Prevocational Training Term Description: Surgical Pod 1 Relief

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

Term Details

Facility	Canberra Health Services				
Term name*	Surgical Pod 1 Relief				
Term specialty*	Surgery, general 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	3	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		The JMO must be informed of the specific term supervisor prior to commencing the 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 Selina Watchorn (PMEO) Dr Elizabeth Merenda (PMEO) Dr Roberto Orefice (PMEO) Dr Luke Streitberg (DPET) Dr Peta Pentony (DDPET)
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	Currently supervisors in Surgical Pod 1 are: • Dr. Fitzgerald - General Surgery A (General Surgery); • Dr Ram Ganesalingam- General Surgery B (Colorectal, Head & Neck); • Dr Soon Lau - General Surgery C (Upper GI); and

	education, conduct EPAs and contribute to assessment.	• Dr. Edwin Beenan - Emergency General Surgery (EGS). • Dr Anton Mare - Urology; • Dr Bissaker - Cardiothoracic.	
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Clinical supervisors can also include registrars and advanced trainees that are on the surgical rotation.	
	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 JMO will be allocated to either a clinical team for day shifts, to Surg Pod 1 evening or Surg Pod 1 night cover. • For allocations to Day Teams, please refer to the Term Description for the clinical unit. Usual duties include attending ward rounds, completing jobs and reviewing patients as the need arises. • Evening and Night Surg Pod 1 requires the JMO to work independently (with a Supervising Registrar available onsite) to review unwell patients and action time-sensitive tasks. The Supervisor is Medical Registrar 1 (M1), who can be contacted through Switchboard. Queries or concerns should be escalated to the M1 and/or a MET response requested as appropriate.		

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 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 responsible for orienting the JMO to the**	Your PMEO is responsible for facilitating orientation for the Surg Pod 1 Relief JMO. Please contact your PMEO at the commencement of your term. There will be a Start of Term Orientation on the first Tuesday of each term during the Intern teaching session to provide an information

term requirements and clinical expectations within the first week of starting the term	and handover session to the incoming Med Pod and Surg Pod Relief JMOs. You may also contact the clinical team members, including the registrars, of your assigned units for orientation.

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	**Pod Definition:**
	
	The different medical and surgical specialty units of the Canberra Hospital are divided into 5 Pods.
	
	A Pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The Pod system is designed to achieve the following:
	
	• Increase the amount and quality of JMO clinical exposure within the units of the Pod
	• Simplify and improve the accuracy of clinical handover
	• Improve continuity of care by moving towards a '24 hr hospital'
	• Provide an increase in evening and night medical staffing and greater continuity of care that involves the same group of JMOs looking after the Pod patients AH.
	• Enable more efficient completion of clinical duties and administrative paperwork.
	
	A key feature of the Pod system is that each pod is internally self-sufficient within that group of JMOs. Added value is achieved by the fact that JMOs are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the pod. The afterhours pod JMO is responsible for all inpatient care for patients admitted within the pod across a 24hr period, seven days per week. The system replaces the previous after-hours junior doctor ward overtime cover and aims to support patient safety by having a focussed patient group for the JMOs to cover within their Pod.
	
	The Pods are staffed to enable JMO education and training, and to comply with clinical and leave obligations. The system has provisions to cover for unplanned leave (sick leave). The medical officer support credentialing education training unit (MOSCETU) provides overall coordination of JMO education, training, support and administration.
	
	Surgery Pod 1 includes:
	
	• General Surgery:
	  ○ Surgery A - General Surgery;
	  ○ Surgery B - Colorectal, Head & Neck;
	  ○ Surgery C - Upper GI;
	• Emergency General Surgery (EGS)

	• Cardiothoracic Surgery; and • Urology. Nine core JMOs work across these areas with three pod relief JMOs. The nature of these relief positions is to provide a varying experience of the different medical units within this Pod, and to allow the SurgPod 1 Relief JMO the flexibility to move within the different teams depending on need, rostering and unit requirements. The skills acquired by the Relief JMO are increased comfort and confidence in changing work environments, changing teams and registrars, and awareness of unique and specific work practices within the varying medical units under Surgical Pod 1. This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs. NB: occasionally opportunities may arise to work in a discipline outside your specialty or Surgical Pod 1. We encourage JMO's to eagerly undertake this occurrence as it enhances your medical knowledge and experience.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	It is advisable to read the relevant term descriptions of the Surgical Pod 1 units as each has their own specific term requirements, knowledge and responsibilities, as well as common duties. Surg Pod 1 duties generally include: **Ward Rounds and Ward Work (for assignment to day shifts)** JMOs, together with the registrar are responsible for the day to day running of the unit, particularly with reference to patient care. • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day – ward rounds generally start between 0630 - 0700 hrs depending on the Unit • Any patient not under the Unit bed card but with whom the team has clinical involvement (e.g. ongoing consults) should be included in this daily review (the JMO may need to manually add them to the list for printing) • The JMO should document patient rounds – please see the JMO Handbook for tips. • Prior to rounding the Nurse in Charge of the relevant ward should be given the opportunity to round with the Unit. Should the Nurse in Charge elect not to round, they should be briefed on patient care plans after rounds • The JMO should book and organise pre- and post-operative tests, consultations and follow-up • Investigations should be followed up the day they are performed or handed over to the evening MO for follow-up. Please ensure registrars are kept up to date with relevant results and patient progress. • The JMO should ensure pre-operative patients have had the appropriate tests and that the results are available, including X-rays, CTs and MRIs (either available on DHR, through the relevant portal, or hard copies provided by the patient) • JMOs are expected to complete discharge summaries – please see the JMO Handbook for tips.

	○ Please note that Pod Relief JMOs are be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four-hour period, not just during day shifts. This ensures better communication with general practitioners and other external care givers. • JMOs should attempt to attend as many operating sessions and outpatient clinics as possible. **Clinical** JMOs participate in inpatient management of a range of Surg Pod 1 patients under the guidance of the registrar or consultant, including but not limited to: • Peri-operative assessment, investigations and management of gastrointestinal, soft tissue, thoracic and chest trauma, cardiothoracic – open heart, and urological surgery patients • Understanding the rationale for surgery and developing the ability to concisely present a clinical problem including the indications for surgery. • Assisting the registrars to perform primary, secondary and tertiary injury surveys • Acute and definitive multiple trauma management • Wound management • Managing post-operative cardiothoracic, urological, general and acute surgical patients and their specific needs • Fluid and nutritional management • Applying principals of informed consent • Developing Patient and patient kin counselling skills • Management of cardiac arrhythmias, hypertension and other common medical illnesses within the context of the surgical patient. **Procedural** JMOs should become familiar with a range operations and procedures, depending on opportunities, including: • Through participation and assistance at a range of operations when ward work permits • Principles of sterile techniques, ie; gowning, gloving, patient preparation for surgery; • Wound debridement and closure techniques • Intercostal catheter and underwater sealed drain management • Excision of skin lesions • Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, abdominal paracentesis, nasal gastric tube insertion. • Central venous catheterisation • Insertion of urethral catheters (IDC) including 3-way irrigation • Management of blocked irrigation catheters It is recommended to get a clinical and ward work handover from the preceding JMO.
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	Handover will occur based on the team that you have been allocated to. Please see the Term Description for that unit. Generally: • Handover between day and evening shifts should occur with all JMOs in the pod between 1500 and 1630, either in person or through a hospital approved messaging service. • Handover from evening to night shift occurs in the auditorium at 2100 (weekdays) or in the JMO Lounge at 2030 (weekends and public holidays). • Handover from night to day shift should occur in person or via a hospital approved messaging service (weekdays) or in the JMO Lounge at the rostered time (weekends and public holidays).
Safety	Information on ward safety, occupational violence and safety in pregnancy are available in the JMO Handbook. The Canberra Hospital departments of surgery support 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*
	Clinical:
	The JMO, by the end of term, should have developed an understanding of the recognition and management of:
	• Acute surgical presentations;
	• Peri-operative management of gastrointestinal, soft tissue, thoracic and chest trauma surgery patients;
	• Postoperative chest conditions including:
	  ○ Atelectasis
	  ○ Pneumonia
	  ○ Common arrhythmias;
	• Wound management and assessment:
	  ○ Cellulitis
	  ○ Infection
	  ○ Wound Dehiscence;
	• Tracheostomy care; and
	• Advantages and disadvantages of various types of:
	  ○ Dressings
	  ○ Wound Antiseptics
	  ○ Common use of antibiotics.
	
	Procedural – During the term develop an understanding of:
	• Procedures relating to surgery including time out, managing the aseptic field and assisting in theatre;
	• Wound debridement and closure techniques;
	• Excision of skin lesions; and
	• Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, and abdominal paracentesis.

	Education
	Participate in:
	• Wound Management Skills Workshop;
	• Familiarisation with and participation in Audit process; and
	• Early Management of Severe Trauma course (EMST).
	
	Interpretative
	Develop an approach to interpreting:
	• Fluid and electrolyte disturbance;
	• Renal function and liver function tests; and
	• Medical Imaging including:
	  ○ Chest X-ray
	  ○ Plain abdominal film
	  ○ CT Scans.

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. • Mandatory RMO (PGY2) teaching is Thursdays from 1400-1500. This is protected time for PGY2. **Grand Rounds:** All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the Infectious Diseases Unit. **Term-Specific Training** 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. While allocated to day shifts, JMOs should attend the teaching of their allocated unit.

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
1300 – Monday Shorts JMO Teaching	1430-1600 MEU JMO Teaching		13:00- 1400 MEU JMO Teaching			

***NOTE**: For detailed start/finish times and education opportunities specific to the area where you have been allocated, please refer to respective Term Descriptions as noted below:*

Patient Load Average Per Shift	Variable. • Day shifts: conducted in teams, patients per team can range from 5-30. • Evenings/Nights: Approx 70 patients.	
Overtime	Rostered overtime hours/week	Variable. The evening JMO is on call during the day.
	Unrostered overtime hours/week	Variable depending on unit.
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.	PGY1/2 will be expected to work on the after-hours roster. Surgical pod 1 covers: • Surgery A - General Surgery; • Surgery B - Colorectal, Head & Neck; • Surgery C - Upper GI; • Emergency General Surgery (EGS); • Cardiothoracic Surgery; and • Urology. Relief JMOs are supervised by their allocated Prevocational Medical Education Officer (PMEO) supervisor. Within your Pod you may have three or more weeks of evening shifts and two or more week of night shifts. For the evening shift you will receive handover from all PGY1/2 within Surg Pod 1. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it. A week of night shifts may also occur during your term. Following this you will be allocated 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term). JMOs will also be expected to do approximately five to six Surg Pod 1 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 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. 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. SP 2.1 will cover all SP2 units (SP1 will continue to cover SP1 units) and SP 2.2 will be responsible for all admissions and discharges for both SP1 and SP2, meaning SP1 and SP2 will not be responsible for admissions and discharges on Saturdays. On Sundays, the SP1 and SP2 will cover their respective units (including covering admissions and discharges without an extra, as is currently the case). After Hours Support/Supervision is provided by the ward medical registrar and, if necessary, the on-call specialty physicians. You may wish to also review the term descriptions for the specialities within your pod.	

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