Prevocational Training Term Description: Emergency General Surgery (EGS) Unit

Date of term description version	November 2023
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Emergency General 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 (depending on term dates)		
Term accredited for	PGY1 and PGY2		PGY2 Only
Total number of prevocational training places	6	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitation or conditions nthis training 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. Edwin Beenen
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.	All general Surgeons participating in EGS roster

	They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.			
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars (unaccredited and accredited) are also available to provide supervision.		
	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	
	The JMOs are part of a larger team also consisting of (un)accredited registrars and fellow and is consultant-led as per the roster. The 5 JMOs will work as a team, distributing the work amongst them, and closely supervised and in collaboration with the rest of the team.			

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.	No additional specific training requirements.
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**	JMOs will be oriented to the term by the EGS fellow during the first week. Please email your term supervisor the week before starting to introduce yourself and organise this. JMOs will also be directed to the intranet folders for existing ASU and Trauma standard operating procedures (SOPs).

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	**Role of the Emergency General Surgery (EGS) Unit:** • Provide high quality emergency general surgical services to the ACT and surrounding geographic regions of NSW; • Ensure that services provided meet a high standard of care and are given with compassion, kindness and courtesy; • All health care providers in the department should be aware of the cost-effectiveness of all investigations and treatment; • Ensure that adequate ward and operating facilities are always available for elective and emergency surgery; • In close co-operation with Nursing Staff maintain optimal care and efficient utilisation of resources in the wards to maximise usage; • To provide training for Surgical Registrars along the guidelines laid out by the R.A.C.S; • To provide training to JMOs, rotating through the department to enable them to cope with the diagnosis and management of patients with surgical conditions; • To provide continuing medical education through ward teaching, seminars, lectures and discussions to nursing staff and nursing students; • To participate in other hospital activities through conferences and seminars to educate medical doctors and colleagues on surgical patients; • To participate through various non-medical groups such as the Breast Support Group and Colostomy Association; • To support patients in the community; and • Where possible, to promote health through the prevention of disease by changes in lifestyle. Research, both clinical and basic, in surgical diseases are pursued to better understand mechanisms of disease and improve health care.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	**Consultant Specific Requests** Every consultation request to the unit requires a specialist opinion. The consultant must be contacted and typically reviews the consult within 24 hours. All acute patients are to be reviewed on arrival in the unit and their management plan reviewed. It is the responsibility of the admitting registrar to develop and record this management plan in consultation with the admitting consultant. It is the responsibility of the JMO to ensure that the proposed management plan is enacted appropriately once the patient is on the EGS ward. This includes assessing fluid balance, results of investigations, and any investigations not yet completed. For patients that may be requiring emergency surgery, their co-morbidities need to be assessed by the appropriate specialist team. This will usually include an anaesthetic review. **Ward Rounds and Ward Work** • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day; • Enter a written note on every inpatient every day;

- Prior to rounding, the nurse in charge of EGS should be given the opportunity to come on the ward round. Should the nurse in charge elect not to round then at the completion of the round on that ward the nurse in charge should be briefed on patient care plans;
- Medical Students attached to the unit are considered integral members of the team and should participate as a Pre-Intern, including patient examination and medical chart entries. Every medical student entry or test request must be countersigned by a medically qualified team member;
- It is expected that on ward rounds with consultants that the resident will present a concise summary of the patients progress up to that point in time, including an assessment or problem list and management plan. The Registrar will contribute any additional management plans or dilemmas; and
- Consultation to other inpatient units can only be made after discussion with the EGS team Registrar who will inform the consultant of the problems for which additional opinions are being sought.

Rounds/Surgery
Please refer to timetable.

Outpatient Sessions

- Both registrar and a resident are expected to attend the general outpatient sessions. In the clinic all new patients must be seen by a consultant.
- No patient can be added to the unit waiting list without a co-signing of the request for admission form by a consultant.
- Medical students are encouraged to see new patients as long cases prior to the consultant.
- The resident's responsibilities in the outpatient clinic are principally to follow up reviews, investigations and discuss these with their supervising registrar or consultant. Returning patients to their regular family practitioner is encouraged.
- Each change in management, progress or prognosis demands a dictated note to the patient's family physician.

Operating Room

- Participation in all operating room sessions is mandatory for the unit Registrar. It is strongly encouraged for the JMOs to attend theatre when ward work permits.
- At the completion of each and every operation the following things must be checked and completed:
  - An operation report (a dictated report is the responsibility of the principal surgeon);
  - Detailed post operative orders;
  - Pathology request forms completed with an appropriate history and for those patients being discharged that day prepare a unit contact card; and
  - Follow up appointment and medical certificates.

Case Presentations

	• Opportunities to present interesting cases arise at the Friday surgical JMO teaching session; • This session is also open to medical students who are attached to the unit. • Residents attached to the Unit are encouraged to consider participation in clinical research projects while attached to the Unit. **Hours of Work** • Generally, it is expected that most work will be completed within the scheduled hours rostered. Any uncompleted tasks should be handed over to the covering Surgical Pod 1 or dedicated EGS resident; • Should all duties be completed then pursuit of other activities, such as library reading and research activities, is encouraged; • If at any time the JMO is not able to respond expeditiously to a page then covering arrangements need to be in place; • Should the JMO or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place and permission from their direct supervisor obtained; and • Please note the Unit Timetable below.
Work Routine Provide an overview of the work routine	The daily work activities are typically: • Handover at 0700 • Ward rounds • Ward jobs including discharging patients and completion of discharge paperwork (whether surgical 'front sheet' or complete discharge summary). Work routine is set out in more detail above and in the JMO Handbook. Please see the unit timetable below for teaching and other activities.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	**Handover** Attend 0700 General Surgery Department morning handover in the Seminar Room 1, Building 24. Shift handovers at 1600 and 2100. Prior to leaving the unit it is incumbent on the JMO to contact the incoming JMO and orientate him/her to current inpatients who will be the responsibility of the new JMO.
Safety	See the JMO Handbook for information of OH&S, occupational violence and safety in pregnancy.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as 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*	**Clinical:** The JMO, by the end of term, should have developed an understanding of the recognition and management of:

