

TERM DESCRIPTION

FACILITY: SouthEast Regional Hospital															
TERM NAME: General Surgery 2 (orthopaedics)															
TERM SUPERVISOR: Dr Matthew Nott															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	Dr Matthew Nott Dr Krishnakutty Rajesh Dr Christopher Phoon														
ACCREDITED TERM FOR :	<table> <tr> <th></th><th><i>Number</i></th><th><i>Core/Elective</i></th><th><i>Duration</i></th></tr> <tr> <td>PGY1</td><td></td><td></td><td></td></tr> <tr> <td>PGY2+</td><td>1</td><td>Surgery</td><td>13 weeks</td></tr> </table>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1				PGY2+	1	Surgery	13 weeks
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PGY2+	1	Surgery	13 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>SERH Orthopaedic Surgery unit is staffed by 3 orthopaedic surgeon. There is one orthopaedic registrar and one JMO. There is a 4 theatre operating suite and a 6 bed HDU/ICU. The surgical ward is shared with the general surgery service. Elective casemix consists of joint replacements and revisions, contracure correction and carpal tunnel releases and arthroscopies. Emergency casemix consists of trauma care, fracture and dislocation surgery, skin and joint infections, tendon and nerve repairs.</p>														
REQUIREMENTS FOR COMMENCING THE TERM: <i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i>	<p>Basic requirements of the JMO include:</p> <ul style="list-style-type: none"> - To communicate professionally with nursing and paramedical personnel. - To communicate professionally with the other team members. - To be committed to good patient care. - To be enthusiastic in both learning and teaching. - To be willing to work with and assist other staff. - To be punctual, reliable, honest and behave in an ethical manner to patients and other staff. - To be efficient in the management of the ward work load and be able to prioritise tasks. <p>The term supervisor will complete mid-term and final assessments of the JMO. The supervisor will assess feedback directly and from various collateral sources including the registrars, nursing staff, patients and the DPET. Performance concerns will be raised early and a learning plan will be formulated with the JMO, the supervisor and the DPET.</p>														
ORIENTATION:	There is a general JMO Orientation Program for SERH and additional unit														

<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>orientation by supervisor and NUMs. A detailed orientation to the Hospital occurs on the first day where a handbook with necessary information and policies is provided. JMOs are shown how to access online resources including daily patient lists, contacts information for all hospital personnel and services, educational resources and clinical guidelines and hospital policies.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>Daily tasks and responsibilities include the following:</p> <ol style="list-style-type: none"> 1) obtaining an updated daily list of patients in the unit 2) attending handover in the ED 3) attending ward rounds with the registrar and/or VMO and clerking the round 4) admitting patients to the ward (in the case of direct admissions) 5) regularly attending to the clinical job list as flagged by the nursing staff 6) maintaining clear and timely medical records 7) writing legible and accurate medication charts as per NSW Health policy 8) preparing comprehensive and relevant discharge summaries that will be sent to the patient's general practitioner well prior to the follow-up visit 9) charting intravenous fluids with reference to the patient's clinical status, observations, intake/output charts and blood tests 10) promptly responding to patient and nursing concerns in the event of a change in clinical condition 11) obtaining blood tests and intravenous access where pathology and nursing staff are unable to do so 12) promptly escalating clinical care to a more senior doctor (be it registrar, VMO, anaesthetist or ED doctor) where the JMO either cannot fix the clinical problem, does not feel confident to do so or when asked to do so by a senior nurse 13) arranging consultations with other teams in the hospital including allied health and discharge planning 14) attending to the administrative duties of declaring life extinct and completing death and cremation certificates with reference to the NSW Coroner's Act and relevant NSW Health policies 15) responding to MET and arrest calls as per the detailed orientation on the first day 16) arranging necessary investigations, including liaising with pathology and radiology services; collating investigation results and informing the registrar of significant abnormalities 17) assisting with arrangements to transfer patients to tertiary referral hospitals which may include liaising with retrieval and ambulance staff, accepting registrars and bed managers 18) liaising with the family and general practitioner of patients 19) assist with medical and nursing student education 20) join the registrar and VMO in the operating theatre to act as a surgical assistant 21) assist the registrar at the Wednesday afternoon fracture clinic <p>Weekend Overtime: Expected weekend overtime roster 1 in 4 weekends from 09:00-15:00 on Saturday and Sunday. Rounds with GPVMO and the weekend surgical registrar then ward jobs and responding to any ward</p>

