

Prevocational Training Term Description: Paediatric Surgery

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

Term Details

Facility	Canberra Health Services				
Term name*	Paediatric 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				
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 limitation or restrictions in this 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 practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide	A/Prof. David Croaker Dr Rajay Rampersad Dr Celine Hamid

	education, conduct EPAs and contribute to assessment.		
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars, Advanced Trainees and Fellows are available to provide day-to-day supervision.	
	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
	Paediatric surgery has one team consisting of the consultants, two registrars and RMO/SRMO.		

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.	General Registration PGY2 level and above. RMOs are encouraged to complete PLS or be scheduled to undertake PLS or Resus-4-kids training during their term.
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	Orientation will be conducted by the term supervisor and registrar on the first day of term in Meeting Room 10, Level 2, Building 11 of The Canberra Hospital. The JMO should also make themselves known to the paediatric registrars as they may be required to provide clinical support for non-surgical issues. Handover: Ensure you receive handover from the preceding JMO. At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.

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>	<ul style="list-style-type: none"> To provide general surgical services for the neonates & children of the ACT and regional NSW. To train registrars in the speciality of Paediatric Surgery. To introduce JMO's to the principles of surgical management of children. To teach medical students, nursing staff and allied health professionals related aspects of Paediatric Surgery. To provide clinical support for the Division of Paediatrics, including neonatology.
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>Standard hours of work: 8.00 to 5.00 Monday to Friday</p> <p>Care for Paediatric Surgery Patients:</p> <ul style="list-style-type: none"> The JMO, together with the registrar, is responsible for the day-to-day running of the unit, particularly with reference to inpatient care. The JMO should attend all operating sessions and outpatient clinics. Concise legible clinical notes should be made in patient's charts each day and signed by the JMO. <p>Ward Rounds: Mondays, Thursdays and Fridays following operating sessions.</p> <p>Presentations The JMO is responsible for presenting cases on the formal Tuesday morning ward round and for preparing the weekly audit presentation. The JMO should become familiar with the database used for the unit audit which is stored on the computer in the hand-over room at the end of P3 corridor. In addition, the JMO will need to prepare presentations at the paediatric unit clinical meeting when surgical cases are discussed.</p>
<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>Consultant led Paediatrics Handover occurs at 8am 7 days per week in Room 2, Level 2 Building 11 Annex. Please touch base to make sure there were no issues with surgical patients after hours.</p>
<p>Safety</p>	<p>OH&S, occupational violence and safety in pregnancy are detailed in the JMO Handbook.</p> <p>The Paediatric Surgery Unit 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*

The JMO should strive to have undertaken the following by the end of this term:

Clinical:

- Develop skills in history and general examination of paediatric patients with reference to the surgical problem.
- Understand the rationale for surgery and develop the ability to concisely present a clinical problem including the indications for surgery.
- Acquire a sound knowledge of fluid requirements for paediatric patients, particularly for the management of shock.
- Understand common paediatric surgical problems which should be understood in terms of pathology, clinical features, diagnosis and treatment:
 - Inguinal hernia/hydrocele
 - Undescended testes
 - Pyloric stenosis
 - Intussusception
 - Appendicitis
 - Non-specific abdominal pain
 - Constipation
 - Vesico-ureteric reflux

Procedural:

Demonstrate skills in:

- IV cannulation in children
- Basic surgical procedures (under supervision), ie. abscess drainage, suturing wounds.
 - JMOs with an interest in surgery may learn to perform procedures such as herniotomy.
- Principles of sterile technique, ie gowning, gloving, patient preparation for surgery.

Interpretive:

- Understand the basis of operating theatre function.
- Use investigations appropriately in the context of paediatric surgery.
- Understand/participate in quality assurance activities as possible.
- Appreciate the use of clinical indicators in:
 - Pyloromyotomy
 - Appendicectomy
 - Inguinal hernia.
- Participate in surgical audits as opportunities arise.
- Review post-operative complications.

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

General Mandatory Education

- All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for JMOs.
- RMO teaching is Thursdays 1400-1500.
 - Venue and topics are confirmed by email earlier in the day.

<p>term. Formal education opportunities should also be included in the unit timetable</p>	<p>Grand Rounds All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Consultant/Registrar is required to present on behalf of the Paediatric Surgery Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> • Paediatric clinical meeting: Auditorium, Tuesday, 0815hrs – JMOs should attend • Radiology Meeting: Tuesday, 1300hrs – JMOs should attend • Outpatient clinic teaching: Tuesday 1400hrs – JMOs should attend • Weekly audit: unit meeting and registrar journal review, Tuesday 1600hrs – JMOs are encouraged to attend and will be informed if attendance is mandatory • Registrar Teaching: rotating roster, available on all Paediatric wards. JMOs are welcome to attend. <p>Educational Resources:</p> <ul style="list-style-type: none"> • A comprehensive range of reference material is held in the hospital library and is available on the Intranet. • Reading and Resource List: <ul style="list-style-type: none"> ○ JMOs should familiarise themselves with the Unit Policy and Procedures Manual which is available on Ward P3. ○ Paediatric Surgery, Welch, Randolph, Ravitch. (2 volume) ○ Clinical Paediatric Surgery, Peter Jones ○ Clinical Paediatric Urology, Kelalis and King • Protocols and Clinical Pathways: <ul style="list-style-type: none"> ○ Appendectomy ○ Ureteric reimplant 			
<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 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
8.00-12.00 Operating	0815 Paediatric Grand Round/Journal Club/ M & M 9.15 Formal Ward Round 13.00 Radiology Meeting 14.00 Outpatient clinical teaching 14:30 – 16:00 INTERN Teaching 16.00 Weekly audit, unit meeting and registrar journal review	9.00 Prof Croaker Clinic 13.00 Operating 1300-1400 Westmead Grand Rounds - optional	8.00-12.00 Operating 13.00-14.00 RMO Teaching	8.00-12.00 Operating		

Patient Load Average Per Shift	10-15	
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 after-hours shifts. There are no specific paediatric surgery after hours for JMO, however, after hours will be completed either within the paediatric after hours roster or surgical pod 2. Please see those term descriptions for details.</p> <p>While in Paediatrics, you may have 2 or more weeks of evening shifts and 1-2 week(s) of night shifts. 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. 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 2 –3 weekend/public holiday shifts throughout the term.</p> <p>The JMOs work closely with the paediatric registrars on all shifts, who provide immediate clinical supervision.</p> <p>The on-call Consultant is available at all times through switchboard.</p>	

List Other Relevant Documentation

Intern job description
 RMO job description
 JMO Handbook