Prevocational Training Term Description: Orthopaedic Surgery with Orthopaedic Geriatrics

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

Term Details

Facility	Canberra Health Services				
Term name*	Orthopaedic Surgery with Orthopaedic Geriatrics				
Term specialty*	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 (depending on term dates)				
Term accredited for	PGY1 and PGY2			PGY2+ Only	
Total number of prevocational training places	3	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		The RMOs in this term must be assigned in orthopaedic surgery teams and are rostered to rotate to one RMO position covering the orthopaedic geriatrics roster.	

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.		A/Prof Alex Fisher Dr Joe Lau Dr Tom Ward
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 Alex Fisher Dr Manoj Saraswat (Alternative supervisor) Dr Igor Policinski – Upper limb Prof Paul Smith – Pelvis and lower limb Dr Bryan Ashman – Fracture clinics Dr Sindy Vrancic – Upper limb

	education, conduct EPAs and contribute to assessment.	A/Prof 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 Tom Ward – Lower Limb Dr Saqib Zafar – Lower Limb
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	One geriatric advanced trainee on the ward. Orthopaedic Registrars (Advanced Trainees and Unaccredited Registrars) are on-site daily. After-hours an on-site medical registrar covers inpatients for all medical specialities.
	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
	JMOs are allocated to one of the orthopaedic teams, one of which covers the orthogeriatric team, per the roster. Clinical supervision is provided by the consultant as outlined above. There is also a geriatric AT for inpatients.		

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 specific extra skills related to this position are required.
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**	**Ward Orientation** Ward 5A is the Orthopaedic ward where most of the orthogeriatric patients are located. There is no specific doctors' office for orthopaedics and orthogeriatrics, the doctors' share the computers

responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term	with nurses and allied health. Introduce yourself to the 5A CNC who can orientate you to the ward. **Term Orientation** JMOs should email A/Prof Fisher in the week prior to commencing the term to set up a time for orientation. **Workplace Orientation** On commencement of the term, the JMO should present to ward 5A no later than 0800hrs (unless advised earlier). They should introduce themselves to the 5A CNC and the AT when available.

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	There will be 3 residents (RMO) allocated to the Orthopaedic Surgery with Orthopaedic Geriatrics Term. At any one time, there will be an RMO rotating in the Ortho-Geriatrics term, and the other 2 RMOs will be rotating through the Orthopaedic Surgery Term. Please refer to the Orthopaedic Surgery Term Description for start times, ward rounds, JMO tasks and responsibilities with regards to the JMOs rotating in this Unit. **<u>Orthopaedic Geriatrics:</u>** • To provide inpatient management care and arrange outpatient clinic for hip fractures for the geriatric community. • To teach and train junior medical staff, nurses and allied health professionals in ortho-geriatric conditions and complications. • The ortho-geriatric unit looks after all patients with neck of femur fractures to manage and review patients with their own specific needs.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	A medical case notes ward round is conducted each day by the ortho-geriatric team. **Ward Rounds** Consultant ward round usually occurs on Wednesday at 1000. Paper round with the Consultant occurs at 1430 everyday. **Orthopaedic Geriatrics:** Under the supervision of the ortho-geriatric registrar, the JMO is responsible for actioning the day-to-day management of the patients under their team. All patients under their care should be seen daily, usually with the ortho-geriatric registrar. All patients will be discussed with the ortho-geriatric consultant daily. During the daily review of each patient, it is the JMOs responsibility to document the patient progress, the medical review and the management plan. Additionally, the JMO should assist the registrar to document any new admissions including: • A full medication history into DHR

	• Detailed social history (education and work history, role of relevant family members, formal and informal care providers, presence of ACAT, Wills, powers of attorney or guardians) • Any collateral history from family, carers and general practitioners. • Specific attention to continence, falls, osteoporosis history • Perform a medication review • Screening blood tests, which include: FBC, UEC, LFTs, CRP, CK, Troponin I, B12, Folate, Iron studies, P1NP, β-CTX, Ca/Mg/PO4, 25-Hydroxy Vitamin D, PTH, Thyroid Function Test. • Formulation of a problem-oriented management plan The JMO is also responsible for documenting the patient's admission to the ward, reasons for changes to regular medications and any follow up required in the form of a discharge summary to all relevant parties.
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	There should be several formal daily handovers. In the morning on ward 5A, the overnight JMO is expected to handover to the day JMOs before heading home. The afternoon / evening JMO should contact the day teams upon arrival to assist with tasks and receive a handover. They should also handover to the overnight JMO before leaving for home.
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The Orthopaedic Surgery and Ortho-geriatrics Department supports Speaking Up For Safety of patients and staff.
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*
	The JMO should strive to have undertaken the following by the end of this Term:
	
	Clinical
	• Gain an understanding of clinical features of the ortho-geriatric conditions and a confidence in demonstrating the relevant physical signs
	• Gain confidence in assessing and management of:
	  ○ Fractures and dislocations other than Neck of Femur fractures;
	  ○ Soft tissue injuries; and
	  ○ Other urgent orthopaedic conditions including infection and compartment syndrome.

