

TERM DESCRIPTION

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:

- ☐ Case mix 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.

DOCUMENT VERSION: 01/02/2018	
FACILITY: Goulburn Base Hospital	
TERM NAME: GENERAL SURGICAL TEAM	
TERM SUPERVISOR: Dr Mena Shehata	
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Margaret Beevors page 123; ph: 4823 0221 rooms) Dr Kurt Verschuer (02 4823 0249); Dr Luke Liu (02 4823 0249) Dr Mena Shehata (02 4823 0249) Dentists, Urology

ACCREDITED TERM FOR :		Number	Core/Elective	Duration
	PGY1	1	Core Surgical	12- 14 weeks
	PGY2+	1	Surgical	12- 14 weeks
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Broad spectrum of surgical practice; General Surgery; Elements of ENT and Urology; General Surgical Team JMOs also cover visiting dental surgeons.</p> <p>There is a general surgical SRMO at Goulburn Base Hospital, who is the immediate point of reference for the JMO and Intern with respect to general surgical patients. The general surgical SRMO will also provide some supervision and teaching for the JMO / Intern.</p> <p>There are three operating theatres with operating sessions both in the mornings and afternoons. Emergencies and elective cases occur during these sessions. The most valuable teaching occurs at the operating table. The General Surgical Team JMO / Intern is expected to attend some operating sessions conducted by Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu.</p> <p>Pre-Admission Clinic for the pre-operative assessment and clerking of elective surgery patients is on Tuesdays and every other Friday. A protocol for the pre-operative workup of surgical patients has been compiled and will be included in the orientation notes.</p> <p>Pre-Admission Session Times for the General Surgical Team JMO / Intern are as follows:</p> <ul style="list-style-type: none"> - Tuesday 0800 – 1500 - Every other Friday 0830 – 1130 <p>Dr Beevors is a General Surgeon who undertakes gastrointestinal endoscopies and has a special interest in Breast Cancer Surgery.</p> <p>Operating times:</p> <ul style="list-style-type: none"> - Tuesday morning - Thursday afternoon - Friday morning (every second week) <p>Dr Verschuer is a General Surgeon who undertakes gastrointestinal endoscopies and has an interest in a wide range of general surgery.</p> <p>Operating Times: Every second Wednesday morning and every second Thursday</p> <p>Dr Shehata is a general surgeon who undertakes gastrointestinal endoscopies and has a wide interest in general surgery. He also undertakes a limited range of ENT and urological surgery.</p> <p>Operating Times: Wednesday morning and afternoon Thursday morning</p> <p>Dr Liu is a General Surgeon who undertakes gastrointestinal endoscopies and has an interest in a wide range of general surgery.</p> <p>Operating Times: Every second Thursday</p> <p>The General Surgical Team JMO / Intern are also responsible for patients admitted under dental surgery (these sessions may be subject to revision from time to time). The majority of these patients will be admitted as Day Cases, and no direct input from the JMOs will be necessary. Occasionally patients will be admitted for an overnight stay in hospital and the usual tasks of clinical management and record keeping will need to be performed.</p>			

<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	<p>The JMO / Intern in the General Surgical Team are expected to have the skills one would normally associate with a JMO at PGY1 and 2 level. The JMO / Intern should be competent in venipuncture, intravenous Cannulation, and cardiac resuscitation. The JMO / Intern should possess reasonable skills in physical examination, and should be able to diagnose and liaise with the VMO concerning management of common post-operative complications. Opportunity to become competent at endotracheal intubation exists during theatre time and JMOs are expected to take advantage of this early in the term.</p>
<p>ORIENTATION:</p> <p><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></p>	<p>A detailed orientation to GBH occurs on the first day of the Term. The information of which JMOs need to be aware is covered during this time in oral and PowerPoint presentations with associated handouts. The VMO supervisor and the Nurse Unit Manager of the Surgical Ward then provide a specific orientation about the work of the unit.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ol style="list-style-type: none"> 1. See all new patients admitted under Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu as soon as is practicable, and document clinical findings and a plan of management in the patient's notes. 2. Attend consultant ward rounds and document any observed alterations in each patient's condition, organize any investigations requested by the VMO, and implement any changes in management suggested by the VMO. 3. Perform any necessary procedures required as part of the management of the patient (with supervision from a more senior doctor if inexperienced at a given procedure). 4. In conjunction with the SRMO, notify the VMO of any new admissions, consults requested by other VMOs, important x-ray or pathology results, or any sudden deterioration in patient's condition. 5. Attend Pre-Admission Clinic at the scheduled times to perform relevant pre-operative assessment and clerking of patients undergoing elective surgery, and notify the appropriate anaesthetist of any potential problems. 6. Assist in the main operating theatre with some sessions performed by Dr Beevors, Dr Verschuer, Dr Shehata and Dr Liu. 7. Provide ward cover for the General Surgical Team when the other team members are assisting in the operating theatre. 8. Communicate with patients and their relatives. 9. Ensure medication charts are kept up to date and accurate in accordance with current NSW Health guidelines. 10. Ensure that discharge summaries are completed in a timely and concise manner. 11. Make sure each patient upon discharge has an accurate list of their discharge medications. 12. Present a case on one occasion during the term at the Thursday Lunchtime Clinical Meeting (usually towards the end of the term). 13. Attend as many formal education sessions as possible. 14. Under rostered overtime (on duty and on-call).