	emergencies.
SUPERVISION	<p>IN HOURS: The orthopaedic registrar in the first instance, via their pager, mobile phone, DECT phone or the direct internal phone to the operating theatre. From any of the orthopaedic VMO's on their mobile phones or via their rooms if the registrar is unavailable.</p> <p>After Hours and in emergencies there are additional supervisory resources available from ICU , anaesthetics and ED doctors.</p>
<p>STANDARD TERM OBJECTIVES:</p> <p><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></p>	<p>CLINICAL MANAGEMENT:</p> <p>KNOWLEDGE</p> <p>It is expected by the end of the term that the resident:</p> <ul style="list-style-type: none"> - Could take a thorough orthopaedic history and perform an orthopaedic examination of the patient. - Recognise and act to escalate care of the deteriorating patient on the ward - Effectively manage perioperative medications including insulin and anticoagulants - Become aware of the aspects of the history that would raise concerns with potential anaesthetic risks. - To be able to determine what the appropriate laboratory tests are required prior to an anaesthetic and operation including arranging blood products - To know what relevant investigations are required for most orthopaedic problems - To become an effective assistant in theatre and be aware of what is involved in common operations - To be able to manage patients post-operatively. This would include the management of plasters/fixation devices, fluids, analgesia, catheters, drains and anticoagulation - To be aware of postoperative complications, investigations required to confirm these complications and the specific management of the complications. <p>SKILLS</p> <p>Orthopaedic Surgery at SERH provides many opportunities for surgical skill development, including:</p> <ul style="list-style-type: none"> - Venesection, cannulation and ABG sampling, including the use of bedside ultrasound to assist finding vessels - Basic surgical skills including prepping and draping, using diathermy, simple and more advanced suturing techniques, skin stapling, placing and securing drains, removing kirshner wires and learning how to write up operations - bladder catheterisation - attending trauma calls in the ED with the registrar and VMO and observing/assisting with trauma surveys and emergency fracture and

	<p>dislocation management</p> <ul style="list-style-type: none"> - performing basic operations under supervision such as foreign body removal, nailed repairs, incising and draining abscesses and haematomas for example.
	<p>COMMUNICATION:</p> <p>By the end of the term the JMO may expect to be more confident in communicating with a diverse patient group, including indigenous and non-English speaking patients. Relaying distressing news and communicating with the family and loved ones of critically unwell patients are an important part of the JMO role in this term. Effective communication with nursing and allied health staff is a crucial skill and learning how to balance respectful listening with clinical leadership is a foundation for work as a registrar and beyond. Making logistical arrangements to facilitate consultations, investigations and transfers of patients will furnish the RMO with important practical skills for work within a complex healthcare system.</p>
	<p>PROFESSIONALISM:</p> <p>By the end of term the JMO may expect to have developed their professional skills in the following areas: team communication, setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice, skills in information technology relevant to clinical practice, collection and interpretation of clinical data, understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.</p>

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	7.30AM Handover in ED followed by 7.40 am Ward Round	7.30AM Handover in ED followed by 7.40 am Ward Round	7.30AM Handover in ED followed by 7.40 am Ward Round	7.30AM Handover in ED followed by 7.40 am Ward Round	7.30AM Handover in ED followed by 7.40 am Ward Round	1 in 3 rostered overtime 0900-1500	1 in 3 rostered overtime 0900-1500
			Grand Rounds	RMO Teaching			
PM				Journal club once a month			
			2-5 Clinic				

<p>PATIENT LOAD:</p> <p><i>Average number of patients looked after by the JMO per day</i></p>	5-20
OVERTIME	

<p>Average hours per week Click here to enter text.</p> <p>ROSTERED: 4 hours</p> <p>UNROSTERED: varied</p>	
<p>EDUCATION:</p> <p><i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i></p>	<p>Grand Rounds is held every Wednesday morning between 730-830. RMO teaching is held from 0730-0830 Thursday morning 730-830. CRC meetings held monthly. ETPC meetings held once per term. There is easy access to the CIAP website for online information including UpToDate. The area library will provide hard copies of many journal articles. It is expected that JMOs will be able to utilise the resources of hospital based ANU Medical School Education Centre.</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 term supervisor will provide formal assessment and feedback using appropriate instruments at mid term and end term. The term supervisor may consult with other members of the clinical team in preparing this assessment.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>Any additional information that the facility considers relevant to the term.</p>

Term Supervisor Signature:

Date:

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