

## Prevocational Training Term Description: Orthopaedics

<b>Date of term description version</b>	April 2024
<b>Date term last accredited</b>	May 2020

### Term Details

<b>Facility</b>	Goulburn Base Hospital				
<b>Term name*</b>	Orthopaedics				
<b>Term specialty*</b>	Orthopaedics				
<b>Term location</b>					
<b>Classification of clinical experience in term*</b> (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)
<b>Is this a service term?</b> 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
<b>Term duration (weeks)*</b>	One term (12-14 weeks)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	<b>1</b>	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	This term is not accredited for afterhours work, except the on-call theatre cover roster.		

### Term Supervision

<b>Term Supervisor (name and position)</b> 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 Hamish Rae	
<b>Clinical team supervision</b>	<b>Primary/Immediate Clinical Supervisor (name and position)</b> 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 Wisam Ihsheish Dr Razvan Soita Dr DiNallo  Dr Dannaway

	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Orthopaedic Fellow who is employed by GBH Orthopaedic SRMO rotating from St George Hospital		
	<b>EPA Assessors</b> 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		
<b>Clinical Team Structure*</b> 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 ortho team consists of Orthopaedic VMOS, orthopaedic fellow, orthopaedic SRMO and Orthopaedic RMO.			

## Commencing the Term

<b>Requirements for commencing the term*</b> 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 JMO in the surgical term is expected to have the skills one would normally associate with a JMO at PGY2 level. The JMO should be competent in venipuncture, intravenous cannulation, and cardiac resuscitation. The JMO should possess reasonable skills in physical examination, and should be able to diagnose and liaise with the VMO (and ICU staff) regarding a deteriorating patient as well as management of common post operative complications. Opportunity exists to become competent at endotracheal intubation during theatre time and JMOs are advised to take advantage of this early in the term.
<b>Orientation</b> 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. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term</b>	<p>A Prior to commencing the rotation, the JMO will attend two days of orientation conducted by various Departments of Goulburn Base Hospital. The orientation program includes a half day introduction which outlines patient flows and geographical location and orientation of wards, equipment, facilities etc. The JMO will also receive an introduction to administration and IT systems. The JMO will be provided with time to do Mandatory Training as well.</p> <p>A separate orientation for the orthopaedic term will be conducted within the first two days and later they will have another session during the first 2 weeks of rotation with the anaesthetist, orthopaedic VMO and surgical VMO about general expectations for the surgical/ortho term.</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**

The Orthopaedics term at Goulburn Base Hospital provides JMOs with in depth exposure to Orthopaedic surgical care. There is an orthopaedic fellow and an orthopaedic SRMO/registrar at Goulburn Base Hospital who they will work with closely and whom will provide close supervision, assistance and teaching. In addition to registrar ward rounds there is a daily ward round by the orthopaedic surgeon on call of all orthopaedic inpatients. There is also a weekly orthopaedic audit and teaching meeting on a Thursday morning from 7:00am - 8:00am that the JMO will be expected to attend and contribute to, including 1-2 short presentations of no more than 10 minutes during the term.

Goulburn Base Hospital has three operating theatres. Operating sessions are held in either morning or afternoon sessions. There is a regular emergency list on a Friday morning, and emergency patients are also frequently fitted into elective lists or performed after hours. Operating sessions are important teaching events and JMOs need to attend and scrub for at least 2 orthopaedic cases per week.

Goulburn Base Hospital operates a Pre-Admission Clinic for the pre-operative assessment and clerking of elective surgical patients. The Pre-Admission Clinic operates on Wednesdays and every Friday. A protocol for the pre-operative work-up of surgical patients has been compiled and will be included in the orientation notes. Other sessions are sometimes added with notice.

Dr Rae is an orthopaedic surgeon with a special interest in shoulder surgery, joint replacement surgery and trauma. Dr Ihsheish is an orthopaedic surgeon with a special interest in hip and knee surgery, trauma and general orthopaedics. Dr Stoita is an orthopaedic surgeon with a special interest in hip, knee, and trauma surgery. Dr Kaplan is an orthopaedic surgeon with a special interest in foot and ankle surgery.

**Clinical responsibilities and tasks of the prevocational doctor**

Provide an overview of the routine duties and responsibilities

- See all new patients admitted under Dr Rae, Ihsheish, Stoita and Kaplan as soon as is practicable, and document clinical findings and a plan of management in the patient's notes.
- Attend all ward rounds conducted by the orthopaedic surgeon on call and any additional rounds by the orthopaedic registrar. Document findings as to the patient's condition, organise any investigations and consultations requested by the VMO, and implement any changes in management suggested by the VMO.
- Perform any necessary procedures (such as venepuncture and catheterisation or speculum examination required as part of the management of the patient (with supervision from a more senior doctor such as general surgical, orthopaedic or intensive care registrar when required)).
- In conjunction with the Registrar, notify the VMO of any new admissions, consults requested by other VMOs, important X-ray or pathology results, or any sudden deterioration of the patient's condition.
- 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 anaesthetist and VMO of any concerns or potential problems.
- Assist in operating theatres with cases performed by Dr Ihsheish, Rae, Stoita and Kaplan. It is expected the JMO would be scrubbed into at least 2 Orthopaedic cases per week.

	<ul style="list-style-type: none"> <li>• Communicate with patients and their relatives as required.</li> <li>• Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines.</li> <li>• Ensure that discharge summaries are completed in a concise and timely manner.</li> <li>• Ensure that each patient has an accurate list of their discharge medications at the time of discharge and appropriate follow up has organised.</li> <li>• Present one or two brief presentations on an orthopaedic condition at the Thursday Audit and Teaching Meeting during the term. This should be after discussion with Dr Rae and the rest of the orthopaedic team, usually at the end of one of the meetings.</li> </ul>
<b>Work Routine</b> Provide an overview of the work routine	<ol style="list-style-type: none"> <li>(1) Once the surgical registrar and ortho SRMO takes handover from the night ICU registrar at 0700, the ortho will start ward round on the patients together with the ortho SRMO and orthopaedic Fellow.</li> <li>(2) Generally, the ward round will finish by 0800 and the orthopaedic RMO will attend to ward work or the theatre as necessary.</li> <li>(3) They generally have pre-admission clinic Wednesdays and Fridays.</li> <li>(4) The Ortho RMO 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.</li> <li>(5) The Ortho RMO is required to attend MET call for orthopaedic patients. The Medical Registrar generally will be the lead for the MET call team. The ICU registrar and ICU liaison nurse will be present.</li> </ol>
<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	<ol style="list-style-type: none"> <li>(1) Morning Handover – surgical registrar and Ortho SRMO will obtain handover from night ICU registrar at 0700</li> <li>(2) Evening handover – Surgical RMO/Intern will handover to the evening medical cover at 1500</li> </ol>
<b>Opportunities for Indigenous Health</b>	<p>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.</p>

## Education, Learning and Assessment

<b>Term Learning Objectives</b> List the term-specific learning objectives*	<p>Learning Objectives are mapped according to Prevocational Outcome Statement by Australian Medical Council</p> <p>Domain 1: Practitioner</p> <ul style="list-style-type: none"> <li>• To develop competencies in patient management skills, perioperative care of orthopaedic surgical patients and the recognition and appropriate management of the deteriorating patient. This includes the principles of fluid management, analgesia and wound care</li> <li>• T develop skills in appropriate ordering of laboratory tests for orthopaedic patients, their place in management and the interpretation of results.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Appropriate ordering of correct medical imaging and their interpretation</li> <li>• To recognise and manage post-operative complications such as bleeding, sepsis, DVT, confusion, atelectasis, pneumonia, ileus and compartment syndrome</li> <li>• To develop skills in surgical assistance, sterile technique, skin suturing technique and patient positioning and pressure are care during surgical cases</li> <li>• To develop techniques in acute fracture management, specifically the making and application of plaster of paris casts for common factures</li> <li>• To develop techniques in intravenous cannulation, arterial blood gases, urinary catheterisation, and application of traction</li> </ul> <p>Domain 2: Professional and Leader</p> <ol style="list-style-type: none"> <li>(1) Develop ability to manage time and workload demands.</li> <li>(2) Develop ability to work collaboratively with other healthcare professionals.</li> </ol> <p>Domain 3: Health Advocate</p> <ol style="list-style-type: none"> <li>(1) Develop skills to perform basic health promotions including but not limited to eating healthily, maintain healthy lifestyle, smoking and alcohol cessation.</li> <li>(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.</li> <li>(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.</li> </ol> <p>Domain 4</p> <ol style="list-style-type: none"> <li>(1) Develop an ability of critically appraise the scientific literature.</li> <li>(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.</li> </ol>
<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>Orthopaedic RMO will have opportunities to learn about orthopaedic and there will be a lot of ad-hoc teaching.</p> <p>Besides that, the teaching program include</p> <ol style="list-style-type: none"> <li>(1) Formal Teaching <ol style="list-style-type: none"> <li>(a) Time – Wednesday 1.30-3.00pm (days can vary)</li> <li>(b) Place – Variable; but usually Thomas Marsden Room</li> <li>(c) Expectation – JMOs are expected to attend this education session which is protected time (Ortho SRMO will carry your pager).</li> </ol> </li> <li>(2) Thursday Grand Rounds <ol style="list-style-type: none"> <li>(a) Time – 1pm on Thursdays</li> <li>(b) Place – Teams Meetings</li> <li>(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.</li> </ol> </li> </ol>

	<p>(3) There is a weekly Orthopaedic Audit and Teaching session with review of all inpatients as well as weekly talks on orthopaedic pathology given by students, registrars and the JMO. These topics have often arisen out of a clinical problem which the team has encountered.</p>			
<p><b>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b> Clinical Assessment</p>	<p><b>EPA 2</b> Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b> Prescribing</p>	<p><b>EPA 4</b> 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
7.00-8.00 Ward Round  8.00-1500 Dr Ihsheish Operation List  1500 - handover	7.00-8.00 Ward Round  8.00-12.30m Dr Rae/Stoita list (if free only)  8.00-15.00 Pre admission clinic  1500 - handover	7.00-8.00 Ward Round  8.00-12.30 Alternate weeks Dr Leicester list  Trauma cases frequently performed Wednesday afternoons  1500 - handover	7.00-8.00 Orthopaedic Audit and Teaching Meeting  13.00-14.00 Grand Rounds  1500 - handover	7.00-8.00 Ward round  8.30-11.30 Pre- Admission Clinic alternate Fridays  Trauma cases frequently performed Friday afternoons  1500 - handover		



<b>Patient Load</b> Average Per Shift	5-15	
<b>Overtime</b>	Rostered overtime hours/week	10 on average
	Unrostered overtime hours/week	
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> 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 is expected to do 1 in 5 surgical theatre on-call. Otherwise, there is no weekend of after-hours duties.  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  
Rover Guide