

Prevocational Training Term Description: OHNS/Maxfac/Dental

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

Term Details

Facility	Canberra Health Services				
Term name*	OHNS/Maxillary/dental Facial Surgery				
Term specialty*	General surgery				
Term location	The 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)		The JMO must be informed of the specific term supervisor prior to commencing in the 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 Tuan Pham (ENT) / Dr Lachlan Lipsett (ENT) Dr Dylan Hyam (MFD)/ Dr Alexander Bobinskas (DFD)
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 ENT: 3 registrars (2 accredited, 1 unaccredited) — rotate annually MaxFacs: 3 registrars After hours

	<p>education, conduct EPAs and contribute to assessment.</p>	<ul style="list-style-type: none"> • 1 ENT registrar on-call (contactable via switch) • 1 MaxFacs registrar on-call (contactable via switch) • The M1 (medical registrar on-site) may be consulted with any medical questions 		
	<p>Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.</p>	<p>ENT – Doctors are contactable via the hospital switchboard Dr Tuan Pham Dr Tim Makeham Dr Fardin Eghtedari</p> <p>Dr Lachlan Lipsett</p> <p>Dr Conor O'Meara</p> <p>Maxfac – Doctors are contactable via the hospital switchboard Dr Alexander Bobinskas Dr Dylan Hyam Dr Narada Hapangama Dr Robert Witherspoon Dr Ken Sun Dr Sam Kim</p>		
	<p>EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.</p>	<p>All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.</p>		
<p>Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.</p>	<p>Ward Based</p>	<p>Team Based</p>	<p>Other</p>	<ul style="list-style-type: none"> • There are 2 JMOs allocated to the ENT/MaxFacs term; one JMO will be assigned to the ENT team and the other to the MaxFacs team. These teams operate essentially independently of each other. The two JMOs can decide between themselves which team they would want to work with for the term. • While the JMOs are allocated to separate and independent teams, it is expected that they will assist each other as required to ensure the daily activities are completed in a timely manner with patient care optimised. • Every day, a different consultant is on-call and accepting patients. • The registrars also take turns being on-call to accept consults and new admissions each day.

- The JMO will participate in ward rounds and clinical reviews where needed. Most questions are raised directly with the registrars.

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.

Previous practice in nasogastric tube insertion would be helpful, but not essential.

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**

At the commencement of the term, the JMOs should report to the senior ENT and Maxfac's registrars for an initial orientation. A formal orientation will be provided by the allocated term supervisor.

The registrars will meet at the ENT/MaxFacs Outpatient Clinic rooms at either 0700 or 0800 on the first day of term.

Ward orientation

Ward 5B is where most ENT/MaxFacs in-patients are admitted; if there are no beds, patients may go to other wards as outliers. It is a good idea to introduce yourself to the Team Leader (changes daily) & 5B CNC (Leanne Kelly).

There is no doctor's room on Ward 5B; however, there are computers at the very back of the ward and a couple near bed 1 and at the nursing station. The ward is shared with Plastic Surgery and Orthopaedics. There is a staff tearoom between Wards 5B and 5A.

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

The ENT unit provides:

- Regular ENT activities relating to rhinology, otology and laryngology;
- Outpatient clinics, inpatient care, surgical services, and consultation services for the hospital;
- Care for paediatric and adult patients; and
- Comprehensive head and neck tumour management in conjunction with the radiotherapy and medical oncology units.

The MaxFacs unit provides:

