

Prevocational Training Term Description: Ophthalmology

Date of term description version	January 2024
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Ophthalmology				
Term specialty*	Internal Medicine				
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 (depending on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations on this 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 Chamil Dayajeewa (Consultant)	
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	A/Prof. Rohan Essex (Consultant) Dr Randev Mendis (Consultant) Dr Salim Okera (Consultant) Dr Chamil Dayajeewa (Consultant) Dr Noor Ali (Consultant) Dr Jane Wells (Consultant)

	education, conduct EPAs and contribute to assessment.	Dr Richard Barry (Consultant) Dr Nelson Kuo (Consultant) Dr Andrew Mitchell (Director of Ophthalmology Department)		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Ophthalmology Registrar - On call Registrar mobile (weekly rotation) <ul style="list-style-type: none"> Two Rotating Accredited Registrars every 3 months – From Melbourne and Sydney Three to Four Unaccredited Registrars – present entire year Registrars follow a rotating timetable with an allocated evening registrar 		
	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	
	<ul style="list-style-type: none"> There is one clinical ophthalmology team. Consultants rotate on call each week and are responsible for inpatients and patients in the eye emergency clinic (eye casualty), excluding elective surgery patients admitted under different consultants. Consultants also have weekly clinics for regular patients and new referrals, including sub-specialty clinics. Registrars attend ward rounds (when there are inpatients) and take consults during the day, in consultation with consultants where required. Registrars are responsible for seeing emergency eye clinic patients and some regular clinic patients (e.g. registrar run clinics for consultants) daily. Patients are booked into the emergency eye clinic by referral only. The resident attends ward rounds, assist with clinic jobs and admitting patients and review clinic patients where needed. 			

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.	<p>No specific extra skills related to this position are required.</p> <p>Ophthalmic knowledge It is recommended the JMO review prior to starting:</p> <ul style="list-style-type: none"> Basic eye anatomy Common eye diseases Ophthalmic emergencies such as: <ul style="list-style-type: none"> ➤ Unilateral red eye/eye pain ➤ Sudden loss of vision ➤ Flashes and floaters ➤ Post-operative complications
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<p>Orientation</p> <p>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.</p> <p>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>	<p>The JMO should contact the Department of Ophthalmology one week prior to the beginning of term to ensure a quality handover with registrar and/or outgoing JMO.</p> <p>On first day of term please report to the rostered teaching activity (at 0700), or to the Eye Clinic at 0800 - 0830 hrs, as communicated by the outgoing JMO.</p> <p>The term supervisor will provide an orientation to the term with the incoming JMO in the first week of the rotation.</p>
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Overview of the Unit	
<p>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>	<p>Services are provided by the ACT Health Department of Ophthalmology at both The Canberra Hospital (TCH) and North Canberra Hospital.</p> <p>The Ophthalmology team consists of:</p> <ul style="list-style-type: none"> • One Resident (this position) • Three un-accredited registrars, 12 months • Two accredited registrars, 3 months • Consultant staff as above • Support staff including Orthoptists, Nurses and Clinic Front Desk Staff. <p>The Canberra Hospital Ophthalmology unit provides:</p> <ul style="list-style-type: none"> • Eye Outpatient clinics with sub-specialty clinics for the ongoing care of patients • Eye Casualty, for referred patients only • Emergency eye surgery, and all retinal surgery • In-patient care at CHS provided by the JMO and Registrars, under the supervision of the on-call ophthalmologist • Cataract surgery, performed at North Canberra Hospital by the VMOs Drs Shah, Duncan, Kuo, Okera, Wells, Dayajeewa and Ali, independent of the Eye Clinic at CHS.
<p>Clinical responsibilities and tasks of the prevocational doctor</p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>Ward Rounds and Ward work</p> <ul style="list-style-type: none"> • There are very few ophthalmology inpatients at Canberra Hospital, however, it is expected that the JMO see any inpatient at least once a day and document in the notes and discuss all patients with their clinical supervisor. • Other general ward work as required eg medication and fluid charts. • Be the first contact point for ward staff regarding Ophthalmology inpatients. • Chase up investigation results and take responsibility for incoming clinical communications in the Eye Clinic.

	<ul style="list-style-type: none"> • Attend Eye Clinic when ward duties are complete, to participate actively in the Emergency Clinic (0800 – 1700 hrs), and to support the activity of other clinics if necessary. • Attend theatre when possible to observe eye operations such as vitrectomy (at TCH) and cataract surgery (North Canberra). • Medical students are an integral part of the Unit and should participate as a Pre-Intern including ward rounds, clinics and theatre. Every medical student entry or test must be supervised and countersigned by a medically qualified team member. • Consultation to other inpatient Units can only be made after discussion with the Registrar, who will inform the Consultant of the problem for which additional opinions are being sought. • Attend JMO teaching and, when possible, department teaching – see timetable. • Present case at angiogram meeting once a month. • Handover to evening Surgical Pod 2 each day. • End of term - contact incoming JMO for orientation and handover. • Comply with Medical Record Department guidelines re discharge documentation for inpatients. <p>Outpatients Department</p> <ul style="list-style-type: none"> • Attend outpatient department clinics and learn about acute and chronic eye conditions, review patients and liaise with other team members. • See term objectives for specifics.
<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>As there are very few inpatients and regular rostering of the Ophthalmology JMO and Registrars, there are no formal handovers each morning or evening aside from daily JMO handovers from the night Surgical Pod 2 each morning and to the evening Surgical Pod 2 each afternoon (who can be contacted via pager); and between day and evening registrars on wrap-up of clinic as needed.</p> <p>Registrars are expected to inform/email the team as needed prior to the start of clinic at 0800 to provide handovers for patients that may need to be seen/booked into clinic from consults overnight or over the weekend/public holidays.</p>
<p>Safety</p>	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>The Ophthalmology Department supports Speaking Up For Safety of patients and staff.</p>
<p>Opportunities for Indigenous Health</p>	<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*

CLINICAL MANAGEMENT:

- To gain an understanding of common and important ophthalmic presentations and diseases
- To develop the ability to examine the eye including:
 - Slit-lamp assessment
 - Retinal examination
 - Neuro-ophthalmic assessment
 - Intraocular pressure measurement
 - Assessment of ocular inflammation (anterior chamber cells)
- Familiarity with ophthalmic diagnostic equipment, such as:
 - Humphrey Visual field assessment
 - OCT examination of the retina
- Basic knowledge of management of common conditions including ability to carry out procedures for removal of corneal foreign body
- Observation of more advanced techniques including ocular regional blocks, cataract surgery, retinal angiography and surgery, intravitreal injection, OCT and fields.

Ophthalmic skills – develop an ability to be able to assess/perform

- Best corrected (glasses and pin hole) visual acuity
- Fields to confrontation
- Pupillary reflexes
- Extraocular movements
- Corneal sensation
- Drop instillation
- Basics of Slit lamp examination and fundus examination with direct ophthalmoscope
- Consent for fluorescein angiogram
- Fluorescein staining of corneal ulcers
- Lid eversion
- Intravenous cannulation for retinal angiography patients

Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.

Formal education opportunities should also be included in the unit timetable

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 JMOs.
- Mandatory RMO (PGY2) teaching is Thursdays 1300-1400. This time is protected for PGY2 JMOs.
- 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:

	<p>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</p> <ul style="list-style-type: none"> • Department teaching every Monday morning at 0730 hrs - this time is protected. • Canberra Eye Group meeting, Tuesdays at 6pm on Week 2 of cycle • Attendance at these is optional but you will be paid if you choose to attend. <p>Educational resources:</p> <ul style="list-style-type: none"> • TCH Library has an excellent selection of ophthalmic texts • Handy comprehensive ophthalmic text in OPD • RANZCO website • AAO website 			
<p>During this term prevocational doctors should expect opportunities 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 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
0730-0800 Retinal Angiogram meeting 0800-1200 Ward tasks Ward Rounds and clinical work Eye clinic 1300-1400 Monday Shorts JMO Teaching 1300-1630 Ward tasks Ward Rounds and clinical work Eye clinic	0800-1200 Ward tasks Ward Rounds and clinical work Eye clinic 1300-1700 Ward tasks Ward Rounds and clinical work Eye clinic 1430-1600 Intern teaching 1800-1900 Wk 2 Department meeting	0800-1200 Ward tasks Ward Rounds and clinical work Eye clinic 1300-1700 Ward tasks Ward Rounds and clinical work Eye clinic 1500-1630 Teaching	0800-1200 Ward tasks Ward Rounds and clinical work Eye clinic 1300-1400 Mandatory RMO teaching 1400-1630 Ward tasks Ward Rounds and clinical work Eye clinic	0800-1200 Ward tasks Ward Rounds and clinical work Eye clinic 0830-0900 teaching session 1300-1630 Ward tasks Ward Rounds and clinical work		

Patient Load Average Per Shift	Inpatient: average 2 Outpatient: average 10-15, depending on competence	
Overtime	Rostered overtime hours/week	4-10 (late or weekends only, no nights)
	Unrostered overtime hours/week	0-2
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.	<p>All JMOs are expected to work on the after-hours roster. This term forms part of Surgical Pod 2 which includes the following units:</p> <ul style="list-style-type: none"> • ENT/Max Fac/Dental • Neurosurgery • Plastics • Ophthalmology • Paediatric Surgery • Paediatric Surgery Sub-specialty • Vascular Surgery • Relief positions. <p>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.</p> <p>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 JMOs within Surgical Pod 2 except Neurosurgery (who have their own dedicated evening cover) and Vascular prior to 1830 (Vascular JMOs finish at 1830). As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <p>A week of night shifts may also occur during your term. Night shift covers all specialities in the pod. 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).</p> <p>JMOs will also be expected to do approximately three to five Surg Pod (SP) 2 weekend/public holiday shifts throughout the term.</p> <ul style="list-style-type: none"> • 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. Surg Pod 1 covers SP1 as usual, SP 2.1 will cover all SP2 units and SP 2.2 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 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 and the same for RMOs on Thursday afternoon.

After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.

You may wish to also review the Surgical Pod 2 term description.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook