

Pod Description

Pod descriptions are overseen by the Pre-vocational Medical Education Officer (PMEO), DPET and DDPET to provide important information to pre-vocational Junior Medical Officers (JMO's) regarding their pod placement. They are best referred to as a guide containing helpful information detailing the:

- Specialties encompassed by the pod
- Roles & Responsibilities of the JMO
- Education
- Weekly timetable
- Rostering
- Contact details

The pod description is designed to be supplemented by specific term descriptions and is an important component of orientation for the JMO.

FACILITY: The Canberra Hospital	
POD NAME: Surgical Pod 1 Relief	
Core/Non-Core/Relief: Relief	
Term Supervisors: DPET Dr Christina Wilkinson / Dr Carolyn Petersons	
CLINICAL TEAM <i>Include contact details of all relevant team members</i>	<p>The SurgPod 1 Relief JMO will be attached to the units under Surgical Pod 1 as per rostered duties. The clinical team will consist of the staff specialists and VMOs of the Surgical Pod 1 units and the Surgical PMEO.</p> <p>The Clinical team consists of the supervisors and clinical team members attached to each surgical unit under Surgical Pod 1. Please refer to the individual term descriptions for further details of names and contact numbers.</p> <p>Surgery Pod 1 includes:</p> <ul style="list-style-type: none"> • Surgery A- General Surgery • Surgery B- Colorectal, Head & Neck • Surgery C- Upper GI • Acute Surgical Unit (ASU) • Cardiothoracic Surgery • Urology • Surgical Pod 1 Relief term placements. <p>Surgical PMEO: Dr. Bosco Wu: Pre-vocational Medical Education Officer. Email: Bosco.wu@act.gov.au Extension: 61745142 or through switchboard Office: MOSCETU, Level 3, TCH (Bldg 2)</p>

	<p>MOSCETU Supervisor:</p> <p>Dr. Christina Wilkinson: Director of Pre-vocational Medical Education.</p> <p>Email: christina.wilkinson@act.gov.au</p> <p>Extension: 6244 3052</p> <p>Office: MOSCETU, level 3, TCH (Bldg 2)</p>																
ACCREDITED FOR	<table><tr><td></td><td><i>Number</i></td><td><i>Core/Elective</i></td><td><i>Duration</i></td></tr><tr><td>PGY1</td><td>7</td><td>Surgical Pod 1 Core</td><td>12-14 weeks</td></tr><tr><td>PGY2+</td><td>7</td><td>Surgical Pod 1 Core</td><td>12-14 weeks</td></tr><tr><td>Relief positions (either PGY1 or PGY2+)</td><td>3</td><td>SurgPod 1 Relief</td><td>12-14 weeks</td></tr></table> <p>Total positions available: 17</p> <p>Core positions: 14</p> <p>Relief (Non-Core) positions: 3</p>		<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	PGY1	7	Surgical Pod 1 Core	12-14 weeks	PGY2+	7	Surgical Pod 1 Core	12-14 weeks	Relief positions (either PGY1 or PGY2+)	3	SurgPod 1 Relief	12-14 weeks
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OVERVIEW OF UNIT OR SERVICE Include outline of the role of the pod.	<p>Pod Definition:</p> <p>As part of the 4-term hospital system at Canberra Hospital, the different units of the hospital are divided into 4 Pods.</p> <p>A Pod is a grouping of JMO terms within the framework of the existing hospital clinical department structure. The Pod system is designed to achieve the following:</p> <ul style="list-style-type: none">• Increase the amount and quality of JMO clinical exposure within the units of the Pod• Simplify and improve the accuracy of clinical handover• Improve continuity of care by moving towards a '24 hr hospital'• Provide an increase in evening and night medical staffing and greater continuity of care that involves the same group of JMOs looking after the Pod patients AH.• Enable more efficient completion of clinical duties and administrative paperwork. <p>A Key feature of the Pod system is that each pod is internally self-sufficient within that group of JMOs. Added value is achieved by the fact that JMOs are supervised and managed by Senior Medical Practitioners similarly functioning within their individual pod. All JMO overtime is undertaken within the pod. The afterhours pod JMO is responsible for all inpatient care for patients admitted within the pod across a 24hr period, seven days per week. The system replaces the previous after-hours junior doctor ward overtime cover and aims to support patient safety by having a focussed patient group for the JMOs to cover within their Pod.</p> <p>The Pods are staffed to enable JMO education and training, and to comply with clinical and leave obligations. The system has provisions to cover for unplanned leave (sick leave). The medical officer support credentialing education training unit (MOSCETU) provides overall coordination of JMO education, training, support and administration.</p> <p>Surgery Pod 1 includes:</p> <ul style="list-style-type: none">• Surgery A- General Surgery• Surgery B- Colorectal, Head & Neck;• Surgery C- Upper GI;• Acute Surgical Unit (ASU);																

	<ul style="list-style-type: none"> • Cardiothoracic Surgery • Urology <p>Accredited for 7 PGY1 and 7 PGY2+ positions as Core Surgical positions 12-14 weeks.</p> <p><u>SurgPod 1 Relief term placements:</u></p> <p>Accredited for 3 PGY1/PGY2 positions as Non-Core Relief positions 12-14 weeks.</p> <p><u>SurgPod 1 Relief JMOs</u> rotate through the disciplines within Surgical Pod 1. These positions are deemed a Non-Core rotation. The relief positions are a vital role within the pods to promote continuity of care of patients and broadening education for the JMO.</p> <p>The nature of these relief positions is to provide a varying experience of the different medical units within this Pod, and to allow the SurgPod 1 Relief JMO the flexibility to move within the different teams depending on need, rostering and unit requirements. Each Relief position has a default speciality they are assigned to, however, the Relief JMO may be rostered to different units to cover leave, or other requirements of the Surgical Pod 1 teams.</p> <p>The skills acquired by the Relief JMO are to increase comfort and confidence in changing work environments, changing teams and registrars, and being aware of unique and specific work practices within the varying medical units under Surgical Pod 1.</p> <p>This added skill set will be beneficial to JMOs as they progress in their training and move towards registrar programs.</p> <p>NB: occasionally opportunities may arise to work in a discipline outside your specialty or Surgical Pod 1. We encourage JMO's to eagerly undertake this occurrence as it enhances your medical knowledge and experience.</p>
ROLE OF PMEO	<p>The Pre-vocational Medical Education Officer (PMEO) is employed by the Medical Officer Support, Credentialing Education Training Unit (MOSCETU).</p> <p>PMEOs can help with:</p> <ul style="list-style-type: none"> • Professional leadership and mentorship; • Coordination of term assessment/ performance management of JMOs within pods; • Support of JMOs with professional and personal difficulties; • Supervision of the pod roster and troubleshooting as required; • Liaison with consultant staff within pods; • Liaison with term supervisors; and • JMO advocacy. <p>PMEOs may at times assist with:</p> <ul style="list-style-type: none"> • Personalised teaching and training of clinical skills; and • Supervision of clinical hand-over meetings. <p>Please do not hesitate to contact these individuals, particular the Surgical PMEO, Dr Bosco Wu (contact details above)</p>
ORIENTATION	<p>Your PMEO is responsible for facilitating orientation for the SurgPod 1 Relief JMO. Please contact your PMEO at the commencement of your term.</p> <p>There will be a Start of Term Orientation on the first Tuesday of each term during the Intern teaching session to provide an information and handover session to the incoming MedPod and SurgPod Relief JMOs.</p> <p>You may also contact the clinical team members, including the registrars, of your assigned units for orientation.</p>

REQUIREMENTS FOR COMMENCING SPECIFIC TERMS	<p>Completion of Basic Medical School Training for PGY1 positions.</p> <p>General Registration for PGY2 positions.</p>
JMOs CLINICAL RESPONSIBILITIES AND TASKS	<p>It is advisable to read the relevant term descriptions of the Surgical Pod 1 units for further details of JMO clinical responsibilities and tasks. An overview will be provided here:</p> <p><u>Surgical Pod 1:</u></p> <ul style="list-style-type: none"> • Surgery A- General Surgery • Surgery B- Colorectal, Head & Neck • Surgery C- Upper GI • Acute Surgical Unit (ASU) • Cardiothoracic Surgery • Urology • Surgical Relief term placements <p>These are busy surgical units, each with their own specific term requirements, knowledge and responsibilities, as well as common duties.</p> <p>SurgPod 1 duties:</p> <p>Ward Rounds and Ward Work</p> <ul style="list-style-type: none"> • It is expected that the Inpatient Team (JMO and Registrar) round on every patient every day – ward rounds start between 0630- 0700 hrs depending on the Unit. • Any patient in whom there is clinical involvement and not under the Unit bed card or computer generated patient list should be included in this daily review; • Enter a written note on every inpatient every day. The note MUST be timed and dated • Prior to rounding the Nurse in Charge of the relevant ward should be given the opportunity to round with the Unit. Should the Nurse in Charge elect not to round then at the completion of the round on that ward the Nurse in Charge should be briefed on patient care plans. • Book and organise pre- and post-operative tests, consultations and follow-up • Ensure pre-operative patients have had the appropriate tests and that the results are available, particularly that the patient has with them all their X-rays, CTs and MRIs (although PACS has largely superseded the hard copies) <p>Educational</p> <ul style="list-style-type: none"> • Participate in Wound Management Skills Workshop • Familiarity with and participation in Audit process • Early Management of Severe Trauma course (EMST). <p>Clinical</p> <p>Inpatient management of a range of SurgPod 1 patients, including but not limited to:</p> <ul style="list-style-type: none"> • Peri-operative assessment, investigations and management of gastrointestinal, soft tissue, thoracic and chest trauma, cardiothoracic –open heart, urological surgery patients • Understanding of the rationale for surgery and development of the ability to concisely present a clinical problem including the indications for surgery for these patients • Primary, Secondary and Tertiary Injury surveys • Acute and definitive multiple trauma management • Wound management • Management of post-operative cardiothoracic, urological, general and acute surgical patients and their specific needs • Fluid management and nutritional management • Principals of informed consent • Patient and patient kin counselling skills development

- Management of cardiac arrhythmias and hypertension and other common medical illnesses within the context of the surgical patient
- JMOs, together with the registrar is responsible for the day to day running of the unit, particularly with reference to patient care
- Every day a notation is to be made in each patient's notes regarding the ward round with the registrar each morning
- Any investigation ordered by a JMO must be chased up on the day of ordering the tests or the day on which the test is actually performed
- X Ray or blood test results which are not available at the end of the day must be handed over to the evening JMO
- Registrars must be kept up to date with all relevant results and patient progress/ clinical stages
- JMOs should attempt to attend as many operating sessions and outpatient clinics as possible.

Procedural

Familiarisation with a range of cardio and thoracic surgical operations, urological, general and acute surgery procedures depending on opportunities:

Additionally, depending on opportunities:

- Participation and assistance at a range of operations
- Principles of sterile techniques, ie; gowning, gloving, patient preparation for surgery;
- Wound debridement and closure techniques
- Intercostal catheter and underwater sealed drain management
- Insertion of Foley Catheter, intravenous cannula
- Excision of skin lesions
- Depending on opportunities, tube thoracostomy, central venous catheterisation, lumbar puncture, abdominal paracentesis, nasal gastric tube insertion.
- Central venous catheterisation
- Insertion of urethral catheters (IDC)
- Management of blocked irrigation catheters
- 3 way irrigation.

Interpretative:

You should be familiar with interpretation of the following:

- Fluid and electrolyte disturbance
- Renal function and liver function tests
- Medical Imaging:
- Chest X-ray
- Plain abdominal film
- CT Scan

It is recommended to get a clinical and ward work handover from the preceding JMO, and PGY1s to attend start of term orientation with the PMEO and unit representatives. This will be held during the intern teaching session Tuesday 3pm Week 1.

As the SurgPod 1 Relief JMO 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.

SUPERVISION	<p>Day to day supervision is the responsibility of the Term Supervisor and clinical team within each department, outlined in the unit term description.</p> <p>Currently supervisors in Surgical Pod 1 are:</p> <ul style="list-style-type: none"> • Dr. Fitzgerald - General Surgery A (General Surgery); • Dr. Davis - General Surgery B (Colorectal, Head & Neck); • Dr. Fergusson - General Surgery C (Upper GI); and • Dr. Edwin Beenan - Acute Surgical Unit (ASU). • Dr. Chan - Urology; • Dr Bissaker - Cardiothoracic. <p>The Term Supervisor DPET will facilitate the co-ordination of the mid-and-end-term One45 assessments.</p>
STANDARD EXPECTATIONS OF JMOs:	<p>PROFESSIONALISM:</p> <p>It is a requirement that you act professionally in all circumstances while employed by the Canberra Hospital. As a representative of the public medical system, behaviour deemed unprofessional may endanger your employment.</p> <p>Continued professionalism relates to your:</p> <ul style="list-style-type: none"> • Communication and effective participation in a multidisciplinary clinical team • Your commitment to develop skills in personal learning goals and their achievement through self-directed medical education and supervised practice • Skills in information technology relevant to clinical practice, collection and interpretation of clinical data • Endorsing 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>COMMUNICATION:</p> <p>Quality communication skills are expected as standard.</p> <p>This relates to:</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.
AVERAGE PATIENT LOAD/ DAY	10-20 patients
AVERAGE WEEKLY OVERTIME	Rostered: 8 hours ; Unrostered: 0
ROSTERING	<p>Within your pod you will have one week of evening shifts from 1pm – 9.30pm to facilitate a handover period with the day staff and a handover with the night staff.</p> <p>Handover will be conducted at a nominated site where all JMO's for the pod must meet to handover relevant information.</p> <p>A week of night shifts will also occur during your term from 9pm – 8.30am (8.30pm – 8.30am on weekends).</p> <p>Following this ideally you will have 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster.</p> <p>Alternatively arrangements can be made to allow for leave provided adequate warning is</p>

	<p>given.</p> <p>This system is designed so that you are part of a team providing 24-hr support for patients within your pod. Thus providing:</p> <ul style="list-style-type: none"> • A consistent and informed education for yourself • Streamlined care for the patients • Increased time with your supervisors, registrars, support staff • More detailed and informed handovers • Relevant electronic discharge/case-mix information more efficiently • Follow up of relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.
EDUCATION	<p>Each pod works as a functional unit allowing all JMO's 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 JMO's, particularly PGY 1, are required to attend general intern teaching sessions held every Tuesday afternoon. PGY2s are encouraged to attend RMO teaching every Thursday 2-3pm.</p>
ASSESSMENT	<p>The SurgPod 1 Relief JMO assessment will be conducted by the DPET, and will be based on a summary of 3 registrar reports from multiple areas covered during their term. All 3 reports will be required by the Director of Prevocational Education & Training Dr Christina Wilkinson for the End of Term Assessment.</p> <p>The DPET will see all SurgPod 1 Relief JMOs for the Mid Term Assessment to review progress and any concerns.</p> <p>These interviews are to be booked by the JMO through the MOSCETU office.</p> <p>These Formal assessments and feedback will be completed aligned with 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.</p>
ADDITIONAL INFORMATION	<p>The Medical Officer Support Credentialling Education and Training Unit (MOSCETU) is the division within ACT Health that manages a range of functions associated with the ACT medical workforce. This includes;</p> <ul style="list-style-type: none"> • Postgraduate medical education and training; • Junior medical workforce support; and • Advisory services to ACT Health on medical workforce issues. <p>MOSCETU has an open door policy and is located on Level 3, TCH (BLDG 2) ph: 6244 2507</p>

DPET Dr Christina Wilkinson

Date:

Surgical PMEO Dr Bosco Wu

Date:

TIMETABLE: Surgical Pod 1

It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week.
 Timetable is not indicative of completion times unless stated. **W/R** Ward Rounds **H/O** Handover **G/R** Grand Rounds

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700	•Trauma/Colorectal/Upper GI H/O •ASU H/O	•Trauma/Colorectal/Upper GI H/O •ASU H/O	•Trauma/Colorectal/Upper GI H/O •ASU H/O	•Trauma H/O •Upper GI/ Colorectal radiology meeting JJH •ASU H/O	•Trauma/Colorectal/Upper GI H/O ASU H/O		
0730	•Trauma Consultant/ Registrar W/R •ASU Consultant/ Registrar W/R	•Trauma Consultant/ Registrar W/R •ASU Consultant/ Registrar W/R	•Trauma Consultant/ Registrar W/R •ASU Consultant/ Registrar W/R	•Trauma Consultant/ Registrar W/R •ASU Consultant/ Registrar W/R	•Trauma Consultant/ Registrar W/R •ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R
0800	• ASU O/T 0800-1200	• ASU O/T 0800-1200	• ASU O/T 0800-1200	• ASU O/T 0800-1200	• ASU O/T 0800-1200		
0830-1130							
1200	•Colorectal -Operating theatre sessions on a 4 wk cycle. Check timetable in 10A doctors room.	•Trauma/Colorectal/Upper GI 1200-1300 JMO Dept Surg Teaching		•ASU 1200-1300 JMO Dept Surg teaching – Level 7 Auditorium			
1230							
1300	•Trauma G/R last Monday of month 1300-1400						
1330							
1400				•Trauma Week 1 Teaching session 1400-1600			
1430							
1500	•ASU H/O	• Medical Education Unit JMO Teaching 1500-1630 •ASU H/O	•ASU H/O	•ASU H/O	•ASU H/O		
1530-1700							
1730			•Trauma 1730-1830 Surgical Audit				
1800	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R	•ASU Consultant/ Registrar W/R
1830			•ASU 1830-1930 Registrar Teaching, RMOs invited				
2200	•ASU H/O	•ASU H/O	•ASU H/O	•ASU H/O	•ASU H/O	•ASU H/O	•ASU H/O

