

TERM DESCRIPTION

Term descriptions are designed to provide important information to prevocational junior medical officers (JMOs) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the JMO.

Submissions of Term Descriptions are required to be current and as precise as possible. When submitting a Term Description for endorsement, please provide a cover sheet outlining the changes from the previous Term Description. To ensure the Term description is endorsed please provide a current date on the Term Description document so the version control can be monitored for auditing purposes, additionally please ensure the document is reviewed for content and accuracy and signed by the current supervisor.

DOCUMENT VERSION: December 2017	
FACILITY: The Canberra Hospital	
TERM NAME: Acute Surgical Unit	
TERM SUPERVISOR: Dr. Frank Piscioneri	
CLINICAL TEAM:	Dr. Frank Piscioneri, Director of ASU- 45660 Dr. C Mosse - 42222 Dr. U Majeed - 42222 Dr. I Davis - 42222 Dr. J Fergusson - 42222 Dr. J Lim - 42222 Dr. S Gananadha - 42222 Dr. X Liang - 42222 Dr. D Rangiah - 42222 Dr. A Fitzgerald - 42222 Professor K-M Schulte
ACCREDITED TERM FOR	

		Number	Core/Elective	Duration
	PGY1	3	Surgery	12-14 weeks
	PGY2+	3	Surgery	12-14 weeks
Total places available: 6 maximum				
OVERVIEW OF UNIT OR SERVICE	<ul style="list-style-type: none"> Acute surgery <p>Role of the Unit</p> <ul style="list-style-type: none"> Provide high quality acute general surgical services to ACT and surrounding geographic regions of NSW; Ensure that services provided meet with the highest standards of care and are given with compassion, kindness and courtesy; All health care providers in the department should be aware of the cost-effectiveness of all investigations and treatment; Ensure that adequate ward and operating facilities are available at all times for elective and emergency surgery; In close co-operation with Nursing Staff maintain optimal care and efficiency of utilisation in the wards so as to maximise usage of resources; To provide training for Surgical Registrars along the guidelines laid out by the R.A.C.S; To provide training to Residents and Interns, rotating through the department to enable them to cope with the diagnosis and management of patients with surgical conditions; To provide continuing medical education through ward teaching, seminars, lectures and discussions to nursing staff and nursing students; To participate in other hospital activities through conferences and seminars in order to educate medical doctors and colleagues on surgical patients; To participate through various non-medical groups such as the Breast Support Group and Colostomy Association; To support patients in the community; and Where possible, to promote health through the prevention of disease by changes in lifestyle. <p>Research, both clinical and basic, in surgical diseases are pursued to better understand mechanisms of disease and improve health care.</p> <p>This term forms part of Surgical Pod 1</p> <p>Surgery Pod 1 includes:</p> <ul style="list-style-type: none"> Gen Surgery 1- Trauma Gen Surgery 2- Colorectal, Head & Neck Gen Surgery 3- Upper GI Acute Surgical Unit (ASU) Cardiothoracic Surgery Urology Surgical Pod 1 Relief term placements. <p>Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme. All JMOs, particularly PGY 1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</p> <p>Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. Within your pod you will have one week of evening shifts from 1.30-10pm to</p>			

	<p>facilitate a handover period with the day staff and a handover with the night staff. Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information. A week of night shifts will also occur during your term from 9pm-7.30am (weekdays) or 8.30pm-7.30am (weekends/public hols). Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any shortfalls in staffing. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</p> <ul style="list-style-type: none"> • Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 A&D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case). • By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod who you will be familiar with. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day to day basis. You will participate in more focused handover and utilise relevant electronic discharge/casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams. • As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists and VMO's during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible. All JMOs will be required to work weekends as dictated by the roster.
REQUIREMENTS FOR COMMENCING THE TERM	<p>General hospital experience at Intern level and an interest in managing surgical patients.</p> <p>Basic Clinical Training such as:</p> <ul style="list-style-type: none"> • Ability to take history and carry out general physical examination; • Ability to document clearly in the patients' notes, to do ward rounds and to carry out decisions made; • Gowning and gloving techniques; • Familiarity with medication and fluid charts; and • Basic life support skills; and • Skills with venous cannulation.
ORIENTATION	<p>JMOs should contact Dr. Piscioneri or Dr Fitzgerald on the commencement of term to organise an initial orientation.</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS	<p>Consultant Specific Requests</p> <p>Every consultation to the unit demands a specialist opinion. The consultant must be contacted and see the consult within 24 hours. Please refer to individual consultant preferences;</p> <ul style="list-style-type: none"> • All acute patients are to be assessed on arrival in the unit and their management plan reviewed. This includes fluid balance, results of investigations, and any investigations not yet completed. For patients that may be requiring emergency surgery, their co-morbidities need to be assessed by the appropriate team. This will usually include an anaesthetic review.

Ward Rounds and Ward Work

- It is expected that the Inpatient Team (Intern and Registrar) round on every patient every day;
- Enter a written note on every inpatient every day, unless a chronic patient. The note MUST be timed, dated and signed.
- Prior to rounding, the nurse in charge of ASU should be given the opportunity to come on the ward round. Should the nurse in charge elect not to round then at the completion of the round on that ward the nurse in charge should be briefed on patient care plans;
- Medical Students attached to the unit are considered integral members of the team and should participate as a PreIntern, including patient examination and medical chart entries. Every medical student entry or test request must countersigned by a medically qualified team member;
- It is expected that on ward rounds with consultants that the resident will present a concise summary of the patients progress up to that point in time, including an assessment or problem list and management plan. The Registrar will contribute any additional management plans or dilemmas; and
- Consultation to other inpatient units can only be made after discussion with Registrar who will inform the consultant of the problems for which additional opinions are being sought.

Rounds/Surgery

Please refer to timetable

Outpatient Sessions

- Both registrar and resident are expected to attend the general outpatient sessions. In the clinic all new patients must be seen by a consultant.
- No patient can be added to the unit waiting list without a co-signing of the request for admission form by a consultant.
- Medical students are encouraged to see new patients as long cases prior to the consultant.
- The resident's responsibilities in the outpatient clinic are principally to follow up reviews. Returning patients to their regular family practitioner is encouraged.
- Each change in management or progress or prognosis demands a dictated note to the patient's family physician.

Operating Room

- Participation in all operating room sessions is mandatory for the unit Registrar and the RMO and/or intern is strongly encouraged to attend where ward work permits.
- The unit Registrar should be in the Operating Room at least 10 minutes prior to the operating list commencing to review any concerns and check the patient prior to anaesthetic commencing.
- Relevant imaging should be with the patient and hung on the X-ray viewing box or be available electronically.
- Team time out is essential.
- At the completion of each and every operation the following things must be checked and completed:
 - A handwritten operation report (a dictated report is the responsibility of the principal surgeon) that is SIGNED;
 - Detailed post operative orders;
 - Pathology request forms completed with an appropriate history and for those patient being discharged that day prepare a unit contact card; and
 - Follow up appointment and medical certificates.

	<p>Presentations</p> <ul style="list-style-type: none"> • Opportunities to present interesting cases arise at the Friday surgical JMO teaching session; • This session is also open to medical students who are attached to the unit. • Residents attached to the Unit are encouraged to consider participation in clinical research projects while attached to the Unit. <p>Hours of Work</p> <ul style="list-style-type: none"> • Generally, it is expected that most work will be completed in the hours rostered. Any uncompleted tasks should be handed over to the covering resident; • Should all duties be completed then pursuit of other activities, such as library reading and research activities, is encouraged; • If at any time the JMO is not in a position to respond expeditiously to a page then covering arrangements need to be in place; • Should the Resident or Registrar wish to leave the hospital during normal rostered hours of duty then appropriate cover must be in place; and • Please note the Unit Timetable. <p>Handover Attend 0700 General Surgery Department morning handover in the Seminar Room 1, Building 24. Shift handovers at 1500 and 2200.</p> <p>Prior to leaving the unit it is incumbent on the JMO to contact the incoming JMO and orientate him/her to both current inpatients who will be the responsibility of the new JMO</p>
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>IN HOURS Director of ASU can be contacted through the switchboard communication system. The roster is available on the ward and with the hospital switchboard. The consultants may cover for each other for brief periods as and when required, even if not on the roster. The registrar and the hospital switchboard will be notified of any such changes.</p>
	<p>AFTER HOURS The after-hours component is supervised by the onsite surgical registrar, on call senior registrar and the on call surgeon. There is also an onsite medical registrar to assist with any medical issues if required. Accredited and unaccredited Registrars are usually available, or the Trauma Registrar through the paging system. All other surgical visits from internal teams, Registrars and Fellows are very happy to consult re: their patients.</p>
<p>STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire during the term. This should include reference to the ACFJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT The JMO should strive to have undertaken the following by the end of this term:</p> <p>Clinical: Inpatient management of a range of Acute General Surgical and Trauma patients, including but not limited to:</p> <ul style="list-style-type: none"> • Acute surgical presentations; • Peri-operative management of gastrointestinal, soft tissue, thoracic and chest trauma surgery patients; • Principles of informed consent; • Patient and relatives' counselling skill development; • Primary, Secondary and Tertiary Injury surveys; • Acute and definitive multiple trauma management; • Fluid management and nutritional management, including TPN; • Intercostal catheter and underwater sealed drain management; • Pre-operative assessment and investigations;

	<ul style="list-style-type: none"> • Postoperative chest conditions: <ul style="list-style-type: none"> ➤ Atelectasis ➤ Pneumonia ➤ Common arrhythmias • Wound management and assessment; <ul style="list-style-type: none"> ➤ Cellulitis ➤ Infection ➤ Dehiscence • Tracheostomy care; • Clinical handover – all JMOs are expected to prepare written and verbal handover every shift change including weekends. <p>Advantages and disadvantages of various types of:</p> <ul style="list-style-type: none"> • Dressings • Wound Antiseptics • Common use of antibiotics <p>Procedural</p> <ul style="list-style-type: none"> • Participation and assistance at a range of operations; • Insertion of Foley Catheter, intravenous cannula; • Wound debridement and closure techniques; • Excision of skin lesions; and • Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, and abdominal paracentesis. <p>Education</p> <p>Participate in:</p> <ul style="list-style-type: none"> • Wound Management Skills Workshop; • Familiarisation with and participation in Audit process; and • Early Management of Severe Trauma course (EMST). <p>Interpretative</p> <p>You should be familiar with interpretation of the following:</p> <ul style="list-style-type: none"> • Fluid and electrolyte disturbance; • Renal function and liver function tests; • Medical Imaging: <ul style="list-style-type: none"> ➤ Chest X-ray ➤ Plain abdominal film ➤ CT Scans
	<p>COMMUNICATION</p> <p>The JMO should strive to have improved on:</p> <ul style="list-style-type: none"> • Patient interaction • Patient information note taking • Liaising with patient family members • Working as member of a team • Communicating with senior consultants • Communicating with other health care professionals regarding longer term patient management.
	<p>PROFESSIONALISM – is expected as standard</p> <p>The JMO should strive to improve to:</p> <ul style="list-style-type: none"> • Communicate and participate effectively in a multidisciplinary clinical team • Develop skills in the setting of personal learning goals and their achievement

	<p>through self-directed continuing medical education and supervised practice</p> <ul style="list-style-type: none"> • Update skills in information technology relevant to clinical practice • Gain more knowledge in the collection and interpretation of clinical data • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques • Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.
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INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0700, 1500, 2200 handover	0700, 1500, 2200 handover	0700, 1500, 2200 handover	0700, 1500, 2200 handover	0700, 1500, 2200 handover	0700, 1500, 2200 handover	0700, 1500, 2200 handover
	0730, 1800 consultant/ registrar ward round	0730, 1800 consultant/ registrar ward round	0730, 1800 consultant/ registrar ward round	0730, 1800 consultant/ registrar ward round 0730, 1800 consultant/ registrar ward round	0730, 1800 consultant/ registrar ward round	As per Surg Pod 1 roster	As per Surg Pod 1 roster
	There is a ASU allocated operating theatre on Monday to Friday from 0930-1700						
PM	1300-1430 Trauma Grand Round (4 th Monday of month)	3 – 4.30pm JMO teaching session		RMO teaching 2- 3pm Conf Rm 1 Level 3 Bld 2			
			1630- 1730Registrar teaching, RMOs invited				

PATIENT LOAD	16
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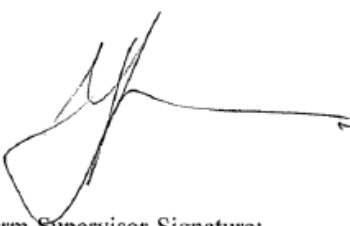
OVERTIME

Average hours per week ROSTERED: 8 UNROSTERED: 0

EDUCATION <i>Detail education opportunities and resources available to the JMO</i>	<ul style="list-style-type: none"> • All JMOs are expected to participate in the Tuesday afternoon teaching program. The period from 3.00pm to 4.30pm on Tuesdays is considered to be protected time; • PGY2+ teaching Wednesdays 1300-1400 hrs;
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<p>during the term. Formal education opportunities should also be included in the unit timetable.</p>	<ul style="list-style-type: none"> • JMO mini grand rounds Thursdays 1200-1230 hrs; • Surgical M&M every Wednesday 1730 – 1830 hrs; • Breast M&M alternate Mondays 1730 – 1830 hrs; • Current issues in ASU (by ASU Director) Wednesday 1400-1500 hrs; • Registrar teaching (RMOs invited) 1630-1730 hrs every Wednesday; and • Trauma Grand Rounds 4th of month 1300-1430 hrs. <p>Educational Resources A comprehensive range of reference material is held in the hospital library and is available on the intranet.</p> <p>AMO Teaching Director of ASU plus all specialist surgeons on a rotational basis C Mosse, U Najeed, I Davis, P Jeans, J Fergusson, J Lim, S Gananadha, X Liang, D Rangiah, and A Fitzgerald.</p> <p>Registrar Teaching Rotation Accredited Surgical Registrars</p>
<p>RESEARCH</p>	<p>Research opportunities will be made available as they arise.</p>
<p>ASSESSMENT AND FEEDBACK</p>	<p>Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>
<p>ADDITIONAL INFORMATION</p>	<p>Rostering JMOs will be rostered for evenings and weekend duty covering ASU. This is on a rotational basis so that the 24-hour period is covered in an equitable manner. This is a crucial part of JMO training and is heavily reliant on effective handover at shift changes at 0700 hrs, 1500 hrs, and 2200 hrs. Effective handover will ensure uninterrupted management of inpatients.</p> <p>Medical Record Documentation All patients should have relevant notes written in their file following each review i.e. at least daily. To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</p> <ul style="list-style-type: none"> • All entries must be legible, clear, relevant and objective; • Every entry must include date, time, signature, designation and printed name; • All entries must be written within the boundaries of the form. Do not write in the margins; • Only approved, bar-coded forms should be used; • Use black ballpoint pen only. Do not use blue pen, Pentel, rollerball, felt pens, highlighter pens or liquid paper; • Only approved hospital abbreviations should be used; • Student entries must be countersigned by their supervisor; and • Entries written in error must have only one line ruled through the incorrect entry and must have “Written in Error” entered above or beside the incorrect entry must be dated, timed, signed and designated. <p>Care Type Change Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient’s admission, for example from Acute Care to Rehab. In some situations a patient may have several Care Type changes during the course</p>

	<p>of their admission.</p> <p>For each Care Type change the JMO must:</p> <ul style="list-style-type: none"> • Assess the patient; • Document patient history, status and expected goals on the Notification of Care Type Change form; and • Document the new care type, the reason for care type change, and goals of current treatment and patient's current status in the progress notes. • Once all sections of the form have been completed, it should then be signed and handed to the Ward Clerk for action on CareSys. <p>Discharge Summary - Communication with General Practitioners</p> <ul style="list-style-type: none"> • A Discharge Summary must be completed for all Inpatient discharges (usually by the JMO) within 48 hours of discharge/separation; • All deceased patients must have a Discharge Summary completed; In either case, if you have never seen the patient please make a note of this on the Discharge Summary; • Discharge Summaries not completed by the end of each financial quarter will be brought to the attention of the Unit Directors and, potentially, to Executive Directors; and • In accordance with relevant policies, the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Summaries for which you are responsible.
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 Term Supervisor Signature:
 F. PISCIONERI

Frank Pisciconeri

December 2017