<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: VMO and SRMO In hours: Direct questions regarding patient care to the Surgical SRMO or directly to the VMO concerned. After hours: Direct questions to the VMO on call. The Switchboard has the name and phone number of the VMO on call at all times. There are lists in the Emergency Department of the names of the VMOs on call. The Emergency Department CMO at night is also available to assist junior staff with advice. The Director of Clinical Services can be contacted if all of the above lines of assistance do not suffice.</p> <p>Ward Rounds Dr Beevors conducts ward rounds each day, usually within hours, and JMOs are expected to be present at each of these. These rounds are Monday 0900, Tuesday 0730, Wednesday and Thursday 0900 and Friday 0730 on a theatre day, and 0900 when not on a theatre day (alternate Fridays). Ward rounds may start at 0730 when there is a large patient load.</p> <p>Dr Verschuer and Dr Liu conduct ward rounds at varying times, usually allowing Dr Beevors' round to be completed first so that JMOs are not missing out on important information from either round.</p> <p>Dr Shehata performs a daily ward round, usually in the morning. In addition the on-call orthopaedic surgeon performs a ward round of all orthopaedic patients on a daily basis.</p> <p>JMOs should try to attend as many rounds and theatre sessions as possible, as this is where the majority of teaching and exposure to VMO knowledge is gained.</p>
	<p>AFTER HOURS: The term involves participation in an after-hours roster. The VMOs themselves, the on-call VMO and the Emergency Department CMO can all be of assistance at any time to junior doctors. JMOs are to feel free to contact any Senior Doctor at any time for advice. Occasionally a Senior MO will kindly redirect the Junior doctor to a more appropriate supervisor if needed.</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 AC FJD. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>CLINICAL MANAGEMENT:</p> <ol style="list-style-type: none"> 1. Evaluate and manage common surgical diseases. 2. Develop an understanding of the complex interaction of physical, psychological, social and cultural factors that determine the specific clinical problems of an individual patient. 3. Develop effective communication skills, both with patients and their relatives and with other health care professionals. <p>A. Patient Management</p> <ol style="list-style-type: none"> 1. Assessment of the surgical patient using appropriate history taking and physical examination 2. Appropriate ordering of laboratory tests and subsequent interpretation of the results 3. Appropriate ordering of medical imaging, interpretation of x-rays in surgical patients (especially abdominal x-rays) 4. Understand the principles of pre-operative assessment of surgical patients especially those with co-morbidities and patients on anticoagulants. 5. Understand the principles of postoperative care including IV fluids,