- Emergency and routine care for diseases of the face, jaws, mouth, and teeth

	<ul style="list-style-type: none"> • Inpatient and outpatient clinics for a wide spectrum of oral disease. <p>This term forms part of Surgical Pod 2 which includes the following units:</p> <ul style="list-style-type: none"> • ENT/Maxfac • Neurosurgery • Plastic Surgery • Ophthalmology • Vascular Surgery • Relief positions. <p>General information about Surgical Pod 2 See below.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>ENT is a busier unit with higher patient turnover than Max Facs/Dental. The two JMOs are therefore expected to assist each other to achieve the objectives of both departments. There is a pager for each unit. One way of managing competing ward round times and duties is the following:</p> <p>The starting time varies depending on the expected activities of the day: if a theatre list runs (which usually begins at 0800), then ward rounds commence at 0700. If there is a morning clinic (which usually begins at 0900), then ward rounds commence at 0800. This timetable rotates in 4-week sets and can be found displayed in the clinic. It is worth asking the registrars daily about the next day's start time as there may be changes to the timetable.</p> <p>JMOs are expected to do the following:</p> <ul style="list-style-type: none"> • Daily ward rounds; • Clerking of patients; • Ensure participation of any medical student attached to the unit; • Attend outpatient clinics; • Liaise with other medical units; • Clinical handover during day and with after-hours JMOs as appropriate; and • Attend surgical sessions which are daily, though at varying times.
<p>Work Routine Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the JMO Handbook.</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>Day shift</p> <ul style="list-style-type: none"> • Meet at the ENT/MaxFacs Clinic Room at the predetermined time and receive a quick handover from the registrar on-call for the previous night. <p>Evening shift</p> <ul style="list-style-type: none"> • Hand over to the Surg Pod 2 evening JMO ideally face to face. <p>Night shift</p> <ul style="list-style-type: none"> • Evening Surg Pod 2 will handover to the Night Surg Pod 2 at 2100 in the Main Auditorium (weekdays) or 2030 in the JMO Lounge (weekends and public holidays). <p>In the final week of your term please contact the next group of JMOs to assist them with a smooth transition into the term.</p>

Safety	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>In particular, JMOs (including pregnant JMOs) should not routinely be handling cytotoxic or other chemotherapeutic drugs. In the event of a cytotoxic spill, or if undertaking clinical examination or procedures which may involve exposure to bodily fluids, standard cytotoxic precautions must be strictly adhered to (including the use of PPE).</p> <p>JMOs who are pregnant should at a minimum adhere to the standard cytotoxic precautions or may also choose to minimise or avoid exposure to cytotoxic body fluids altogether. JMOs who are pregnant are especially encouraged to discuss these issues with their supervisor ahead of time.</p> <p>The Cardiothoracic Department supports Speaking Up For Safety of patients and staff.</p>
Opportunities for Indigenous Health	<p>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.</p>

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<p>CLINICAL MANAGEMENT</p> <p>The JMOs should strive, by the end of the term, to become proficient in:</p> <ul style="list-style-type: none"> • Basic ENT and/or MaxFacs disease clinical history and appropriate physical examination; • Basic OHNS clinical history and appropriate physical examination; • Basic ENT skills such as use of ENT examination equipment and nasal packing for epistaxis <p>The JMO should develop a good understanding of:</p> <ul style="list-style-type: none"> • How to manage common ENT disorders and emergencies; • How to assess and triage patients with facial injuries and infections, and care for them on the ward; • The use and initiation of ENT/MaxFacs investigations; • How to commence ENT/MaxFacs management plans; and • General surgical skills include suturing, venous cannulation, bladder catheterisation and surgical assistance.
Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the	<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 1300-1400. This time is protected for PGY2 JMOs.

<p>term. Formal education opportunities should also be included in the unit timetable</p>	<ul style="list-style-type: none"> • 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. • JMOs who are post nights or on evenings are not required to attend protected teaching. <p>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.</p> <p>Term-Specific Training There will be ongoing opportunistic bedside teaching during ward rounds with registrars and consultants.</p> <p>Educational resources A comprehensive range of reference material is held in the hospital library. Focus on Library books, peer reviewed journals and internet; and Protocols and guidelines are available on the Intranet.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p>EPA 1 Clinical Assessment</p>	<p>EPA 2 Recognition and care of the acutely unwell patient</p>	<p>EPA 3 Prescribing</p>	<p>EPA 4 Team communication – documentation, handover and referrals</p>

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 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. 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
0700-0800 Ward Round 1300 – Monday Shorts JMO Teaching PM Operating Theatre	0700-0800 Ward Round 0800-1700 Operating Theatre 1430-1600 JMO Teaching session	0700-0800 Ward Round 0800-1700 Operating Theatre 0900 1x JMO late start 1200-1300 Grand Rounds 1300-1800 Clinic for late start JMO	0700-0800 Ward Round 0800-1700 Operating Theatre 1300-1400 RMO teaching 1500-1700 Head & Neck Clinic 1700-1800 (optional) Head & Neck Oncology MDT	0700-0800 Ward Round 0800-1700 Operating Theatre PM Operating Theatre	As Surg Pod 2 rostered overtime only	As Surg Pod 2 rostered overtime only

Note: For this term the timetable varies weekly and on a monthly rotational basis – please discuss with the team to know what is occurring each week – please see example below

ENT TIMETABLE

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	am	Eghtedari clinic (9:00 - 12:00)	Pham OT (8:00 - 12:30)	Pham OT (8:00 - 12:30)	Lipsett clinic (08:00 - 12:00)	Procedure clinic (9:00 - 12:00)
	pm		Eghtedari OT (13:00 - 18:00)		Reg clinic (13:30 - 17:00)	Eghtedari clinic (9:00 - 12:00)
			Snotty		H & N MDT (1700 - 18)	Teaching (7:00 - 8:00)
Week 2	am	Lee OT (8:00 - 17:00)	Makeham OT (8:00 - 12:30)	Pham OT (8:00 - 12:30)	Lipsett clinic (08:00 - 12:00)	Procedure clinic (9:00 - 12:00)
	pm	Makeham clinic (13:30 - 17:00)	Pham OT (13:00 - 18:00)	Eghtedari OT (13:00 - 18:00)	Reg clinic (13:30 - 17:00)	Al Bekaa OT (13:00 - 18:00)
			Snotty		H & N MDT (1700 - 18)	Lipsett OT (8:00 - 17:00)
						Pham OT Calvary (13:00 - 18)
						Teaching (7:00 - 8:00)
Week 3	am	Reg clinic (9:00 - 12:00)	Eghtedari OT (8:00 - 17:00)	Pham OT (8:00 - 12:30)		Procedure clinic (9:00 - 12:00)
	pm			Reg clinic (13:30 - 17:00)		H & N MDT (1700 - 18)
			Snotty			Makeham OT (8:00 - 17:00)
						Pham OT Calvary (13:00 - 18)
						Teaching (7:00 - 8:00)
Week 4	am	Lee OT (8:00 - 12:30)	Makeham OT Calvary (08:00 - 12:30)	Eghtedari clinic (9:00 - 12:00)	Makeham OT NSx (8:00 - 12:30)	Eghtedari OT (8:00 - 12:30)
	pm	Eghtedari OT (13:00 - 17:00)	Lee clinic (13:00 - 17:00)	Pham OT (13:00 - 18:00)	Snotty	Reg clinic (13:30 - 17:00)
						Pham OT (13:00 - 18:00)
						H & N MDT (1700 - 18)
						Eghtedari OT (8:00 - 12:30)
						Cleft clinic (14:00 - 17:00)

Patient Load Average Per Shift	Up to 25 – includes day surgery cases	
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: <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.	<p>This term forms part of Surgical Pod 2 which includes the following units:</p> <ul style="list-style-type: none"> ENT/MaxFacs Neurosurgery Plastic Surgery Ophthalmology Vascular Surgery <p>When you do an evening shift, you will cover most of these specialties except Neurosurgery (who have their own dedicated Evening cover) and Vascular (their JMOs are rostered until 6–6:30PM so you will only need to cover them after this time).</p> <p>When you do a weekend or night shift, you will cover all specialties.</p>	

The designated after-hours supervisor should be listed in the supervisory team.

- Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the subspecialties when able as well as their own specialties' teaching programme.
- In a pod you will have a direct term supervisor as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. The weekday day roster is from 0700 – 1630 hrs unless otherwise and the pod operates outside these hours.
- Within your pod, some JMOs will have one or more weeks of evening shifts to facilitate handover with day staff and night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet.
- 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. 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 off. Arrangements can be made to allow for leave following night shift week provided adequate warning is given (I.e. generally before the start of term).
- 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 *all* 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.



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List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook