



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.

DOCUMENT VERSION: Nov 2017															
FACILITY: Canberra Hospital															
TERM NAME: Vascular Surgery															
TERM SUPERVISORS: Assoc Prof Stephen Bradshaw and Adjunct Prof David Hardman															
CLINICAL TEAM:	Assoc Prof Stephen Bradshaw - page through hospital switchboard Dr Wendell Neilson - page through hospital switchboard Adjunct Prof David Hardman - page through hospital switchboard														
ACCREDITED TERM FOR :	<table border="1"> <thead> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> </thead> <tbody> <tr> <td>PGY1</td><td>2</td><td>Core Surgery</td><td>12-14 weeks</td></tr> <tr> <td>PGY2+</td><td>2</td><td>Core Surgery</td><td>12-14 weeks</td></tr> </tbody> </table> <p>Total positions available: 4 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	2	Core Surgery	12-14 weeks	PGY2+	2	Core Surgery	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE	<p>The provision of acute and elective vascular surgical services.</p> <p>This term forms part of Surgical Pod 2. Surgical Pod 2 encompasses:</p> <ul style="list-style-type: none"> • ENT/MaxFac/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 PGY1 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 vascular roster involves a four day week working from 0630 – 1830 hrs (hours and days may vary – always check roster). One JMO will work 1030 – 2130 hrs every Thursday to cover for the outpatient clinic. Due to the rostering structure for Vascular term, there are no evening shifts allocated to the JMOs. However, handover should still occur with the rostered Surg Pod 2 evening JMO at a nominated site where all JMOs for the pod must meet to handover relevant information. Rarely a week of night shifts will also occur in this pod. If so, the shift is 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 provided adequate warning is given. 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 A&D 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).*A&D –Admissions and Discharge SP2.2 <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 Ability to work in a team environment with other JMOs and 2 or more Registrars.
ORIENTATION:	<p>JMOs should contact Assoc Prof Stephen Bradshaw or Adjunct Prof Hardman on the commencement of term for an initial orientation.</p> <p>They should also liaise with the NUM and other essential staff on the Vascular Ward (6B).</p> <p>JMOs should be familiar with the hospital policies on hand hygiene, pre-operative assessments, DVT prophylaxis regimens, and pain management.</p>
JMOs CLINICAL RESPONSIBILITIES	Vascular Surgery Patients

<p>AND TASKS:</p>	<ul style="list-style-type: none"> • It is the JMO's responsibility to ensure that all patients for theatre have their x-rays available on the morning of their surgery and that blood is x matched as required; and • Before finishing each day the results of all blood tests and x-rays requested that day are to be known and followed up. <p>Ward Rounds</p> <ul style="list-style-type: none"> • Ward rounds are performed each morning with the Registrar, the timing each day depending on theatre commitments; and • The electronic Vascular handover sheet should be updated each day. <p>Day Surgery</p> <ul style="list-style-type: none"> • Day Surgery Unit cases may be discharged <i>without</i> the "Day Surgery Operation Report/Discharge Summary" being completed. The JMO will be expected to complete a Discharge Referral form. Notification of forms required will be via the JMO Pigeonholes located on Level 2 of the main building; • If the regular Operation Report is used, a Discharge Referral needs to be completed UNLESS the Operation Report clearly shows a diagnosis (ruled off), details of the procedure, postoperative management, AND follow up orders. In this situation the patients Front Sheet may also be completed; and • Most elective surgical admissions are admitted through the Pre Admission Clinic on Friday but most admissions for angiography or angioplasty are not pre admitted and require a brief clerking. <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>
<p>SUPERVISION:</p>	<p>IN HOURS: A/Prof Bradshaw operates all day on alternate Mondays and Tuesdays and also alternate Monday afternoons</p> <p>Dr Neilson – All day operating Friday – EXCEPT Week 2 – and Monday afternoons in week 4.</p> <p>Adjunct Prof Hardman</p> <p>There are two dedicated vascular registrars providing both supervision and education during working hours.</p>
	<p>AFTER HOURS: This position undertakes after-hours work as part of the Surg Pod 2 roster - Within the pod you will have one week of evening shifts from 3-11pm. This is to facilitate a one hour handover with the day staff and a one hour 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. A week of night shifts will also occur during your term from 10pm – 8am. Following this you will have 4 days off, 3 days on call and 5 days of relief to cover any</p>