	<p>analgesia and wound management.</p> <ol style="list-style-type: none"> 6. Recognition and management of common post-operative complications such as bleeding, sepsis, DVT, confusion, respiratory problems and ileus. 7. Understand the principles of surgical antibiotic prophylaxis 8. Understand the value and methods of working in a multi-disciplinary team 9. Learn how to communicate effectively with patients and their relatives. <p>B. Practical Skills</p> <ol style="list-style-type: none"> 1. Intravenous Cannulation 2. Collection of arterial blood gases 3. Urinary catheterization 4. Suturing wounds / surgical knot tying 5. Insertion of intercostal catheter 6. Endotracheal intubation 7. Plastering techniques
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> - Appreciate the value of working in a team and the JMOs role in it - Enhance their skills in building effective relationships with patient families and staff thereby enabling effective communication. - Learn how to create clinical documentation which will set out the medical details necessary for effective decision making about clinical care
	<p>PROFESSIONALISM:</p> <ul style="list-style-type: none"> - To learn to assist in providing General Surgical Service through working in a multidisciplinary team which collectively provides these services - To acquire knowledge and skills in managing General Surgical Conditions - To develop skills in continued self-directed learning and in the use of IT in relation to clinical practice. - To develop understanding of the practice of quality assurance through data interpretation

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	09:00 Ward Round Beevors	08:30 – 09:30 Medical Journal Club	Ward Round – Generally am (Verschuer)	Ward Round – Generally am (Verschuer)	Ward Round – Generally am (Verschuer) 07:30 – Ward Round (Beevors) unless non-operative day;		
		07:30 Beevors Ward Round. 08:00 – 12:30 Operating Theatres Beevors	09:00 Ward Round (Beevors) 08:00-12:30 Dr Shehata list	09:00 Ward Round (Beevors) 08:00-12:30 Dr Shehata list	08:00 – 12:30 Operating Theatre with Dr Beevors (second weekly) 08:30 – 11:30 Preadmission clinic		
PM	14:00 – 16:00 Formal training	08:00 – 15:00 Preadmission clinic	13:00-17:00 Dr Shehata list	08:00 – 16:00 Theatres with Dr Verschuer / Dr Liu (alternate weeks)			
				13:00 – 14:00 Grand Rounds			

is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

PATIENT LOAD:

5 - 10

Average number of patients looked after by the JMO per day

OVERTIME

Average hours per week

ROSTERED: 8 hours per week

UNROSTERED: 4 hours per week

EDUCATION:

Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.

A comprehensive formal education program has been set up for JMOs seconded to GBH. There is an expectation that JMOs will make every effort to attend as many of these educational activities as possible. The weekly schedule of these activities is shown in the timetable.

The Monday afternoon tutorials are held in the JMO tutorial room, or as specified on the tutorial timetable at 2pm until 4pm. This entails reviewing CDs of teaching supplied from the Canberra Hospital under the direction of DPET, and Face to Face teaching. This time is protected teaching time and JMOs should be encouraged to give their pager to the General Surgical Registrar.

The area librarian generally gives one tutorial each term on the topic of "Using the Internet and CIAP Medical Databases. There is some scope for

	<p>JMOs to nominate specific topics of interest to be covered by VMOs.</p> <p>On Thursdays at 1pm a lunchtime Grand Round is held in the Staff Education Centre. Sandwiches and coffee are provided every week. Both local speakers and invited guests present talks on a diverse range of topics on interest to medical practitioners.</p> <p>The Hospital has 8 medical Students from ANU who are here for the whole year, and JMOs are encouraged to actively participate in their education where possible.</p> <p>In addition the to activities mentioned above, tutorials conducted by VMOs are often organized on an ad hoc basis.</p> <p>Educational Resources:</p> <p>The Library contains a collections of texts, journals and videos, a photocopier and a computer with printer. The library may be accessed 24 hours by a key held at the reception. There is a TV/DVD in the Ros Noakes Room and computer with printer located in an open area next to the Ros Noakes Room. There is also a digital still camera kept in ED which may be borrowed for educational purposes. The hospital subscribed to Up To Date which can be accessed on all computers in the hospital.</p> <p>AMO Teaching.</p> <p>Dr Margaret Beevors; Dr Luke Liu; Dr Mena Shehata and Dr Kurt Verschuer</p>
<p>ASSESSMENT AND FEEDBACK:</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 short-comings prior to the end-of-term assessment.</i></p>	<p>The Team Supervisor will provide formal assessment and feedback, at mid-term and at the end of term using the Australian Medical Council's Prescribed Appraisal / Assessment Form. In completing these forms, the term supervisor may consult with other members of the team/ Nurses/ Allied Health Professionals.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>We hope you have a rewarding and enjoyable stay in Goulburn.</p>

Term Supervisor Signature:

Date:

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01 / 02 / 2018