



Prevocational Training Term Description: Orthopaedics

Date of term description version	January 2024
Date term last accredited	April 2022

Term Details					
Facility	North Canberra Hospital (NCH)				
Term name*	Orthopaedics				
Term specialty*	General Surger	У			
Term location	6W and Theatr	es			
Classification of clinical experience in term* (Highlight a maximum of 2)	Un- differentiated illnessChronic illnessAcute critical illnessPeri- operative/ clinicalNon-direct 				
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). Note: this will be determined by CRMEC based on level of discontinuous supervision and education experienced within the term				No	
Term duration (weeks)*	12-14 weeks (depending on term dates)				
Term accredited for	PGY1 and PGY2 PGY2 Only				
Total number of prevocational training places	1			There are no lir conditions placed	

Term Su	pervision	
Term supervis discussing the and document supervisors m	isor (name and position) or is responsible for conducting term orientation, PGY1/2's learning needs with them, and conducting ring a midterm and end-of-term assessment. Term ust complete mandatory training and commit to a ct outlining their responsibilities.	Dr Tom Ward Orthopaedic VMO
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	Dr Kathryn Gordiev Dr Michal Gross Dr Alexander Burns Dr Sindy Vrancic





	accessible for sun	port, provide education, conduct	Dr Nicholas Tsai		
	EPAs and contribu		Dr Joe lau		
			Dr Joseph Smith		
			Dr Igor Policinski		
			Dr Gawel Kulisiewicv		
		cal Supervisors (positions)	Surgical Registrars		
		(PGY3+) responsible for day-day n, including after-hours	Ward 6W and Clinical	Ward 6W and Clinical Staff	
			All Consultants and VM	NOs for Orthopaedics	
			can be contacted via N	ICH switchboard On	
			62016111.		
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.		Clinical supervisors and registrars must have completed EPA training to be an EPA assessor.		
Clinical Tean	a Structuro*	Ward Based	Team Based	Other	
Highlight the t	eam model,	Waru baseu	ream based	Other	
clinical team s	tructure including are distributed	The orthopaedic JMO will have Senior members will help JMO o team registrar is usually the firs	complete day-to-day acti t point of contact, follow	ivities in the ward. The ved by the consultant.	
		 Daily ward rounds will be led by a consultant, and a registrar will accompton the junior doctor. Plans formulated during the round will be executed by with assistance from the registrar. JMOs are encouraged to attend the theatre after completing ward activit JMO will help the consultant and registrar with the outpatient clinics. 			

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. There are no prerequisites for commencing this term; however, JMOs will need to attend Basic Life Support session in the first week of term.
Orientation Include detail regarding the arrangements	Start of term Orientation delivered by Medical Administration.
for orientation to the term, including who is responsible for workplace orientation and	Mandatory ward orientation with CNC of the department.
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	Orientation is organised in the first week for Theatres which includes scrubbing and gloving techniques.
term requirements and clinical	





expectations within the first week of starting the term.	The Orthopaedic Department provides a comprehensive orientation program which includes:
	Supervision
	Rounding schedule
	Clinical Policies
	Responsibilities
	 Tour of the unit 6W (where an in person meeting is feasible during the first week

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	Most work will involve caring for patients in the perioperative period. The casemix usually involves elective surgery for both lower and upper limb cases, such as hip, knee and shoulder replacements.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	 To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift. To admit patients not arriving through Emergency Department. To provide continuing care of all patients on your team under the supervision of your registrar. To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible. Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge. To attend ward rounds. This includes medical patients, consults, ICU and CCU patients. To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. To attend and participate in Grand Rounds with case presentations as requested. Assisting in theatre for orthopaedic operations as needed by the orthopaedic teams. To participate in the after-hours ward roster. The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.





Work Routine Provide an overview of the work routine	Daily morning round commences at 7:00 am with both registrars and PGY 1/2 staff. The rounds are consultant-lead twice weekly. Following the round, the registrar and resident staff divide the work depending on patient numbers, clinical condition, and theatre commitments. The surgical service operates very much as a team. Junior staff are encouraged to assist each other if there is a difference in clinical load between the teams.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Orthopaedic patients will be discussed during the morning 0700am surgical handover or at the beginning of ward round with registrars. Handover is held in the Post Grad Room Xavier Building or Ward 6W.
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.

Education, Learning and Assessment				
Term Learning Objectives List the term-specific learning objectives*	 CLINICAL MANAGEMENT: To become proficient in history taking, ensuring all relevant information is obtained, including relevant radiological films. To perform a thorough physical examination and be able to elicit physical signs. To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis. To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind. To develop organizational skills and effective time management. To gain experience and proficiency in working in a multidisciplinary team. Understand the management of common orthopaedic conditions, such as hip, knee and shoulder arthritis and sports injuries. 			
Detail education and research opportunities and resources <u>specific</u> 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	 JMOs are encouraged to attend as many educational events as possible. Tuesday pm JMO protected teaching North Canberra Hospital JMO surgical teaching program, run weekly. Wednesday lunchtime Grand Rounds. All JMOs particularly PGY 1 are expected to attend general intern teaching session held every Tuesday afternoon. 			
During this term prevocational doctors should expect to have opportunity 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 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
700 Handover	700 Handover	700 Handover				
0730 Ward Rounds						
800 Attend theatres / ward roles	800 Attend theatres / ward roles	800 Attend theatres / ward roles	800 Attend theatres / ward roles	800 Attend theatres / ward roles		
	1300-1500 JMO Teaching	1200-1245 Grand Rounds				
1530 Handover	1530 Handover	1530 Handover				





Patient Load Average Per Shift	A maximal load is of the order of	10 - 15 patients.	
Overtime	Rostered overtime hours/week	Approximately 13 hours which includes weekend and long shifts	
	Unrostered overtime hours/week	Average of 3 hours per fortnight which can change due to seasonal changes or activity.	
After hours roster	JMOs participate in the Surgical F	OD afterhours rotation covering Surgical Wards,	
Does this term include participation in hospital- wide after hour's roster? If so advise:	OPMHU, Acacia, Maternity and first on call for theatre. Afterhours JMO shifts are as per the roster distributed by the Medical Administration.		
 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. 	hours and weekend periods. Bed	00)	

List Other Relevant Documentation

Intern job description RMO job description Scope of Practice