	• Acute surgical presentations (e.g. aortic dissection, perforated viscous, ischaemic bowel, ruptured abdominal aortic aneurysm, ectopic pregnancy and ovarian torsion);
	• Peri-operative management of gastrointestinal, soft tissue, thoracic and chest trauma surgery patients;
	• Postoperative respiratory and cardiovascular conditions including:
	  ○ Atelectasis
	  ○ Pneumonia
	  ○ Common arrhythmias;
	• Wound management and assessment:
	  ○ Cellulitis
	  ○ Infection
	  ○ Wound Dehiscence;
	• Tracheostomy care; and
	• Advantages and disadvantages of various types of:
	  ○ Dressings
	  ○ Wound Antiseptics
	  ○ Common use of antibiotics.
	
	Procedural – During the term develop an understanding of:
	• Procedures relating to general surgery including time out, managing the aseptic field and assisting in theatre;
	• Wound debridement and closure techniques;
	• Excision of skin lesions; and
	• Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, and abdominal paracentesis.
	
	Education
	Participate in:
	• Wound Management Skills Workshop;
	• Familiarisation with and participation in Audit process; and
	• Early Management of Severe Trauma course (EMST).
	
	Interpretative
	Develop an approach to interpreting:
	• Fluid and electrolyte disturbance;
	• Renal function and liver function tests; and
	• Medical Imaging including:
	  ○ Chest X-ray
	  ○ Plain abdominal film
	  ○ CT Scans

Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.	**General Mandatory Education** • 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 1300-1400. This time is protected for PGY2 JMOs.

<table>
<tr><td>Formal education opportunities should also be included in the unit timetable</td><td colspan="4">

Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the ‘Monday Shorts’ teaching program.
Venue and topics are confirmed by email earlier in the day.
Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching.

Grand Rounds:
All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Unit.

Term-Specific Training

Surgical M&M every Wednesday 1730 – 1830;
Breast M&M alternate Mondays 1730 – 1830;
Current issues in EGS (by EGS Director) Wednesday 1400-1500;
Registrar teaching (RMOs invited) 1630-1730 hrs every Wednesday; and
Trauma Grand Rounds 4th day of each month between 1300-1430 hrs.

Educational Resources
A comprehensive range of reference material is held in the hospital library and is available on the intranet.

AMO Teaching
Director of ECG plus all specialist surgeons on a rotational basis: C Mosse, U Najeed, I Davis, P Jeans, J Fergusson, J Lim, S Gananadha, X Liang, D Rangiah, and A Fitzgerald.</td></tr>
<tr><td>During this term prevocational doctors should expect opportunity to complete the following EPAs* (Highlight all that apply)</td><td>EPA 1
Clinical Assessment</td><td>EPA 2
Recognition and care of the acutely unwell patient</td><td>EPA 3
Prescribing</td><td>EPA 4
Team communication – documentation, handover and referrals</td></tr>
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Term/Unit Timetable and Indicative Duty Roster*

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor is 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. 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.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700 Handover 0730, 1800 Consultant/registrar ward round There is an EGS allocated operating theatre on Monday to Friday from 0800-1700 1300 – Monday Shorts JMO Education 1500 Handover	0700 Handover 0730, 1800 Consultant/ registrar ward round 14.30-16.00 Mandatory JMO teaching	0700 Handover 0730, 1800 Consultant/registrar ward round 1500 Handover 16.30-17.30 Registrar teaching, JMOs invited	0700 Handover 0730, 1800 Consultant /registrar ward round 13.00-14.00 Mandatory RMO teaching 1500 Handover	0700 Handover 0730, 1800 Consultant /registrar ward round 1500 Handover	As per Surg Pod 1 roster	As per Surg Pod 1 roster

Patient Load Average Per Shift	25	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: • 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.	PGY1/2 will be expected to work on the after-hours roster. This term forms part of Surgical Pod 1. Surgical Pod 1 encompasses: • General Surgery 1/A; • General Surgery 2/B; • General Surgery 3/C; • Emergency General Surgery; • Cardiothoracic Surgery; • Urology; and • Relief positions. Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit. Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Surg Pod 1. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it. A week of night shifts may also occur during your term. The standard process is 7 nights rostered, followed by 7 days off – however the JMO is on call for days 6 and 7, unless taking annual leave after the days. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term). JMOs will also be expected to do approximately three to five Surg Pod 1 weekend/public holiday shifts throughout the term. • Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 A&D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover all SP2 units (SP1 will continue to cover SP1 units) and SP 2.2 will be responsible for all admissions and discharges for both SP1 and SP2, meaning SP1 and SP2 will not be responsible for admissions and discharges on Saturdays. • On Sundays, the SP1 and SP2 will cover their respective units (including covering admissions and discharges without an extra, as is currently the case).	

	By working after hours shifts, you will be part of a team providing 24-hour care for patients within your Pod. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day-to-day basis. You will participate in a more focused handover and utilise relevant discharge/case mix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams. 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 specialty's teaching programme. All interns are expected to attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon. After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians. You may wish to also review the Surg Pod 1 term description.

List Other Relevant Documentation
Intern job description RMO job description JMO Handbook