

Prevocational Training Term Description: Paediatric Sub-Speciality Surgery

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

Term Details

Facility	Canberra Health Services				
Term name*	Paediatric Sub-Speciality Surgery				
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	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 Celine Hamid	
Clinical team supervision	Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical	For Surgical issues, typically managed by the relevant surgical registrar on call responsible for the patient's care. For Medical Issues, typically managed by the Paediatric Registrar on call.

	<p>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.</p>	
	<p>Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.</p>	<p>Typically, direct supervision is provided by the Registrars, Advanced Trainees and Fellows on the respective teams.</p> <p>ENT - Doctors are contactable via the hospital switchboard</p> <p>Dr Tuan Pham Dr Tim Makeham Dr Fardin Eghtedari Dr Tak-SiewLee Dr Safi Al-Bekaa Dr Lachlan Lipsett</p> <p>Maxfac - Doctors are contactable via the hospital switchboard</p> <p>Dr Dylan Hyam Dr Narada Hapangama Dr Robert Witherspoon Dr Ken Sun Dr Sam Kim</p> <p>Plastics – Doctors are contactable via the hospital switchboard</p> <p>Dr Greg McCarten Dr Ross Farhadieh Dr Michael Findlay Dr Yosanta Rajapaske Dr Siva Sathasivam Dr Mahyar Amjadi</p> <p>Neurosurgery - Doctors are contactable via the hospital switchboard</p> <p>A/Prof David McDowell, Staff Specialist Dr Peter Mews, Staff Specialist Dr Hari Bandi Dr Rebecca Webb-Myers</p> <p>Ophthalmology - Doctors are contactable via the hospital switchboard.</p> <p>Dr Essex</p>

		Dr Reid Dr Mendis Dr Dickson Dr Duncan Dr Okera Dr Tridgell Dr Dayajeewa		
	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	
	Each PGY doctor will be allocated to a clinical team. In this term, you will be responsible for the clerical and clinical care of paediatric patients admitted under surgical sub-specialty teams, with the support of the paediatrics team and the relevant surgical teams. When the RMO is not completing surg sub-specialty paediatrics jobs, they should be assisting in paediatric surgery.			

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.	<ul style="list-style-type: none"> General Registration PGY2 level and above. Principles of sterile technique for theatre, ie gowning, gloving, patient preparation for surgery. Note: Skills with 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	<p>In conjunction with receiving and reading the Term Description, at the commencement of the term, the RMO should report to the senior ENT/Maxfac and Plastics registrars for orientation. Time should also be set aside to meet with registrar representatives from the other surgical sub-specialities for orientation.</p> <p>The JMO should also make themselves known to the paediatric registrars as they may be required to provide clinical support for non-surgical issues.</p> <p>The RMO should also liaise with the relevant unit NUMs, and previous JMOs from each surgical unit, in addition to making their contact details available on all paediatric wards including 8B, Paeds Medical, Paeds General and Paeds Day Stay.</p>

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 Service

- Is to care for and manage Paediatric patients who are under the care of the surgical subspecialties.
- This EXCLUDES Paediatric General Surgery patients, who are under the care and management of the Paediatric Surgical team, including the Paediatric Surgeons, Fellows, ATs/Registrars and Paediatric Surgery SRMO.
- To provide ongoing follow-up and management of these paediatric patients who are considered at risk of ongoing problems.
- To help in teaching medical students, interns, nursing and allied health professionals in relevant and applicable modalities in surgical sub-specialty paediatrics.
- To introduce JMO's to the principles of sub-specialty surgical management of children.

The various surgical sub-specialties all have their particular unit overviews, and further details can be found in the relevant surgical term descriptions.

The role of the surgical sub-specialty JMO is to provide clinical care, support and management for these surgical sub-specialty paediatric patients, under the direct clinical supervision of the relevant surgical disciplines. The paediatric surgical sub-specialty patient will be admitted under the surgical Home Team, (plastics, ENT, OMF, urology, neurosurgery, ophthalmology, cardiothoracic, vascular), with final management and oversight being determined by the Admitting Home Team.

NB: Paediatric patients may be transferred to larger tertiary referring hospitals depending on clinical presentation or ensuing complications/deterioration.

With Special Relevance to Paediatric Admissions:

The ENT unit provides:

- Regular ENT activities include rhinology, otology and laryngology;
- Adenotonsillectomy, grommets, diagnostic bronchoscopy, removal of foreign bodies; and
- Outpatient clinics, inpatient care, surgical services, and consultation services for the hospital.

The OMFS unit provides:

- Emergency and routine care for diseases of the face, jaws, mouth, and teeth; and
- Inpatient and outpatient clinics and sees a wide spectrum of oral disease.

The Plastics unit provides:

- Hand surgery emergency services – The PRS deals with all forms of hand trauma and soft tissue upper limb trauma. This is an extensive workload and

	<p>much of it is out of hours. Other emergency services include complex facial lacerations, and acute soft tissue reconstruction;</p> <ul style="list-style-type: none"> • Reconstructive Hand surgery – The PRS Unit also performs elective reconstructive hand surgery incorporating a wide range of techniques; • Management of significant extravasation injuries; and • Other trauma related reconstructive surgery services. <p>The Neurosurgery unit provides:</p> <ul style="list-style-type: none"> • Treatment of paediatric inpatients with proven or suspected neurosurgical conditions. <p>The Ophthalmology unit provides:</p> <ul style="list-style-type: none"> • Eye Out-patients clinics with sub-specialty clinics, and limited general ophthalmology clinics for the ongoing care of paediatric patients; and • Delivery of most of the emergency eye care in the ACT
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>This term offers the JMO an opportunity to manage paediatric patients in the peri-operative setting, and to further refine their clinical skills acquired through the PGY1 year to:</p> <ul style="list-style-type: none"> • Complete daily ward rounds of all the paediatric patients under their care. • Ensure accurate and detailed clerking of patients. • Encourage participation of any medical student attached to the unit. • Attend relevant outpatient clinics. • Liaise with other medical units and multidisciplinary team-members. • Ensure all discharge summaries are completed in a timely fashion and convey accurate follow up information for the patient’s GP. • Attend surgical sessions if possible. These operating sessions are daily, though at varying times. Ability to attend will be determined by ward duties and demands. • Plastics Consultations are generally seen on Wednesday morning during the unit ward. • When available, attend paediatric surgery on Wednesdays and Fridays to assist in clinic or theatres as required. • The JMO must complete the discharge summary prior to the patient leaving the ward. • Any anticipated discharges for the weekend should have their discharge summaries completed in anticipation rather than leave the job to weekend JMOs who do not know the patient or the Unit’s protocols. <p>The RMO assigned to this term has the important responsibility of providing care to the post-operative and peri-operative surgical sub-specialty paediatric patients, as well as reporting back to the admitting surgical team with regards to any changes in condition, increased analgesia requirements, signs of sepsis or other complications. The RMO will also liaise with nursing staff, allied health and family members as necessary.</p> <p>The RMO will be responsible for handing over any patients that need follow up at any change of shift.</p>

	At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.
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	Morning handover occurs in the ENT outpatient clinic at 0700. JMOs are expected to provide an update on inpatients under their care. Afternoon handover to Surg pod 2 and relevant subspecialty teams occurs at different nominated sites so handover may occur via phone or over hospital-approved messaging system prior to 1630. Evening to night, and weekend/public holiday handovers to Surg Pod 2 occur in accordance with the Surg pod 2 process (see JMO Handbook for details). While face-to-face handovers are preferred, occasionally handovers may occur over a hospital-approved messaging system.
Safety	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook. The Paediatric Surgery 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*	<p>CLINICAL MANAGEMENT</p> <p>By the end of the Term you will be:</p> <ul style="list-style-type: none"> • Confident and competent in history-taking and examination specific to paediatric surgical patients (ENT, OSMF and plastics primarily). • Able to assess a sick child and decide on management priorities. • Able to include consideration of growth (centiles), development status, immunisation history and family circumstances in the assessment of the sick child. • Develop an ability to assess hydration status and to calculate paediatric maintenance and replacement fluid requirement with appropriate fluids. • Develop knowledge of how to calculate medication dosages and accurately prescribe medications for paedics including resources to assist dosing calculations. • History and general examination of paediatric patients with reference to the surgical problem.
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	<ul style="list-style-type: none"> • Develop an understanding of the rationale for particular surgeries. • Development an ability to concisely present a clinical problem including the indications for surgery. • Develop an understanding of management of common paediatric ENT disorders and emergencies. • Develop an understanding of the use of ENT equipment for examination and for nasal packing in epistaxis. • Develop an understanding of the management of facial injuries and infections on the ward. • Become comfortable with the peri-operative management of any neurosurgical paediatric patients. • Develop a basic knowledge of management of common eye conditions including ability to carry out procedures for removal of corneal foreign body. <p>Procedures: By the end of the term, you should have observed and may have done yourself, paediatric:</p> <ul style="list-style-type: none"> • Venepuncture • Intravenous cannulation • Suprapubic bladder aspiration (bladder tap) • Collection of catheter urine specimen, and • Lumbar Puncture.
<p>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</p>	<p>General Mandatory Education</p> <ul style="list-style-type: none"> • Mandatory RMO (PGY2) teaching is Thursdays from 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. <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 Teaching is through contact with registrars and consultants, on the wards, in outpatient clinics, surgical sessions. The timing of teaching for various surgical sub-specialities is highly variable from week to week. Paediatric grand rounds and case presentations are held on Tuesdays at 0815 hrs. Additional exposure to Acute Paediatrics and Paediatric Surgery is via attachment to the post-acute paediatric team on weekdays and opportunities with Paediatric Surgery on Wednesdays and Fridays to assist in clinic or theatres as required. The on-call times of Paediatric surgical registrars can vary, however when on-call on Tuesday and Thursday</p>

	<p>nights, they may be unavailable the following day for theatre which enables the JMO to gain surgical experience.</p> <p>The JMO should also attend general paediatrics teaching.</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>Reading and Resource List Textbook of Paediatrics, Nelson Handbooks from the – Royal Children’s Hospital, Melbourne, Sydney Children’s Hospital Children’s Hospital at Westmead Drug Doses, Frank Shann, Royal Melbourne Children’s Hospital Essentials of Paediatrics, Nelson</p> <p>Paediatric Surgery, Welch, Randolph, Ravitch. (2 volume) Clinical Paediatric Surgery, Peter Jones Clinical Paediatric Urology, Kelalis and King</p> <p>AMO Teaching ENT: Drs Tuan Pham, Safi Al-Bekaa, Tak-Siew Lee, Fardin Eghtedari and Tim Makeham Plastics: Dr. Farhadieh</p> <p>Registrar Teaching</p> <ul style="list-style-type: none"> ENT and OMFS Registrars, Plastics Fellow and registrars, other surgical sub-specialty registrars as applicable to ward patients. 			
<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*

This roster is very difficult to define for this term. An indicative roster is provided as timing of rounds is highly variable and difficult to predict. Paeds and surgical subspecialty teaching times are also highly variable from week to week

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
<p>0700-0800 Ward Round (ENT ~0730 & Plastics ~0800)</p> <p>0800-1700 Attachment to post-acute paediatric team (handover 8.00-8.30 followed by ward rounds)</p> <p>1300 – Non Mandated Monday Shorts JMO Teaching</p> <p>PM Ward work and theatre opportunities ENT Operating theatre</p>	<p>0700-0800 Ward Round (ENT ~0730 & Plastics ~0800)</p> <p>0730-0800 Vascular X-Ray meeting</p> <p>0815-0900 Paediatric grand rounds/case presentation</p> <p>0900-1700 Ward work + attachment to paediatric surgery team to assist with ward work or clinic</p> <p>1300-1400 Paediatric Unit radiology meeting</p> <p>Afterhours Paediatric Surgery Audit Meeting (optional)</p>	<p>0700-0800 Ward Round (ENT ~0730 & Plastics ~0800)</p> <p>0800-1700 ENT Operating Paediatric Surgery Theatre</p> <p>1200-1300 Grand Rounds</p> <p>1300-1700 ENT Clinic/ Paediatric Surgery Theatre</p>	<p>0700-0800 Ward Round (ENT ~7.30 & Plastics ~8.00)</p> <p>0800-1700 ENT Operating Theatre</p> <p>1300-1400 Mandatory RMO teaching</p> <p>1500-1700 ENT MF Head & Neck Clinic</p>	<p>0700-0800 Ward Round (ENT ~0730 & Plastics ~0800)</p> <p>0800-1800 Paediatric Surgery Theatre</p> <p>1200-1300 Neuroradiology Meeting (Xray Conference Room)</p> <p>1315-1415 Neuropath – Path Dept or Clinical presentation by Neurology or Neurosurgery Units (Level 9 Tutorial Room)</p>	<p>As Surg Pod 2 rostered overtime only</p>	<p>As Surg Pod 2 rostered overtime only</p>

Patient Load Average Per Shift	Approx. 10 daily – 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. 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 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 off.</p> <p>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 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 2.2A&D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. Surg Pod (SP) 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). 	

	<p>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.</p> <p>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.</p> <p>After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.</p> <p>You may wish to also review the Surgical Pod 2 term description.</p>
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List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook