

# TERM DESCRIPTION

## Orthopaedics

### TERM DESCRIPTION TEMPLATE

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.

When filling out the ACF please only tick boxes that are encountered commonly in this term where the Junior Doctor will clearly have gained knowledge and skills.

<b>DOCUMENT VERSION:</b> 19 September 2017																
<b>FACILITY:</b> Calvary Public Hospital Bruce (CPHB)																
<b>TERM NAME:</b> Orthopaedics																
<b>TERM SUPERVISOR:</b> Dr Michael Gillespie																
<b>CLINICAL TEAM:</b>		Dr Kathryn Gordiev Dr Michal Gross Dr Michael Gillespie Dr Alexander Burns Dr Sindy Vrancic Dr Nicholas Tsai Dr Joe lau Dr Joseph Smith Dr Igor Policinski Also Consultants for the Orthopaedics. All VMOs can be contacted via Calvary switchboard on 62016111.														
<b>ACCREDITED TERM FOR :</b>		<table border="1"> <thead> <tr> <th></th> <th><b>Number</b></th> <th><b>Core/Elective</b></th> <th><b>Duration</b></th> </tr> </thead> <tbody> <tr> <td><b>PGY1</b></td> <td>1</td> <td>Core Surgical</td> <td>13 weeks</td> </tr> <tr> <td><b>PGY2+</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<b>Number</b>	<b>Core/Elective</b>	<b>Duration</b>	<b>PGY1</b>	1	Core Surgical	13 weeks	<b>PGY2+</b>			
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<b>OVERVIEW OF UNIT OR SERVICE</b> <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		To provide inpatient care for traumatic and elective orthopaedic conditions.  To teach and train post-graduate surgical trainees, resident medical staff, medical students, nurses and allied health professionals in orthopaedic conditions.														
<b>REQUIREMENTS FOR COMMENCING THE TERM:</b> <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>		There are no prerequisites for commencing this term; however, JMOs will need to attend a Basic Life Support (BSL) session in the first week of term.														
<b>ORIENTATION:</b> <i>Include detail regarding the arrangements for Orientation to the term, including who is responsible for providing the term orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the JMO.</i>		The Orthopaedic Department provides a comprehensive orientation program which includes: <ul style="list-style-type: none"> <li>• Supervision</li> <li>• Rounding schedule</li> <li>• Starting times</li> <li>• Responsibilities</li> <li>• Tour of the unit</li> </ul>														

<p><b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b></p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ul style="list-style-type: none"> <li>• Clinical policies</li> </ul> <ol style="list-style-type: none"> <li>1) To ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift.</li> <li>2) To admit patients not arriving through Emergency Department.</li> <li>3) To provide continuing care of all patients on your team under the supervision of your registrar.</li> <li>4) To ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible.</li> <li>5) Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within 3 days of discharge. The referral must include a complete list of medications on discharge.</li> <li>6) To attend ward rounds. This includes medical patients, consults, ICU and CCU patients.</li> <li>7) To attend patient conferences &amp; to assist in careful discharge planning.</li> <li>8) To ensure that all fluid charts and medication sheets are up to date.</li> <li>9) To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results.</li> <li>10) To attend and participate in Grand Rounds with case presentations etc as requested.</li> <li>11) Endoscopies are a useful learning situation. The JMO should attend at least one session during their term.</li> <li>12) To participate in the Friday cardioversion session in CCU with Dr French.</li> <li>13) To participate in the after-hours ward roster.</li> <li>14) The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.</li> </ol>
<p><b>SUPERVISION:</b></p> <p><i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p><b>IN HOURS:</b></p> <p>JMOs are supervised by their registrar &amp; VMOs during the day and the Medical Registrar after-hours.</p> <p>A medical registrar on call is available 24 hours a day and can be paged via switchboard. VMOs are happy to be called if there is a problem and can be contacted via switchboard. After hours other senior medical staff are always available in Emergency Department, Intensive Care and Anaesthesia for acute problems.</p> <p>The hospital also operates a Medical Emergency Team. After hours Ward JMO shifts are as per the roster distributed by Medical Administration.</p>
	<p><b>AFTER HOURS:</b></p> <p>This term includes participation in the ward after hour's roster. The medical JMO is usually rostered on as the afterhours medical JMO, but may sometimes be rostered on as the surgical JMO. Both medical and surgical registrars are available 24/7/365 for supervision.</p>

	They are the immediate supervisor. The Director of Medical Services or delegate is available 24/7/365 as needed via switchboard.
<b>STANDARD TERM OBJECTIVES:</b>  <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>	<b>CLINICAL MANAGEMENT:</b> <ol style="list-style-type: none"> <li>To become proficient in history taking, ensuring all relevant information is obtained, including relevant radiological films.</li> <li>To perform a thorough physical examination and be able to elicit physical signs.</li> <li>To develop a provisional plan of investigation and management based on a provisional diagnosis and differential diagnosis.</li> <li>To use laboratory and radiological investigations for clearly specified purposes keeping the cost in mind.</li> <li>To develop organizational skills and effective time management.</li> <li>To gain experience and proficiency in working in a multidisciplinary team.</li> <li>Understand the management of common general medicine conditions which may include: falls in the elderly, dementia and confusion, stroke, diabetes, back pain, pneumonia &amp; septic arthritis.</li> <li>Understand the management of common gastroenterology conditions which may include: gastrointestinal bleeding, gastrointestinal malignancies, ulcerative colitis &amp; chronic liver disease.</li> </ol>
	<b>COMMUNICATION:</b> <ol style="list-style-type: none"> <li>To be able to communicate with patients and their relatives about the patient's illness and future plans for managing that disease and the patient.</li> <li>To be able to communicate with external medical and paramedical staff, including the GP, about the patient and to ensure good follow up care on discharge.</li> <li>To communicate effectively with hospital staff involved with the patient including the VMO &amp; the registrar.</li> <li>To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan.</li> <li>Be able to communicate with nursing staff regarding the clinical plans for each patient.</li> </ol>
	<b>PROFESSIONALISM:</b> <ol style="list-style-type: none"> <li>To show enthusiasm and initiative for learning.</li> <li>To be willing to teach and assist other staff.</li> <li>To demonstrate a desire for self-directed learning.</li> <li>To be punctual, reliable and honest and behave in an ethical manner to patients and staff, with respect for confidentiality.</li> <li>To be prompt and efficient in the management of work and show good prioritisation of tasks.</li> </ol>

f) To be committed to good patient care and good relations with other staff.

**INSERT 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
<b>AM</b>	Attend 1 case in OR with VMO teaching	VMO Round including Physician Examination Assessment	Attend 1 case in OR with VMO teaching	VMO Rooms Gillespie	VMO Rooms Gillespie	0700 Ward Round	1 hour anatomy study
	X Ray case Presentation + RV with Ortho Registrar	Attend 1 case in OR with VMO teaching		VMO Rooms Gordiev		0800 Dr Lim General Theatre List	
<b>PM</b>	VMO Rooms Tsai	X Ray case Presentation + RV with Ortho Registrar	12.00 Grand Rounds  VMO Rooms Morris			1 hour anatomy study	
	VMO Round including PE Assessment	Vmo Rooms Revelenat COG	1400 Ward Round	1400 Ward Round			
		1500-1700 Education Program at TCH	VMO Round including PE Assessment	VMO Round including PE Assessment			
				Attend 1 Case in OR with VMO Teaching			

**PATIENT LOAD:**

*Average number of patients looked after by the JMO per day*

Facilities should indicate how many patients a JMO is expected to manage each day and specify the patient load for the unit as a whole. It is also useful to provide an indication of patient complexity and turnover as this is considered when determining the optimal patient load to support education and training.

**OVERTIME**

*Average hours per week*

**ROSTERED:** 5.8 hours.

**UNROSTERED:** Average of 4 hours per fortnight which can change due to seasonal changes or activity.

**EDUCATION:**


*Detail education opportunities and resources available to the JMO during the term. Formal education*

JMOs are encouraged to attend as many educational events as possible.

- Tuesday morning Physician meetings: the JMO will be encouraged to present at these.
- Tuesday afternoon teaching at Calvary. This is protected time.

opportunities should also be included in the unit timetable.	<ul style="list-style-type: none"> <li>• Wednesday lunchtime Grand rounds at Calvary.</li> <li>• BLS training will take place in Week 1 or 2 of the term.</li> </ul>
<b>ASSESSMENT AND FEEDBACK:</b>  <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any shortcomings prior to the end-of-term assessment.</i>	<p>The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).</p> <p>It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.</p>
<b>ADDITIONAL INFORMATION:</b>	<p><b>Scope of Practice:</b></p> <p><a href="http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&amp;action=default&amp;DefaultItemOpen=1">http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&amp;action=default&amp;DefaultItemOpen=1</a></p>

Term Supervisor Signature:



Date:

26.6.17