Prevocational Training Term Description Template

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

Term Details

Facility	South East Regional Hospital				
Term name*	General Surgery				
Term specialty*	general surgery				
Term location	South East Regional 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 (based on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places		**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		The CRMEC has not placed any limitation 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.		Dr Michelle Tan
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 AJ Collins (HoD) Dr Adrian Fernandez Dr Michelle Tan Dr Jeffrey van Gangelen Dr Yusuf Moollan Dr Can Huynh (Urology, visiting) Dr Barry Den (Ophthalmologist, visiting) Dr Phil Larkin (Opthalmologist, visiting)
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	3x Registrar

	EPA Assessors		Dr Michelle Tan Dr Adam Ofri Dr Yusuf Moollan
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
	SERH General Surgery unit is staffed by 6 general surgeons and one visiting urologist. There are 3 surgical registrars and 1 JMO. A single surgeon is on call each week, with other surgeons undertaking regular elective operating lists on a 4 week rotating schedule. The General Surgical JMO works with the 3 registrars as a team to provide care for all patients admitted under the general surgical unit, including non-elective and elective patients. At times the surgical JMO may be asked to attend the operating theatres to provide assistance to the surgeon.		

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 requirements as for all NSW health staff including clinical training and compliance with NSW Health immunisation, working with children, occupational health and safety and medical registration and professional insurance policies. JMOs will be instructed on mandatory training requirements during the orientation program and will be provided opportunity during the first two weeks of work to complete these. Other general expectations of the JMO at the commencement of the term include that the JMO will: • Communicate professionally with nursing and paramedical personnel. • Communicate professionally with the other team members. • Be committed to good patient care. • Be enthusiastic in both learning and teaching. • Be willing to work and collaborate with other staff and assist them where required. • Be punctual, reliable, honest and behave in an ethical manner to patients and other staff. • Be efficient in the management of the ward workload and be able to prioritise tasks.
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.**	SERH provides a detailed orientation to the hospital on the first day. This program is run by the Director of Prevocational Education and Training and the JMO Support Officer. It is followed by an additional unit supervisor and Nurse Unit Manager introduction, and an introduction to the Director of Medical Services. There are sessions on the electronic medical record systems, and on electronic prescribing. JMOs are shown how to access electronic resources including daily patient lists, contacts information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies. The orientation program is supplemented with an information handbook including the term ROVER, with necessary information and policies, and links to digital resources that include all necessary information are also provided.

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	SERH is a Regional Hospital in the Bega Valley, NSW. The General Surgery Department is attended by 6 General Surgeons, 1 Visiting Urologist and 1 Visiting ENT specialist. There are 3 General Surgical Registrars and 1 JMO. There are 4 Operating Theatres, 1 Procedure Room and a 6 bed HDU/ICU. The Surgical Ward consists of up to 28 beds and is shared with the Orthopaedic service. Elective casemix consists of Breast and Endocrine Surgery, Colorectal Surgery, Skin Surgery, Urology, Paediatric ENT and Endoscopy. Emergency casemix consists of but not limited to trauma care, appendicectomies, cholecystectomies, incision and drainage of collections, wound debridement, emergency laparotomies, emergency endoscopies, testicular torsion as well as managing the primary presentation of some sub-specialty surgical presentations. In addition to the clinical management of patients presenting with surgical issues, the general surgical unit at SERH is also responsible for appropriately referring patients that require tertiary level care.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	**Daily tasks and responsibilities include the following:** General principles: • Punctuality in starting the shift, continued attendance throughout the shift, and consultation with shift supervisor before taking breaks; • PGY-1 staff are not to discharge a patient without discussion with a supervising medical officer • Courtesy to patients and colleagues; • Be guided by senior nursing staff; • Accurately record patient data into the electronic medical record; • Ensure adequate handover of patient at change of shift or ward transfer; • Communicate with GP and/or community services upon discharge and appropriate completion of medical record and discharge summary; and • Ensure adequate handover of patient if out on a break and at shift conclusion. Daily routine: 1. Obtaining an updated daily list of patients in the unit 2. Attending ward rounds with the registrar and/or VMO and clerking the round 3. Admitting patients to the ward (in the case of direct admissions) 4. Regularly attending to the clinical job list as flagged by the nursing staff 5. Maintaining clear and timely electronic medical records 6. Electronic prescribing of accurate medication charts as per NSW Health policy and liaising with the ward Pharmacist 7. Preparing comprehensive and relevant discharge summaries that will be sent to the patient's general practitioner prior to discharge when transferring to another health facility or within 48 hours of discharge. 8. To contact patient's regular general practitioner (where applicable) on admission and discharge. 9. Charting intravenous fluids with reference to the patient's clinical status, observations, intake/output charts and blood tests 10. Promptly responding to patient and nursing concerns in the event of a change in clinical condition

	11. Obtaining blood tests and intravenous access where pathology and nursing staff are unable to do so 12. Promptly escalating clinical care to a more senior doctor (be it registrar, Staff Specialist, VMO, anaesthetist or ED doctor) where the JMO either cannot fix the clinical problem, does not feel confident to do so or when asked to do so by a senior nurse 13. Arranging consultations with other teams in the hospital including allied health and discharge planning 14. Responding to MET and arrest calls for General Surgical Patients 15. Arranging necessary investigations, including liaising with pathology and radiology services; collating investigation results and informing the registrar of significant abnormalities 16. Assisting with arrangements to transfer patients to tertiary referral hospitals which may include liaising with retrieval and ambulance staff, accepting registrars and bed managers 17. Liaising with the family of patients 18. Assist with medical and nursing student education 19. Join the Registrar and Consultants in the operating theatre to act as a surgical assistant
Work Routine Provide an overview of the work routine	Full details of the work routine are available in the term ROVER, which will be provided during orientation to the term. Please also refer to previous section. In general terms the work routine is as follows: 07:00 – Handover from night registrar, print daily list and undertake ward round (usually with registrars) 07:30 – finalise ward round documentation, complete post round tasks 08:45 – MDT meeting on ward, continue post-round tasks including appropriate prioritisation of patient discharges (aim is for 10:00) 14:45 – hand over relevant patients to after-hours JMO and/or ICU as required
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	Note that handover to after-hours JMO is before their start time. They will be working clinically, and it is important that they are contacted even if there are no patients to hand over. If there are unstable patients on the ward, these should be discussed with the team registrar and the ICU registrar prior to finishing shift.
Opportunities for Indigenous Health	6.6% of the population of Bega Valley are indigenous. There are frequent admissions of indigenous patients to SERH, and an active Aboriginal Liaison Service within the hospital. JMOs are encouraged to interact with this service and refer all indigenous patients on admission to the ALOs.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	Learning objectives must be discussed with the term supervisor in the first 2 weeks of term. **CLINICAL MANAGEMENT:** **Knowledge** It is expected by the end of the term that the resident: • Could take a thorough surgical history and perform a surgical examination of the patient.

	• Recognise and act to escalate care of the deteriorating patient on the ward • Effectively manage perioperative medications including insulin and anticoagulants • Become aware of the aspects of the history that would raise concerns with potential anaesthetic risks. • To be able to determine what the appropriate laboratory tests are required prior to an anaesthetic and operation including arranging blood products • To know what relevant investigations are required for most general surgical problems • To become an effective assistant in theatre and be aware of what is involved in common operations • To be able to manage patients post-operatively. This would include the management of fluids, analgesia, catheters, drains and anticoagulation • To be aware of postoperative complications, investigations required to confirm these complications and the specific management of the complications. **Procedural skills:** General Surgery at SERH provides many opportunities for surgical skill development, including: • Venesection, cannulation and ABG sampling, including the use of bedside ultrasound to assist finding vessels • Basic surgical skills including prepping and draping, using diathermy, simple and more advanced suturing techniques, skin stapling, placing and securing drains and learning how to write up operations • Bladder catheterisation with opportunities to learn suprapubic catheter insertion • Attending trauma calls in the ED with the registrar and VMO and observing/assisting with trauma surveys and management • Performing basic operations under supervision such as skin lesion excision, incising and draining abscesses and haematomas for example. **COMMUNICATION:** By the end of the term the JMO may expect to be more confident in: • Communicating with a diverse patient group, including indigenous and non-English speaking patients. • Relaying distressing news and communicating with the family and loved ones of critically unwell patients are an important part of the JMO role in this term. • Effective communication with nursing and allied health staff is a crucial skill and learning how to balance respectful listening with clinical leadership is a foundation for work as a registrar and beyond. • Making logistical arrangements to facilitate consultations, investigations and transfers of patients will furnish the RMO with important practical skills for work within a complex healthcare system**.** **PROFESSIONALISM:** By the end of term the JMO may expect to have developed their professional skills in the following areas: • Team communication • Setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice • Skills in information technology relevant to clinical practice • Collection and interpretation of clinical data • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques

	• Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.
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	**Education opportunities** The General Surgery JMO is expected to participate in the JMO teaching program, with protected teaching every Wednesday from 12:30 – 14:30. This program is mapped to the Prevocational Outcome Statements and is designed to address the JMO education requirements. In addition, there is a dedicated general surgical JMO teaching program each Tuesday from 12:00 – 12:30. This program is run by the surgical registrars. Other learning opportunities include: • Community Medical Grand Rounds are held every 2nd month on Wednesday evening. These will be advertised to all, and JMOs will have the opportunity to present. • CRC meetings are held monthly. • GCTC meetings are held once per term. • There are additional teaching sessions each week with paediatrics, ED, general medicine and orthopaedics. The details of these are available on the education calendar on MS Teams, and on SharePoint. There are also additional simulation based education sessions. Interns present at SERH for 9 months or more are also eligible to apply for education scholarships through HETI. Past JMOs have used this to access various courses including ALS, trauma workshops, surgical skills, child and maternal health diploma course. **Research opportunities** There are opportunities for interns to conduct and present audits in the department. There is also an emerging research network within Southern NSW LHD, and there is opportunity for motivated JMOs to participate in this. **Resources** There is easy access to the CIAP website for online information including UpToDate. The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of the ANU School of Medicine and Psychology Clinical Training Facility, which is located on the hospital campus. There is also the facility for eduroam access for those JMOs with ongoing university commitments.

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

TIMETABLE *(the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	7.00 am Ward Round	7.00 am Ward Round	7.00 am Ward Round	7.00 am Ward Round	7.00 am Ward Round	1 in 4 rostered overtime 0800-2000	1 in 4 rostered overtime 0800-2000
	08:45 MDT	08:45 MDT	08:45 MDT	08:45 MDT	08:45 MDT		
PM		12:30 – 13:00 Surgical teaching	1230-1430 JMO Teaching				

Patient Load Average Per Shift	5-20	
Overtime	Rostered overtime hours/week	**Total Rostered Hours:** 4
	Un-rostered overtime hours/week	Varies
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.	**AFTER HOURS (and in Emergencies):** There are additional supervisory resources available from ICU, anaesthetics, General Physicians, General Surgeons and ED doctors.	

List Other Relevant Documentation

- SERH General Surgery Term ROVER
- SERH JMO supervisor guide