

Prevocational Training Term Description: General Surgery

Date of term description version	April 2024
Date term last accredited	May 2020

Term Details

Facility	Goulburn Base Hospital				
Term name*	General Surgery				
Term specialty*					
Term location					
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	2	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	The CRMEC has limited this term to in-hours shifts only. Only after-hours work permitted is on-call for OT 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.	Dr Luke Liu
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 education, conduct EPAs and contribute to assessment.	Dr Kurt Verschuer (general surgeon) Dr Mena Shehata Dr Jessica Wong Dr Ahmed Khalid

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	There is a general surgical registrar at Goulburn Base Hospital, who is the immediate point of reference for PGY1/2s with respect to general surgical patients. The general surgical registrar will also provide some supervision and teaching.		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors in this term who have undertaken EPAs training can assess EPAs		
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	
	The team consist of surgical consultant, surgical registrar, surgical RMO and a surgical intern.			

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.	Basic Clinical Training. The JMOs in the Surgical Team are expected to have the skills one would normally associate with a JMO at PGY1 and 2 level. The JMO/ Intern should be competent in venipuncture, intravenous Cannulation, and cardiac resuscitation. The JMO/ Intern should possess reasonable skills in physical examination, and should be able to diagnose and liaise with the VMO concerning management of common post-operative complications. Opportunity to become competent at endotracheal intubation exists during theatre time and JMOs are expected to take advantage of this early in the 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	A detailed orientation to GBH occurs on the first day of the Term. The information of which JMOs need to be aware is covered during this time in oral and PowerPoint presentations with associated handouts. The VMO supervisor and the Nurse Unit Manager of the Surgical Ward then provide a specific orientation about the work of the unit. Term specific orientation will occur on orientation day with the registrar and later on with the consultants.

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

This term provides a broad spectrum of surgical practice, including General Surgery and elements of ENT and Urology. General Surgical Team JMOs also cover visiting dental surgeons. There are three operating theatres with sessions both in the mornings and afternoons. Emergencies and elective cases occur during these sessions. The most valuable teaching occurs at the operating table. The General Surgical Team JMO / Intern is expected to attend some operating sessions conducted by Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu.

Pre-Admission Clinic for the pre-operative assessment and clerking of elective surgery patients is on Tuesdays and every other Friday. A protocol for the preoperative workup of surgical patients has been compiled and will be included in the orientation notes.

Dr Beevors is a General Surgeon who undertakes gastrointestinal endoscopies and has a special interest in Breast Cancer Surgery. Dr Verschuer is a General Surgeon who undertakes gastrointestinal endoscopies and has an interest in a wide range of general surgery. Dr Shehata is a general surgeon who undertakes gastrointestinal endoscopies and has a wide interest in general surgery. He also undertakes a limited range of ENT and urological surgery. Dr Liu is a General Surgeon who undertakes gastrointestinal endoscopies and has an interest in a wide range of general surgery.

The General Surgical Team JMOs are also responsible for patients admitted under dental surgery (these sessions may be subject to revision from time to time). The majority of these patients will be admitted as Day Cases, and no direct input from the JMOs will be necessary. Occasionally patients will be admitted for an overnight stay in hospital and the usual tasks of clinical management and record keeping will need to be performed.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

- See all new patients admitted under Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu as soon as is practicable, and document clinical findings and a plan of management in the patient's notes.
- Attend consultant ward rounds and document any observed alterations in responsibilities including clinical each patient's condition, organise any investigations requested by the VMO, and implement any changes in management suggested by the VMO.
- Perform any necessary procedures required as part of the management of the patient (with supervision from a more senior doctor if inexperienced at a given procedure).
- In conjunction with the SRMO, notify the VMO of any new admissions, consults requested by other VMOs, important x-ray or pathology results, or any sudden deterioration in patient's condition.

	<ul style="list-style-type: none"> • Attend Pre-Admission Clinic at the scheduled times to perform relevant pre-operative assessment and clerking of patients undergoing elective surgery, and notify the appropriate anesthetist of any potential problems. • Assist in the main operating theatre with some sessions performed by Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu. • Provide ward cover for the General Surgical Team when the other team members are assisting in the operating theatre. • Communicate with patients and their relatives. • Ensure medication charts are kept up to date and accurate in accordance with current NSW Health guidelines. • Ensure that discharge summaries are completed in a timely and concise manner. Make sure each patient upon discharge has an accurate list of their discharge medications.
Work Routine Provide an overview of the work routine	<ol style="list-style-type: none"> (1) Once the surgical registrar and ortho SRMO takes handover from the night ICU registrar at 0700, the surgical intern/RMO will start ward round on the patients. (2) Generally, the ward round will finish by 0800 and they surgical RMO/Intern will attend to ward work or the theatre as necessary. (3) They generally have pre-admission clinic Monday, Tuesday and Thursday (on a routine basis). They might have pre-admission clinics on Wednesday and Friday if it is urgent. (4) The surgical RMO/Intern covering the ward will conduct all the appropriate work e.g. discharging patients, doing consults, reviewing patients and finish at 1500 for handover. If they are not able to finish by 1530 (including handover), unrostered overtime will be paid as per NSW policy. (5) They are required to attend MET call for surgical patients. The Medical Registrar generally will be the lead for the MET call team. The ICU registrar and ICU liaison nurse will be present.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<ol style="list-style-type: none"> (1) Morning Handover – surgical registrar and Ortho SRMO will obtain handover from night ICU registrar at 0700 (2) Evening handover – Surgical RMO/Intern will handover to the evening medical cover at 1500.
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander patients may present 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. The JMOs will have opportunities to have education on Indigenous Health including <ol style="list-style-type: none"> (a) 1 session in weekly teaching (b) 1 grand rounds on Indigenous Health (c) Mandatory Training on Indigenous Health

Education, Learning and Assessment

<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>Domain 1: Practitioner</p> <ol style="list-style-type: none"> (1) The junior doctors will be expected to develop practical knowledge with common topics within general surgery including but not limited to <ol style="list-style-type: none"> (a) Pre-operative assessment – preadmission clinics will assist in this. (b) Post-operative care including IV fluids, analgesia and wound management. (c) Post-operative complications – bleeding, sepsis, confusion, DVT, respiratory problem and ileus. (d) Basics of antibiotic prophylaxis (2) Develop ability to do surgical admissions including history taking, performing physical examinations and ordering investigations. Surgical registrar is expected to assist the junior doctors in achieving this objective. (3) Develop basic surgical assisting skills. We will provide education sessions on this. (4) Develop an understanding of interpreting common investigations including but not limited to blood tests, radiology test, ECG, spirometry, urinalysis (5) Develop procedural skills including ABG, IDC insertion, venesection and IV cannula insertion. (6) Develop practical knowledge to support Aboriginal and Torres Strait Islander patient care. We will provide education and grand round sessions. (7) Perform proper documentation including performing proper discharge summaries and discharge reconciliation. (8) Develop ability to communicate with patients and family. <p>Domain 2: Professional and Leader</p> <ol style="list-style-type: none"> (1) Develop ability to manage time and workload demands. (2) Develop ability to work collaboratively with other healthcare professionals. <p>Domain 3: Health Advocate</p> <ol style="list-style-type: none"> (1) Develop skills to perform basic health promotions including but not limited to eating healthily, maintain healthy lifestyle, smoking and alcohol cessation. (2) Develop understanding on how to apply who-of-person-care including physical, emotional, social, economic, cultural, spiritual and geography location factors. In particular, in this rural rotation, JMOs are expected to learn on how rurality will affect our day to day clinical decision making. (3) Develop an understanding of Indigenous health and apply knowledge of Aboriginal and Torres Strait Islander people’s culture and past events that might affect our day to day clinical decision making. <p>Domain 4</p> <ol style="list-style-type: none"> (1) Develop an ability of critically appraise the scientific literature. (2) JMOs will be given the opportunity to be involved in clinical audits if they are interested. At the time of writing, this is not a mandatory requirement.
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<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>A comprehensive formal education program has been established for JMOs seconded to Goulburn Base Hospital. JMOs are expected to make every effort to attend as many of these educational activities as possible.</p> <ul style="list-style-type: none"> (1) Formal Teaching <ul style="list-style-type: none"> (a) Time – Wednesday 2pm to 3.30pm (b) Place – Variable; but usually Thomas Marsden Room (c) Expectation – JMOs are expected to attend this education session which is protected time (surgical registrar will carry your pager). (2) Thursday Grand Rounds <ul style="list-style-type: none"> (a) Time – 1pm on Thursdays; Lunch provided (b) Place – MS Teams (c) Expectations – JMOs are expected to attend this session and present in 1 grand round during their rotation under the supervision of VMO. In addition, there will be local and outside speakers to provide good educational opportunities for the JMOs. 			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p style="text-align: center;">EPA 1 Clinical Assessment</p>	<p style="text-align: center;">EPA 2 Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3 Prescribing</p>	<p style="text-align: center;">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 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
9.00 Ward Round Beevors 14.00-15.30 Formal Training	8.30-9.30 Medical Journal Club 7.30 Beevors Ward Round. 8.00-12.30 Operating Theatre Beevors 8.00-15.00 Preadmission clinic	Ward Round – Generally AM (Verschuer) 9.00 Ward Round (Beevors) 8.00-12.30 Dr Shehata list 13.00 – 15.30 Dr Sheata list 13.30-15.00 Intern Teaching	Ward Round – General AM (Verschuer) 9.00 Ward Round (Beevors) 8.00-12.30 Dr Shehata list 8.00-15.30 Theatres with Dr Verschuer/ Dr Liu (alternate weeks) 13.00-14.00 Grand Rounds	Ward Round – Generally AM (Verschuer) 7.30 – Ward Round (Beevors) unless nonoperative day 8.00-12.30 Operating Theatre with Dr Beevors (second weekly) 8.30-11.30 Preadmission clinic		



Patient Load Average Per Shift	5-10	
Overtime	Rostered overtime hours/week	
	Unrostered overtime hours/week	
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.	Surgical RMO will be expected to 1 in 5 surgical theatre oncall. Otherwise, there is no weekend or after-hours work. This term is not accredited for after hours rosters, excepting on-call theatre cover as per below.	

List Other Relevant Documentation

Intern job description
RMO job description