	• Become competent in fluid balance assessment and management in ortho-geriatric patients (refer to *Perioperative Fluid Management in Ortho-geriatric Patients Guideline*) • Become proficient in the ways to prevent complications from and optimisation of ongoing medical management with special consideration of: 1. Pain 2. Venous thromboembolism (in-hospital and post-discharge) 3. Electrolyte status (hyponatraemia, potassium and magnesium abnormality) 4. Anaemia 5. Iron status 6. High inflammatory response, possible infections 7. Delirium 8. Infection 9. Falls 10. Osteoporosis 11. Polypharmacy 12. Exacerbation of chronic conditions, such as CCF, COPD, diabetes 13. Incontinence 14. Constipation 15. Functional assessment 16. Wound management 17. Prevention of pressure sores • Develop competence in interpretation of appropriate investigations, especially musculoskeletal imaging • Become competent in the management of the orthogeriatric surgical patient: ○ pre-operative: ▪ pre-existing medical conditions ▪ relevant investigations ○ post-operative: ▪ anticipation and prevention of complications, especially venous thrombosis and wound infection ▪ wound care ▪ appropriate pain control
Detail education and research opportunities and resources <u>specific to this training term</u> 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 JMOs. • Mandatory RMO (PGY2) teaching is Thursdays 1300-1400. This is protected time for PGY2 JMOs. • Venue and topics are confirmed by email earlier in the day. • Non mandated, non protected JMO teaching occurs at 1300 on Mondays as part of the 'Monday Shorts' program • 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. **Term-Specific Training** • Participate in the weekly Geriatric Medicine Unit Education Meeting Tuesday 1200 hrs • Attend relevant multi-disciplinary ortho-geriatric team meetings pertaining to their patients • Attend the geriatric medicine departments educational and mortality and morbidity meetings • Registrar teaching occurs informally on ward rounds and during hand-over sessions.			
During this term prevocational doctors should expect to 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*

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
Orthopaedic Geriatrics 0800 Ward Round 1300 – Monday Shorts JMO Teaching 1430 Consultant paper round and medication review	Orthopaedic Geriatrics 0800 Ward Round 1200 Geriatric medicine unit education meeting 1430 Consultant paper round and medication review 1430-1600 Mandatory Intern teaching	Orthopaedic Geriatrics 0800 Ward Round 1000 Consultant ward round 1230 Internal medicine grand rounds 1430 Consultant paper round and medication review	Orthopaedic Geriatrics 0800 Ward Round 1430 Consultant paper round and medication review 1300-1400 Mandatory RMO teaching	Orthopaedic Geriatrics 0700 Ward round 1430 Consultant paper round and medication review		

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<tr><td>Patient Load
Average Per Shift</td><td colspan="2">10-20 patients

Can be as few as 5 and as many as 30. Orthogeriatric team is always on-take.</td></tr>
<tr><td rowspan="2">Overtime</td><td>Rostered overtime hours/week</td><td>8</td></tr>
<tr><td>Unrostered overtime hours/week</td><td>0</td></tr>
<tr><td>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.</td><td colspan="2">JMOs will be expected to work on the after-hours roster.

Within your term, you may have one or more weeks of evening shifts and one or more weeks of night shifts. For the evening shift you will receive handover from the day team. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.

The JMO may be required to do a week of night shifts during the 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 warning is given (often prior to the start of term).

JMOs will also be expected to do weekend/public holiday shifts throughout the term.

By working after hours shifts, you will be part of a team providing 24-hour care for patients. 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.

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

Hours of Work
Generally, it is expected that most work will be completed in the hours rostered. Any uncompleted tasks should be handed over to the covering 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 (for example, at protected teaching) then covering arrangements need to be in place. Should the JMO wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place.

Registrar roster (Orthogeriatric)
Any issues related to the ortho-geriatric patient can be discussed with the orthogeriatric registrar on the weekdays between 0800 to 1630. On the</td></tr>
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	weekends, there is a geriatric registrar that can be contacted if required for any urgent issues. Otherwise M1 can be contacted during the afterhours shifts. **Consultants roster (Orthogeriatric)** Any issues related to the orthogeriatric patients can be discussed with the orthogeriatric consultant (A/Prof Alex Fisher) on the weekdays between 0800 and 1630. After hours and on the weekends, if necessary, the orthogeriatric consultant (A/Prof Alex Fisher) can be contacted via switch (except when he is not in Canberra).

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