

Prevocational Training Term Description: General Surgery 2 (Orthopaedics)

Date of term description version	January 2024
Date term last accredited	March 2023

Term Details

Facility	South East Regional Hospital				
Term name*	General Surgery 2 (Orthopaedics)				
Term specialty*	Orthopaedic 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 (depending on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitations on conditions 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 Yateen Morar
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 Matthew Nott Dr Krishnankutty Rajesh Dr Rajesh Bedi Dr Asher Livingston Dr Adam Woodbridge Dr Yateen Morar (Fellow)
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-	3x Registrar

	day clinical supervision, including after-hours supervisors.			
	EPA Assessors	Dr Krishnankutty Rajesh Dr Asher Livingston Dr Yateen Morar Orthopaedic Registrars		
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	
	<p>SERH Orthopaedic Surgery unit is staffed by 3 resident and 4 rotational surgeons. There is also an orthopaedic fellow, 3 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.</p> <p>The orthopaedic JMO works with the 3 registrars as a team to provide care for all patients admitted under the orthopaedic unit, including non-elective and elective patients. Although the JMOs responsibilities are primarily on the ward, at times the JMO may be asked to attend the operating theatres to provide assistance to the surgeon.</p>			

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.	<p>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.</p> <p>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.</p> <p>Other general expectations of the JMO at the commencement of the term include that the JMO will:</p> <ul style="list-style-type: none"> • 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	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

<p>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>Nurse Unit Manager introduction, and an introduction to the Director of Medical Services. JMOs are also given an orientation to the ward. 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.</p> <p>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.</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>SERH is a Regional Hospital in the Bega Valley, NSW. The Orthopaedic Department is attended by 2 resident and 3 visiting surgeons. SERH serves at the orthopaedic trauma centre for the far South Coast of NSW, accepting patients from Batemans Bay to over the Victorian border. Elective casemix consists of joint arthroplasty and revision, upper limb including hand surgery, arthroscopies. Emergency case mix consists of trauma care, fracture and dislocation surgery, skin and joint infections, tendon and nerve repairs. The Orthopaedic Department also facilitates a busy fracture clinic. In addition to the clinical management of patients presenting with surgical issues, the Orthopaedic Department at SERH is also responsible for appropriately referring patients that require tertiary level care.</p>
<p>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<p>General principles:</p> <ul style="list-style-type: none"> • Punctuality in starting the shift, continued attendance throughout the shift, and discussion with shift supervisor before taking breaks; • 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. <p>Daily tasks and responsibilities include the following:</p> <ol style="list-style-type: none"> 1. Obtaining an updated daily list of patients in the unit 2. Attending multidisciplinary team meetings to help formulate management and discharge plans. 3. Attending ward rounds with the registrar and/or senior medical staff and clerking the round. 4. Admitting patients to the ward (in the case of direct admissions). 5. Regularly attending to the clinical job list as flagged by the nursing staff. 6. Maintaining clear and timely medical records. 7. Writing legible scripts and maintaining accurate e-meds (electronic) charts as per NSW Health Policy. If medications are not known, the JMO must call the patient's regular GP for clarification.

	<ol style="list-style-type: none"> 8. Preparing comprehensive and relevant discharge summaries that will be sent to the patient's general practitioner well prior to the follow-up visit. 9. To contact patient's regular general practitioner (where applicable) on admission and discharge. 10. Charting intravenous fluids with reference to the patient's clinical status, observations, intake/output charts and blood tests. 11. Promptly escalating clinical care to a more senior doctor (be it Registrar, Staff specialist, VMO, Anaesthetist or ED doctor) where the JMO cannot fix the problem, does not feel confident to do so or when asked to do so by a senior nurse. 12. Arranging consultations with other teams in the hospital including allied health and discharge planning. 13. Attending to administrative duties of declaring life extinct and completing death and cremation certificates with reference to NSW Coroner's Act and relevant NSW health policies. 14. Responding to MET and arrest calls as per the detailed orientation on the first day. 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 patient's family. 18. Join the Registrar and Consultants in the operating theatre to act as a surgical assistant 19. Assist with medical and nursing student education. <p>Weekend Overtime: Expected weekend overtime roster 1 weekend day (Saturday or Sunday) in every 4 weekends from 08:00-20:00. Surgical/Orthopaedic Registrar to round with consultant on call, PGY1 or PGY2 to attend to ward jobs and emergencies.</p>
<p>Work Routine Provide an overview of the work routine</p>	<p>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:</p> <p>07:00 – Handover from night registrar, print daily list and undertake ward round (usually with registrars)</p> <p>07:30 – finalise ward round documentation, complete post ward round tasks</p> <p>08:00 – MDT meeting on ward, continue post-round tasks including appropriate prioritisation of patient discharges (aim is for 10:00)</p> <p>14:45 – hand over relevant patients to afterhours JMO and/or ICU as required</p>
<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>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.</p>
<p>Opportunities for Indigenous Health</p>	<p>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.</p>

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 orthopaedic history and perform an orthopaedic examination of the patient.
- Recognise and act to escalate care of the deteriorating patient on the ward
- Effectively manage peri-operative medication 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 orthopaedic problems
- To become an effective assistant in theatre and be aware of what is involved in common operations(optional but most welcome if interested as long as ward duties done and patients stable)
- To be able to manage patients post-operatively. This would include the management of plasters/fixation devices, 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.

Skills

Orthopaedic 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
- Application of plasters
- Assisting in fracture clinic
- Basic surgical skills including prepping and draping, using diathermy, simple and more advanced suturing techniques, skin stapling, placing and securing drains, removing kirshner wires and learning how to write up operations
- bladder catheterisation
- attending trauma calls in the ED with the registrar and VMO and observing/assisting with trauma surveys and emergency fracture and dislocation management
- performing basic operations under supervision such as foreign body removal, nailed repairs, 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

	<p>arrangements to facilitate consultations, investigations and transfers of patients will furnish the RMO with important practical skills for work within a complex healthcare system.</p> <p>PROFESSIONALISM:</p> <p>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.</p>			
<p>Detail education and research opportunities and resources specific to this training term 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>Education opportunities</p> <p>The Orthopaedic JMO will be expected to participate in the JMO teaching program, with protected teaching every Wednesday from 12:30 – 14:30. This program is mapped to the Australian Curriculum Framework for junior doctors, and is designed to address the education requirements of JMOs as the progress through their first prevocational year.</p> <p>Other learning opportunities include:</p> <ul style="list-style-type: none"> • Community Medical Grand Rounds are held every 2nd month on a Wednesday evening. These will be advertised to all JMOs, and JMOs will have the opportunity to present at these. • 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 general surgery. The details of these are available on the education calendar on MS Teams, and on SharePoint. There are also additional simulation based education sessions. <p>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.</p> <p>Research opportunities</p> <p>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.</p> <p>Resources</p> <p>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.</p>			
<p>During this term prevocational doctors should expect to complete the following EPAs*</p> <p>(Highlight all that apply)</p>	<p>EPA 1</p> <p>Clinical Assessment</p>	<p>EPA 2</p> <p>Recognition and care of the acutely unwell patient</p>	<p>EPA 3</p> <p>Prescribing</p>	<p>EPA 4</p> <p>Team communication – documentation, handover and referrals</p>

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	Orthopaedic teaching/X ray meeting 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
	08:00 MDT Fracture clinic – all day	08:00 MDT	08:00 MDT	08:00 MDT	08:00 MDT		
PM		12:30 – 13:00 Surgical teaching	1230-1430 JMO Teaching				
			Journal club (once per month)				

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: <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.	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 Orthopaedic Term ROVER
- SERH JMO supervision guide