

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: Nov 2017 | | | | | | | | | | | | | | | |
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| FACILITY: The Canberra Hospital | | | | | | | | | | | | | | | |
| TERM NAME: Plastic Surgery | | | | | | | | | | | | | | | |
| TERM SUPERVISOR: Dr Greg McCarten | | | | | | | | | | | | | | | |
| CLINICAL TEAM: | Dr Greg McCarten -43843 Dr Ross Farhadieh - via switch Dr Michael Findlay –via switch Dr Yosanta Rajapaske – via switch Dr Siva Sathasivam – via switch Dr Krishna Rao – Post Graduate Fellow – via switch | | | | | | | | | | | | | | |
| ACCREDITED TERM FOR : | <table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>2</td> <td>Core</td> <td>12-14 weeks</td> </tr> <tr> <td>PGY2+</td> <td>0</td> <td>Core</td> <td>12-14 weeks</td> </tr> </tbody> </table> <p>Total positions available: 2 maximum</p> | | | | Number | Core/Elective | Duration | PGY1 | 2 | Core | 12-14 weeks | PGY2+ | 0 | Core | 12-14 weeks |
| | Number | Core/Elective | Duration | | | | | | | | | | | | |
| PGY1 | 2 | Core | 12-14 weeks | | | | | | | | | | | | |
| PGY2+ | 0 | Core | 12-14 weeks | | | | | | | | | | | | |

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| <p>OVERVIEW OF UNIT OR SERVICE</p> | <p>Role of the Unit The Plastic and Reconstructive Surgery (PRS) Unit at the Canberra Hospital supplies a service to the Canberra and outlying regions. This services includes:</p> <ul style="list-style-type: none"> • Hand surgery emergency services – The PRS deals with all forms of hand trauma and soft tissue upper limb trauma. This is an extensive work load commitment and much of it is out of hours. Other emergency services include complex facial lacerations, and acute soft tissue reconstruction • Reconstructive Hand surgery – The PRS Unit also performs elective reconstructive hand surgery incorporating a wide range of techniques. <p>The PRS Unit provides:</p> <ul style="list-style-type: none"> • A microsurgical reconstruction service to other surgical units of the hospital. Microsurgical reconstruction is often employed in difficult lower limb trauma, upper limb trauma, scalp defects and head and neck defects following cancer resection • Offers a skin cancer service with the ability to reconstruct the largest defects • Provides a complete Head and Neck Surgery service • Performs general reconstructive operations such as excisional skin surgery and breast reconstruction • The PRS Unit also provides education and professional advice to a wide range of medical, nursing and allied health staff on plastic surgery topics. <p>This term forms part of Surgical Pod 2 which includes the following units:</p> <ul style="list-style-type: none"> • ENT/Max Fac/Dental • Neurosurgery • Plastics • Ophthalmology • Vascular Surgery • Relief positions. <p>General information about Surgical Pod 2</p> <ul style="list-style-type: none"> • 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. • 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. The weekday rostered hours are 0700 – 1630 hrs unless otherwise indicated in the term description or roster. • Within your pod, some of you will have one week of evening shifts from 1330 – 2200 hrs to facilitate handover with the day staff and handover with the night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information. • For some of you, a week of night shifts will also occur during your term from 2100 hrs – 0730 hrs next day. On weekends the night shift is 2030 -0730 hrs. Following 7 night shifts, you will have 3 days off, 1 rostered ADO, another day off and then on call for the Sat/Sun. Alternatively arrangements can be made to allow for leave |
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| | <p>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 with whom you will be familiar. 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. *A&D Admissions and Discharges SP 2.2 <p>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 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 are required to work weekends as dictated by the roster.</p> |
| REQUIREMENTS FOR COMMENCING THE TERM: | <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 Skills with venous cannulation. |
| ORIENTATION: | <p>Orientation will be provided by the unit registrars upon commencement of the term.</p> <p>JMOs should be familiar with the hospital policies on hand hygiene, pre-operative assessments, DVT prophylaxis regimens, and pain management.</p> <p>In addition, the Staff Development Unit offers regular teaching sessions on:</p> <ul style="list-style-type: none"> Wound Care management – 2-hour course at SDU – both JMOs as early in term as possible Wound care – full day course as well – one JMO at a time - sometime in term JMOs are strongly encouraged to enrol in one or both of these courses through Capabili. |
| JMOs CLINICAL RESPONSIBILITIES AND TASKS: | <p>JMO Responsibilities</p> <ul style="list-style-type: none"> JMOs should see all plastic surgery unit patients every day and are responsible for day-to-day management of patients in the plastic surgery unit Most plastic surgery patients rarely require more than admission and discharge JMOs need to encourage the attached medical student's participation in the unit JMOs share emergency list bookings with registrar. Call X42765 and ask to speak to Nurse in charge of the emergency list. JMOs are also responsible for arranging admissions from outpatient clinic via surgical booking office (discuss with registrar). |

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| | <p>Consultation</p> <ul style="list-style-type: none"> • Consultations are generally seen on Wednesday morning during the unit ward • JMOs need to attend the unit ward round on Wednesday morning as part of continuing education. Each week one JMO will attend a Clinic for the rest of the day whilst the other Plastics JMO will cover the ward on their own (see below) <p>Ward Rounds</p> <ul style="list-style-type: none"> • The Junior Medical Officer is responsible for entering all comments made on the ward rounds and management plans into patient notes • Please ensure that their relevant X-rays are available for review on Wednesday morning ward round • X-rays should also accompany patients to theatre • Ensure that all dressings are removed before ward round (need to inform CNC on Tuesday pm) except where otherwise requested by consultant. <p>Clinic</p> <ul style="list-style-type: none"> • One of the JMOs is rostered to attend a Plastics Clinic on Wednesday while the other JMO covers the ward • The following week, the JMOs swap positions. <p>Theatre</p> <ul style="list-style-type: none"> • One of the JMOs is rostered to attend Theatre on Thursday while the other JMO covers the ward • The following week, the JMOs swap positions. <p>Discharges</p> <ul style="list-style-type: none"> • The Junior Medical Officer must complete the front sheets for patients before they are discharged and be aware of discharge plans and follow up dates • Any anticipated discharges for the weekend should have their discharge summaries completed in anticipation rather than leave the job to weekend JMOs who do not know the patient or the Unit's protocols • Note: Consultants attend outpatient clinics alternate Wednesdays. Ensure patients attend the correct VMOs clinic. <p>Handover</p> <ul style="list-style-type: none"> • At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients. <p>Please note the Unit Timetable.</p> |
| SUPERVISION: | <p>IN HOURS</p> <p>The clinical team, Dr. Greg McCarten, Dr. Ross Farhadieh, Dr. Michael Findlay, Dr Yosanta Rajapaske and Dr Siva Sathasivam and the plastics registrars are responsible for providing in hours supervision. Consultants are available after hours through the hospital switchboard.</p> |
| | <p>AFTER HOURS</p> <p>After hours medical and surgical registrars, consultants on call.</p> |
| STANDARD TERM OBJECTIVES: | <p>CLINICAL MANAGEMENT</p> <p>The JMO should strive to have undertaken the following by the end of this Term:</p> <ul style="list-style-type: none"> • Clinical Diagnosis of common skin tumours, BCC, SCC and melanoma • Recognise the difference between full and split thickness skin graft |

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| | <ul style="list-style-type: none"> • Understand the rationale for local flap reconstruction • Describe the difference between local and distant flaps • Post operative management of free flaps • Recognise different thickness of burn and the treatment of each • Excise a lesion and suture wounds using plastic surgery techniques • To read and diagnose facial fractures on X-ray and CT scan. |
| | <p>COMMUNICATION</p> <p>The JMOs 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 – a high standard is expected</p> <p>The JMOs 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 through self-directed continuing medical education and supervised practice • 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. |

INSERT TIMETABLE

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------|--------------------------------------|
| AM | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds | 0730 hrs Registrar Ward Rounds |
| | | | 0800 hrs Consultant Ward Round and teaching session | | | | |
| | 0900 hrs Registrar Review Outpatient clinic | 0900 hrs Registrar Review Outpatient clinic | 0900 hrs Registrar Review Outpatient clinic | 0900 hrs Registrar Review Outpatient clinic | 0900 hrs Registrar Review Outpatient clinic | | |
| | 0900 hrs Dr McCarten outpatient | | 1000 hrs Dr Farhadieh outpatient clinic | 0900 hrs Registrar Non-elective operation list | | | |

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| | clinic | | outpatient clinic | | | Overtime as per Surg Pod 2 roster | Overtime as per Surg Pod 2 roster |
| | | | Clinic (alternating weeks between JMOs) | Theatre (alternating weeks between JMOs) | | | |
| PM | | 1:00 hrs Registrar Follow up clinic | | RMO teaching 2-3pm Conf Rm 1 Lev 3 Bld 2 | | | |
| | | 1500-1630 hrs JMO Teaching session | | | | | |
| | Daily Emergency operating list | Daily Emergency operating list | Daily Emergency operating list | Daily Emergency operating list | Daily Emergency operating list | | |
| AFTER HOURS | Journal Club every 8 – 12 weeks M & M meeting every 8 – 12 weeks X-ray meeting every 2 weeks | | | | | | |

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| PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i> | 10 |
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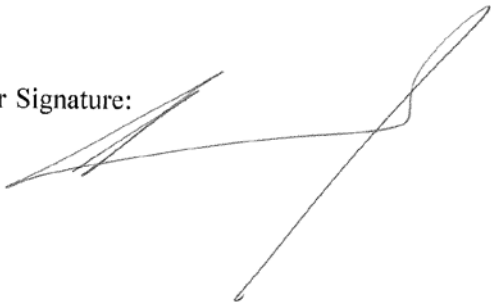
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| OVERTIME <i>Average hours per week</i> | ROSTERED: 8 | UNROSTERED: 0 |
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| EDUCATION: | <p>All interns (PGY1s) are expected to participate in the Tuesday afternoon teaching program. The period from 1500 – 1630 hrs on Tuesday is considered to be protected time for JMOs.</p> <p>Educational Resources A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p>Reading and Resource List Plastic surgery, Grab and Smith – available in the Canberra Hospital Library. Lecture notes on Plastic Surgery – MacGregor, in the Canberra Hospital Library.</p> <p>AMO Teaching Dr. McCarten and Dr. Farhadieh</p> |
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| | <p>Registrar Teaching</p> <p>Registrars on rotation</p> <p>Other</p> <p>Wound care Management courses (2-hour and 1 day) held at Staff Development Unit at TCH.</p> |
| ASSESSMENT AND FEEDBACK: | <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.</p> <p>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> |
| ADDITIONAL INFORMATION: | <p>Medical Record Documentation</p> <p>All patients should have relevant notes written in their file following each review i.e. at least daily.</p> <p><i>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</i></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 • 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</p> <p>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 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 • 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. <p>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> <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 |

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| | <ul style="list-style-type: none">• 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• 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:

A handwritten signature in black ink, appearing to be 'Greg McCarten', written over a light blue horizontal line.

Greg McCarten

Date 23 Nov 17