

Prevocational Training Term Description: Orthopaedic Surgery

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

Term Details

Facility	Canberra Health Services				
Term name*	Orthopaedic Surgery				
Term specialty*	Surgery, orthopaedic 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	7	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The JMO must be informed of their specific term supervisor prior to commencing the 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 Phil Aubin Dr Joe Lau
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 Phil Aubin

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Prof Paul Smith – Pelvis and lower limb Dr Bryan Ashman – Fracture clinics Dr Sindy Vrancic – Upper limb Dr Chris Roberts – Upper limb Dr Damian Smith – Lower limb Dr Alexander Burns – Lower limb Dr Joe Lau – Lower limb Dr Joseph Smith – Shoulder and Lower limb Dr Gawel Kulisiewicz – Lower limb Dr Phil Aubin – Lower limb Dr Nicholas Tsai – Spine and general Dr Michael Gross – Lower limb Dr Igor Policinski – Upper limb		
	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	
	<p>Each PGY doctor will be allocated to a clinical team – black, red, blue or green. Orthopaedic consultants are divided into four teams in the orthopaedic unit with each team having a SET accredited registrar, a pre-SET unaccredited registrar and a JMO. The JMO will spend most of the term with one ‘home’ team but will rotate to other teams according to the roster.</p> <p>Registrar Roster</p> <p>Monday to Friday one works to 10.30pm and another starts at 10pm for overnight. On weekends two registrars cover theatre and ED calls during the day.</p> <p>On-call rosters</p> <p>The on-call roster rarely entails a whole week. It is regularly split into two: Friday am until Monday am, and Monday am until Friday am.</p> <p>Consultants roster</p> <p>VMOs are on-call for one week at a time, commencing 8:00am Friday, but often split the week with another VMO. Roster swaps between VMOs often mean that one team receives patients more than others.</p>			

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 arrangements for orientation to 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	Term orientation by the term supervisor during the first week. JMO to arrange a meeting with either Dr Phil Aubin or Dr Joe Lau (as allocated).

responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term	
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Overview of the Unit

The role of the unit and range of clinical services provided, including patient case mix, turnover and level of patient acuity	<ul style="list-style-type: none"> To provide inpatient and outpatient care for traumatic and elective orthopaedic conditions To conduct clinical research on orthopaedic conditions To teach and train post-graduate surgical trainees, resident medical staff, medical students, nurses and allied health professionals in orthopaedic conditions <p>The unit is one of the busiest in the hospital with 50-60 inpatients and daily outpatient clinics and operating lists</p>
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	<p>Unit Patients</p> <p>Under the supervision of the orthopaedic registrars, the JMO is responsible for the day-to-day management of the patients under their team. All patients under their care should be seen daily, usually with the team registrars. Medical students on rotation to the Unit should be encouraged to participate in the daily routine.</p> <p>Currently the consultants are divided into four teams in the orthopaedic unit with each team having a SET accredited registrar, a pre-SET unaccredited registrar and a JMO. The JMO will spend most of the term with one 'home' team but will rotate to other teams according to the roster.</p> <p>Between the teams the ward work and outpatient/operating sessions should be rotated between the RMOs to ensure everyone has an opportunity to get to clinics and surgical procedures.</p> <p>A medical case notes ward round is conducted each day by the orthogeriatric team.</p> <p>Ward Rounds</p> <p>Consultant ward rounds are variable and usually occur either before or after theatre. Both VMOs and registrars will be encouraged to ensure that the JMO is involved in any individual ward rounds.</p> <p>Hours of Work</p> <p>Rostered hours of work are normally 7 am to 5pm or 12pm -10pm. JMOs work 9x10hr shifts in a fortnight period. On weekends there are two overlapping 7 hour shifts both days but these can be worked as one 14 hour shift by mutual agreement.</p>
Work Routine Provide an overview of the work routine	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p>
Clinical handover procedure	<p>Night duty JMOs and the day JMOs are required to attend the handover at 0700hrs on level 5 meeting room, Monday to Friday and then this leads to a bedside patient ward rounds.</p>
Opportunities for Indigenous Health	<p>Aboriginal and Torres Strait islander patients may present 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	<p>The JMO should aim to have undertaken the following by the end of this Term:</p>
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<p>List the term-specific learning objectives*</p>	<p>Clinical</p> <ul style="list-style-type: none"> • History and examination of orthopaedic patients, gaining an understanding of the clinical features of the orthopaedic conditions admitted under their care and a confidence in demonstrating the relevant physical signs • Assessment and management of: <ul style="list-style-type: none"> ○ fractures and dislocations ○ soft tissue injuries ○ other urgent orthopaedic conditions including infection ○ elective orthopaedic conditions, in particular patients requiring joint replacement • Utilisation and interpretation of appropriate investigations, especially musculo-skeletal imaging • Operating theatre experience, with an understanding of the principles of surgical exposure and wound closure • Management of the surgical patient: <ul style="list-style-type: none"> ○ pre-operative: <ul style="list-style-type: none"> ▪ pre-existing medical conditions ▪ relevant investigations ▪ informed consent ○ post-operative: <ul style="list-style-type: none"> ▪ anticipation and prevention of complications, especially venous thrombosis and wound infection ▪ wound care ▪ pain control • Medical problems in the surgical patient including an ability to decide on appropriate referral • Rehabilitation including physiotherapy and allied professions <p>Procedural</p> <ul style="list-style-type: none"> • Venepuncture, IV cannulation, ABG, IDC insertion, joint aspiration • Surgical assisting, knot tying, suture techniques • Application of external casts <p>Educational</p> <ul style="list-style-type: none"> • Attend fracture clinics for instruction and supervision of cast application and management of ambulatory traumatic conditions • Attend outpatient clinics for management of elective conditions • Attend and participate in the weekly clinico-radiological review meeting • Attend individual VMO tutorials on orthopaedic conditions • Participate in the General Clinical Training Program 			
<p>Detail education and research opportunities and resources <u>specific to this training term</u>. Formal education opportunities should also be included in the unit timetable</p>	<p>Registrar Teaching</p> <p>Registrar teaching occurs informally on ward rounds and during hand-over sessions</p> <p>General Clinical Training</p> <p>All JMOs are expected to participate in the post-graduate teaching program. Interns: Tuesdays 2.30-4pm RMOs: Thursdays 1-2pm</p>			
<p>During this term pre-occupational doctors should expect to complete the following EPAs*(Highlight all that apply)</p>	<p style="text-align: center;">EPA 1</p> <p style="text-align: center;">Clinical Assessment</p>	<p style="text-align: center;">EPA 2</p> <p style="text-align: center;">Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3</p> <p style="text-align: center;">Prescribing</p>	<p style="text-align: center;">EPA 4</p> <p style="text-align: center;">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
7.00 Handover meeting	7.00 Handover meeting	7.00 Handover meeting	7.00 Handover meeting	7.00 X-ray meeting at ANU Medical School Auditorium		
7.30 Ward Round	7.30 Ward Round	7.30 Ward Round	7.30 Ward Round	7.30 Ward Round		
8.00 Elective/Trauma Theatre	8.00 Elective/Trauma Theatre	8.00 Elective/Trauma Theatre	8.00 Elective/Trauma Theatre	8.00 Elective/Trauma Theatre		
9.00 Outpatients	9.00 Outpatients		9.00 Fracture clinic (paediatric)	9.00 Outpatients		
13.00 Fracture clinic	13.00 Outpatients	13.00 Fracture clinic	13.00 Outpatients	13.00 Fracture clinic		
	14.30-16.00 Intern teaching sessions		13.00-14.00 RMO teaching sessions			

Patient Load Average Per Shift	Can be as few as 5 and as many as 50 when team is on-take	
Overtime	Rostered overtime hours/week	8
	Unrostered overtime hours/week	10 – 15 hours depending on patient load
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.	Hours of Work Rostered hours of work are normally 7 am to 5pm or 12pm -10pm. JMOs work 9x10hr shifts in a fortnight period. On weekends there are two overlapping 7 hour shifts both days but these can be worked as one 14 hour shift by mutual agreement.	

List Other Relevant Documentation

Intern job description
 RMO job description
 Rover Guide
 JMO Handbook
Orthopaedic JMO Guide “Building 1 Level 5, Orientation Guide for JMO's”- document provided to all JMOs when they commence their time on the Ortho team. A copy of this document can be obtained from Donna deSilva (NUM of Ward 5A).