

Prevocational Training Term Description: Vascular Surgery

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

Term Details

Facility	Canberra Health Services				
Term name*	Vascular 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	4	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		The CRMEC has not placed any restrictions of 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.	A/Prof Gert Frahm-Jensen	
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 Gert Frahm-Jensen (Director) Dr Alister Jones Dr Wendell Neilson Dr Samantha Khoo

	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 and Advanced Trainees 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
	Each PGY doctor will be allocated to a clinical team. In this term: <ul style="list-style-type: none"> • The unit works as one team with 4 Registrars and 3 JMOs rostered everyday (1 JMO off) except Thursday where all 4 JMOs are rostered. • The team rounds each morning with JMOs taking turns to document patient ward round notes. • After rounds, the 2-3 Registrars and one JMO will generally go to theatres with two JMOs looking after the ward. • JMOs are expected to keep Registrars updated as to any change in clinical condition of their patients. • JMOs are expected to attend outpatient clinics and operating theatres as this is their opportunity to work directly with consultant surgeons, which will also form the basis of their consultant interaction with respect to assessments. 		

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.

<p>Orientation</p> <p>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>	<p>JMOs should contact their term supervisor the week before the commencement of term for an initial orientation.</p> <p>They should also liaise with the NUM and other essential staff on the Vascular Ward (6B) when they start the term.</p> <p>Additionally, please see a handover from the outgoing JMO prior to starting.</p>
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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>	<p>The provision of acute and elective vascular surgical services including:</p> <ul style="list-style-type: none"> • open (surgery) and endovascular (minimally invasive) techniques to diagnose and treat arterial and venous diseases. • wound/ulcer management. • manage diabetic foot complications in coordination with endocrinologists and podiatrists through the High-Risk Foot Clinic.
<p>Clinical responsibilities and tasks of the prevocational doctor</p> <p>Provide an overview of the routine duties and responsibilities</p>	<p>JMOs should expect to undertake the following duties:</p> <ul style="list-style-type: none"> - Use DHR proficiently - Take accurate notes during ward rounds, consults, and patient reviews. - Perform consult requests with other specialist teams. - Order medications and investigations as indicated. - Interpret results and manage patient, accordingly, alerting home team if concerned. - Chart patient's home medications appropriately. - Consider VTE prophylaxis for all inpatients and chart correctly if appropriate. - Recognise and assess deteriorating patients on the ward. - Address questions and concerns from nursing staff. - Assess patient wounds and advise home team if concerned. - Assess post-operative patients and take appropriate action if warranted. - Update patients and families regarding patient progress. - Complete accurate discharge summaries and provide patients with clear follow up plans. - Perform simple procedures such as IVC, IDC, NGT insertion, ABGs, and venesection unsupervised.

	<ul style="list-style-type: none"> - Liaise with allied health to ensure patients receive holistic healthcare and all barriers to discharge are addressed early. - Liaise with regional hospitals to facilitate patient transfers. - Admit new patients to ward (review patient, chart home medications, collect bloods, update registrar regarding patient arrival). - Prioritise tasks appropriately to ensure all jobs are completed in a timely manner during the working day. <p>The vascular roster involves a four-day week working from 0600 or 0630 – 1830 hrs (hours and days may vary – always check roster).</p>
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	<p>Afternoon paper rounds are done with the registrars in the 6B office, and any unwell patients are handed over to the on-call registrar.</p> <p>Any outstanding medical tasks may then be handed over to the surg pod 2 JMO.</p>
Safety	<p>OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.</p> <p>The department of Vascular Surgery supports Speaking Up For Safety of patients and staff.</p>
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>The JMO should strive to have undertaken the following by the end of this Term:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • Assessment and treatment of common arterial problems such as lower limb ischemia causing claudication and rest pain, common aortic surgery, and carotid surgery. • Perform ankle brachial index testing. • Assessment and treatment of acute vascular emergencies such as acute limb ischemia and venous thrombosis. • Assessment and treatment of venous diseases including venous hypertension and thrombosis – techniques and indications of anticoagulation and DVT prophylaxis.
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	<ul style="list-style-type: none"> • Assessment and treatment of complex wounds. <p>Procedural:</p> <ul style="list-style-type: none"> • Observe a diagnostic angiogram and intervention. • Observe various open vascular surgery operations • Become comfortable with assessing and reporting aorto-bi-femoral angiography. <p>Educational:</p> <p>Residents are to observe a carotid duplex study and understand the indications for carotid artery surgery.</p>
<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.</p> <p>Formal education opportunities should also be included in the unit timetable</p>	<p>General Mandatory Education</p> <ul style="list-style-type: none"> • 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 1300-1400. This time is intended to be protected for PGY2 JMOs, however the Vascular surgery team has other clinical commitments during this time. • 1-hour protected time is to be allocated during the day on Fridays for RMOs in the Vascular surgery department to catch up on their Teaching session. • Non mandated, non-protected JMO teaching also occurs at 1300 on Mondays as part of the 'Monday Shorts' teaching program. • The 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</p> <p>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 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"> • Radiology meeting: 07:30 every Tuesday in the radiology meeting room, patient radiology cases are discussed. • Teaching: 07:30 every Thursday in the radiology meeting room, the consultants and registrars take turns presenting a topic and interesting cases. • High risk podiatry MDT: 08:00 every Thursday (immediately after teaching), one JMO stays back with one registrar and Dr Khoo for an MDT with podiatry, infectious diseases, endocrine, orthopaedics and vascular to optimise management of patients who have poorly healing or severe foot wounds. Please note this JMO then attends the day's podiatry clinic. <p>Educational Resources:</p> <p>A comprehensive range of reference material is held in the hospital library and is available on the Intranet</p>

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
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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
0630: Prepare ward round list 0700: Ward round 0830: Neilson OP Full day: Khoo/Jones alternating weeks OT 1300 – Monday Shorts JMO Teaching 1830: finish	0600: Prepare ward round list 0630: Ward round 0730: Radiology meeting 08:30: Dr Neilson/Dr Khoo alternating clinics (Dr Khoo has a clinic on Tuesday the same week she has OT on Monday) Full day: Khoo/Jones alternating weeks OT (whichever did not have OT yesterday). 1430-1600 Mandatory Intern teaching session 1830: finish	0630: Prepare ward round list 0700: Ward round Full day: Frahm-Jensen OT 1830: finish	0600: Prepare ward round list 0630: Ward round 0730: Teaching 08:00: High risk podiatry meeting then clinic (x1 JMO) 08:00: Dr Neilson Angiography 08:00: Ward jobs (x1-2 JMOs) 08:30: Dr Jones clinic (x1-2 JMOs) 12:55: Dr Frahm-Jensen clinic – mandated for Interns, RMOs, and Registrars with Consultant	0630: Prepare ward round list 0700: Ward round Full day: Neilson OT 1300: Dr Khoo clinic every second week (when there is Dr Jones clinic on Monday). 1-hour protected time during the day for RMOs to catch up on Teaching session 1830: finish		

			13.00 -14.00 RMO Teaching (to attend if able) 1830: finish			
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Patient Load Average Per Shift	25-30	
Overtime	Rostered overtime hours/week	4
	Unrostered overtime hours/week	12
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<u>nights</u>, 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 • 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. 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). 	

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.

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.

After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.

You may wish to also review the Surgical Pod 2 term description.

List Other Relevant Documentation

Intern job description
RMO job description
JMO Handbook