type: none"> Be alert around patients who are delirious, confused or known to have previously engaged in violence. <p>The Cardiothoracic Department supports Speaking Up For Safety of patients and staff.</p>
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as surgical patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment				
Term Learning Objectives List the term-specific learning objectives*	<ul style="list-style-type: none"> Become familiar with a range of cardio and thoracic surgical operations. Be able to undertake a pre-operative assessment and order appropriate investigations before surgery. Be able to assess and manage common issues in post-operative cardiothoracic surgical patients. Be able to prescribe fluid and nutrition management for cardiothoracic patients. Be able to assess pain for cardiothoracic patients. Be able to manage complications of intercostal catheter and underwater sealed drains. Be able to manage cardiac arrhythmias, hypertension, and other common medical illnesses in the peri-operative period. Develop clinical skills including insertion of Foley Catheter, intravenous cannulation and, depending on opportunities, tube thoracostomy, central venous catheterisation and nasal gastric tube insertion. 			
Detail education and research opportunities and resources <u>specific to this training term.</u> Formal education opportunities should also be included in the timetable.	<p>General Mandatory Education</p> <ul style="list-style-type: none"> All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. Mandatory RMO (PGY2) teaching is Thursdays from 1400-1600. <p>Grand Rounds: All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Cardiothoracic Unit.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> JMOs with particular interest in surgical training or who are already Basic Surgical Trainees are encouraged to participate in surgical procedures, particularly with the harvesting of leg veins for coronary artery bypass. JMOs have the opportunity to learn skills in wound management JMOs have the opportunity to attend surgical tutorials as available. 			
During this term prevocational doctors could complete the following EPAs* Highlight all that apply	EPA 1 Clinical Assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication – documentation, handover and referrals

Term/Unit Timetable and Indicative Duty Roster*

Please include the **start time** and **finish times** 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 **education opportunities** (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. Include the approximate times of activities. If there are extended shifts/evening shifts, attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700hrs ICU/6B Ward Round	0700hrs ICU/6B Ward Round	0700hrs ICU/6B Ward Round	0700hrs ICU/6B Ward Round	0700hrs ICU/6B Ward Round	As Surg Pod 1 JMO only (rostered overtime)	As Surg Pod 1 JMO only (rostered overtime)
Ward Work	0800hrs Ward Work/ Cardiac theatre list	0800hrs Ward Work/ Cardiac theatre list	0800hrs Ward Cardiac theatre list, Thoracic – Weeks 1,2 & 4	0800hrs Ward Work/ Cardiac theatre list		
1200-1300hrs Lung Meeting	Cardiac theatre list continues	Thoracic theatre list continues	Cardiac theatre list continues (Thoracic Week 3)	Cardiac theatre list continues		
1300-1400hrs Pathology Meeting	1400-1600 JMO Teaching session		1300-1400 RMO Teaching			
1600hrs Post op ward rounds – teaching rounds	1600hrs Post op ward rounds – teaching rounds	1600hrs Post op ward rounds – teaching rounds	1600hrs Post op ward rounds – teaching rounds	1600hrs Post op ward rounds – teaching rounds		



Patient Load Average Per Shift	12	
Overtime	Rostered overtime hours/week	2.5
	Unrostered overtime hours/week	0.5
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) Onsite supervision available after hours If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	Surgical Pod 1 <ul style="list-style-type: none"> In a pod you will have a direct term supervisor as well as an overriding pod supervisor to facilitate the coordination of the working unit. The weekday day roster is from 0700 – 1630 hrs unless otherwise advised. Within your pod, some JMOs will have one week of evening shifts from 1330 – 2200 hrs to facilitate handover with day staff and handover with night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information. For some JMOs a week of night shifts will be rostered during this term. On weekdays the night shift is from 2100 hrs – 0730 hrs next day. On weekends, the night shift is from 2030 – 0730 hrs. Following 7 night shifts, you will have 3 days off plus 1 rostered ADO plus another day off, followed by on call for the Sat/Sun. Arrangements can be made to allow for leave following night shift week provided adequate warning is given (usually prior to the start of term). All JMOs are required to work weekends as dictated by the roster. The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 (now called SP A&D) will be responsible for all admissions and discharges for both SP1 and SP2. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case). By allocating sets of evening, night and relief weeks, JMOs are part of a team providing 24-hour care for patients in the pod with whom they are familiar. JMOs will be more aware of the specialist and registrar plans as they are working in a small unit of specialties on a day-to-day basis. JMOs participate in more focused handover and utilise relevant electronic discharge/case mix information more efficiently and will be able to follow up relevant investigations and consultations more closely with a working knowledge of the plans for each patient from their respective day teams. As a working unit JMOs are expected to make additions to discharge summaries of patients within a pod as important events take place over a 24-hour period to provide better communication with general practitioners and other external carers. JMOs will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in bed side teaching conducted by other specialties within the pod. 	

Other Relevant Documentation
Intern job description RMO job description JMO Handbook