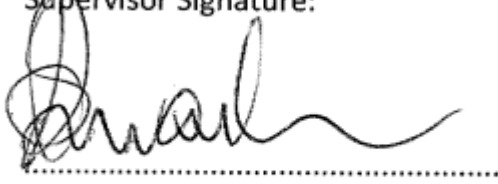
	<p>shortfalls in staffing. Please note, all JMOs are also required to work weekends as dictated by the roster. After hours there is always a surgical registrar on site for supervision and guidance and a consultant on call.</p>
STANDARD TERM OBJECTIVES:	<p>CLINICAL MANAGEMENT: The JMO should strive to have undertaken the following by the end of this Term:</p> <p>Clinical:</p> <ul style="list-style-type: none"> • Assessment and treatment of common arterial problems such as lower limb ischaemia causing claudication and rest pain, common aortic surgery and carotid surgery • Perform ankle brachial index testing • Assessment and treatment of acute vascular emergencies such as acute limb ischaemia and venous thrombosis • Assessment and treatment of venous diseases including venous hypertension and thrombosis – techniques and indications of anti coagulation and DVT prophylaxis • Assessment and treatment of complex wounds. <p>Procedural:</p> <ul style="list-style-type: none"> • Observe a diagnostic angiogram and balloon angioplasty • Become comfortable with assessing and reporting aorto bi femoral angiography. <p>Educational: Residents are to watch a carotid duplex study and understand the indications for carotid artery surgery.</p>
	<p>COMMUNICATION: 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 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.
<p>INSERT TIMETABLE</p>	

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	A/Prof Bradshaw operating 0800-1700 hrs (every 2 nd week)	X-Ray meeting 0730-0800 hrs		0900 hrs Pre Admission Clinic.	0800-1730 hrs Dr Neilson operating (weeks 1, 3 & 4)	As per Surg Pod 2 overtime	As per Surg Pod 2 overtime
		A/Prof Bradshaw operating 0800-1700 hrs (every 2 nd week)				As per Surg Pod 2 overtime	As per Surg Pod 2 overtime
PM	A/Prof Bradshaw or Dr Neilson operating 1300-1700 hrs (every 2 nd week)	1500-1700 hrs JMO teaching session	1730-1830 hrs Surgical Audit Meeting	1300 -late Vascular Out Patients Dr Hardman		As per Surg Pod 2 overtime	As per Surg Pod 2 overtime
				RMO teaching 2-3pm Conf Rm 1 Lev 3 Bld 2			
PATIENT LOAD:		15 (per JMOx3 =45)					
OVERTIME Average hours per week ROSTERED: 12 UNROSTERED: 0							
EDUCATION:		All interns are expected to participate in the Tuesday afternoon teaching program. The period from 1500-1630 hrs on Tuesdays is considered to be protected time for JMOs. RMOs have teaching on Wednesdays 1330-1430 hrs. Educational Resources: A comprehensive range of reference material is held in the hospital library and is available on the Intranet. AMO Teaching: Adjunct Prof David Hardman Registrar Teaching: Rotating advanced surgical registrar					

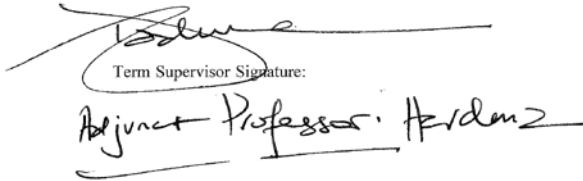
RESEARCH:	Research opportunities will be identifies as they become available.
ASSESSMENT AND FEEDBACK:	Term Supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website. In completing the assessments the Term Supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.
ADDITIONAL INFORMATION:	<p>Medical Record Documentation 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 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. • 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 • 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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Supervisor Signature:

A handwritten signature in black ink, appearing to read "Bradshaw", written over a dotted line.

Assoc Prof Stephen Bradshaw

A handwritten signature in black ink, appearing to read "David Hardman", written over a dotted line.

Term Supervisor Signature:

Adjunct Professor: Hardman

Adjunct Prof David Hardman

Date 21 Nov 17