

## **TERM DESCRIPTION**

### **Surgical Team 3**

#### **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															
<b>TERM NAME:</b> Surgical Team 3															
<b>TERM SUPERVISOR:</b> Dr Usama Majeed															
<b>CLINICAL TEAM:</b> <i>Include contact details of all relevant team members</i>		Dr Usama Majeed (Surgeon) Dr Phillip Jeans (Surgeon) Dr James Fergusson (Surgeon) Dr Xiao Liang (Surgeon) Sub specialties teams Plastics, ENT Head and Neck/Facio-Maxillary and Ophthalmology Ward 4 W and Clinical Staff All Consultants can be contacted through the Calvary switchboard on 62016111.													
<b>ACCREDITED TERM FOR :</b>		<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>1</td> <td>Surgery</td> <td>13 Weeks</td> </tr> <tr> <td>PGY2+</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Number	Core/Elective	Duration	PGY1	1	Surgery	13 Weeks	PGY2+			
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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>		Surgical Team 3 provides elective and acute care for a range of general surgical conditions. A wide range of procedures are performed covering a full range of general surgical problems particularly colorectal, breast, surgical oncology urological and hernia surgery. Endocrine (as well as others). Acute conditions are admitted through the Emergency Department, particularly appendicitis, bowel obstruction, gall bladder disease, urinary retention, perianal abscesses etc. Trauma and cardiothoracic surgery are performed at The Canberra Hospital. <b>The surgical service operates very much as a team. Junior staff are encouraged to assist each other if there is a difference in clinical load between the teams</b>													
<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 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</i>		The Surgical team 3 Unit 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> </ul>													

clinical policies and guidelines required as reference material for the JMO.	<ul style="list-style-type: none"> <li>• Tour of the unit</li> <li>• Weekly schedule</li> <li>• Clinical policies</li> </ul>
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b>  <i>List routine duties and responsibilities including clinical handover</i>	<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 Surgical 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) Theatre time is a useful learning situation. The JMO's should scrub in at least 2 sessions per week.</li> <li>12) To participate in the after-hours ward roster</li> <li>13) The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation</li> </ol>
<b>SUPERVISION:</b>  <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i>	<b>IN HOURS:</b>  JMOs are supervised by their registrar & VMOs during the day and the Surgical Registrar after-hours.  A Surgical 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.  The hospital also operates a Medical Emergency Team. After hours Ward JMO shifts are as per the roster distributed by Medical Administration.
	<b>AFTER HOURS:</b>  This term includes participation in the ward after hours roster. The medical JMO is usually rostered on as the after hours medical JMO, but may sometimes be rostered on as the surgical JMO. Both medical and surgical registrars are available 24/7/365 for supervision. They are the immediate supervisor. The Director of Medical Services or delegate is available 24/7/365 as needed via switchboard.
	<b>COMMUNICATION:</b>  <ol style="list-style-type: none"> <li>a) To be able to explain to patients and their relatives what is happening, what to expect and to listen and be able to address their concerns.</li> <li>b) To be able to communicate with external medical and paramedical personnel, including GPs, especially with regard to postoperative care.</li> <li>c) To communicate effectively with hospital staff involved in the patients' care including the registrar and VMO.</li> <li>d) 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>e) Be able to communicate with nursing staff regarding the clinical plans for each patient</li> </ol>

**PROFESSIONALISM:**

- a) To show enthusiasm and Initiative for learning and research.
- b) Demonstrate a desire for self directed learning
- c) To be willing to teach and assist other staff.
- d) To be punctual, reliable and honest and to behave in an ethical manner to patients and other staff,
- e) To be prompt and efficient in the management of work and with good prioritization of tasks.

**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
AM	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting	0700 handover meeting
	0800 Theatre List Majeed/Jeans		12.00 Grand Rounds	0800 Theatre List Liang/Ferguson			
PM		1330-1530 Education Program at Calvary	13:00 Theatre List Davis				
	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting	1600 handover meeting

**PATIENT LOAD:**

Average number of patients looked after by the JMO per day

15-25 patients

**OVERTIME**

Average hours per week

**ROSTERED:** 5.42 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 opportunities should also be included in the unit timetable.

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.
- Wednesday lunchtime Grand rounds at Calvary.
- Basic Life support training will take place in Week 1 or 2 of the term.

<p><b>ASSESSMENT AND FEEDBACK:</b></p> <p><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>	<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>
<p><b>ADDITIONAL INFORMATION:</b></p>	<p><b>Scope of Practice:</b></p> <p><u><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></u></p>

Term Supervisor Signature:

Date: 27-9-17

*[Handwritten Signature]*

