

TERM DESCRIPTION

Surgical Team 2

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.

DOCUMENT VERSION: December 2019															
FACILITY: Calvary Public Hospital Bruce (CPHB)															
TERM NAME: Surgical Team 2															
TERM SUPERVISOR: Dr David Rangiah (Surgeon)															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i>	General Surgeons														
	Dr David Rangiah Dr Ian Davis Dr Frank Piscioneri Dr Rebecca Read Dr Thembekile Ncube General Surgery Registrar														
ACCREDITED TERM FOR :	<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>0</td> <td></td> <td></td> </tr> </tbody> </table>				Number	Core/Elective	Duration	PGY1	1	Surgery	13 Weeks	PGY2+	0		
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OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p>Surgical Team 2 provides a general surgical service.</p> <p>A wide range of procedures are performed covering a full range of general surgical problems particularly colorectal, breast, surgical oncology, hernia surgery. Acute general surgery 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 Canberra Hospital Health Services (CHHS).</p> <p>Morning round commences at 7:00 am with both registrars and PGY-1 staff. The rounds are consultant-lead twice weekly. Following the round, the registrar and resident staff divide the work depending on patient numbers, clinical condition and theatre commitments.</p> <p>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.</p>														
Requirements for Commencing the term:	There are no prerequisites for commencing this term; JMO's will need to attend a Basic Life Support session (BLS) in the first week of term.														
ORIENTATION: <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>Formal orientation on Monday morning of first day, delivered by Medical Administration.</p> <p>The Surgical Team 2 Unit provides a comprehensive orientation program which includes:</p> <ul style="list-style-type: none"> • Supervision • Rounding schedule • Starting times • Responsibilities • Tour of the unit • Weekly schedule • Clinical policies 														

<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ul style="list-style-type: none"> • 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. • To admit patients not arriving through Emergency Department. • To provide continuing care of all patients on your team under the supervision of your registrar. • 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. • 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 three days of discharge. The referral must include a complete list of medications on discharge. • To attend ward rounds. This includes Surgical patients, consults, ICU and CCU patients. • To attend patient conferences & to assist in careful discharge planning. • To ensure that all fluid charts and medication sheets are up to date. • To arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. • To attend and participate in Grand Rounds with case presentations etc as requested. • Theatre time is a useful learning situation. The JMO's should scrub in at least two sessions per week. • To participate in the after-hours ward roster • The JMO is responsible for the effective handover at the end of the term to the incoming JMO on rotation.
<p>SUPERVISION:</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>IN HOURS:</p> <p>JMOs are supervised by their registrar and consultants during the day and the Surgical Registrar after-hours.</p> <p>A Surgical registrar on call is available 24 hours a day and can be paged via switchboard. Consultants on-call are happy to be called if there is a problem and can be contacted via switchboard on 62016111. 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 the Medical Administration Department.</p>
	<p>AFTER HOURS:</p> <p>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 Clinical Services-Medical or delegate is available 24/7/365 as needed via switchboard.</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> <ul style="list-style-type: none"> • To be able to perform a thorough history and examination of preoperative patients with general surgical conditions. • To gain an understanding of common general surgical conditions including their diagnosis and management in an acute and also in a community setting. • To be aware of potential anaesthetic risks and to arrange appropriate tests to define these. • To be an effective assistant in theatre and to observe common operations in order to be able to inform patients correctly. • To be learning to manage postoperative patients – fluids, drains, catheters etc.

	<ul style="list-style-type: none"> To be able to recognise postoperative complications, and institute appropriate investigation and management.
	COMMUNICATION: <ul style="list-style-type: none"> 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. To be able to communicate with external medical and paramedical personnel, including GPs, especially with regard to postoperative care. To communicate effectively with hospital staff involved in the patients' care including the registrar and consultant. To be able to communicate effectively via the written medical record with appropriate documentation of clinical findings, test results and the clinical plan. Be able to communicate with nursing staff regarding the clinical plans for each patient.
	PROFESSIONALISM: <ul style="list-style-type: none"> To show enthusiasm and initiative for learning and research. Demonstrate a desire for self directed learning To be willing to teach and assist other staff. To be punctual, reliable and honest and to behave in an ethical manner to patients and other staff. To be prompt and efficient in the management of work and with good prioritisation 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 Morning round	0700 Handover Morning round	0700 Handover Morning round	0700 Handover Morning round	0700 Handover Morning round	0700 Handover Morning round	0700 Handover Morning round
			0800 Dr Piscioneri Theatre	0800 Dr Davis Theatre	0800 Dr Rangiah Theatre		
PM	1300 Dr Rangiah Theatre	1330-1530 Education Program at Calvary	12.00 Grand Rounds				
	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover

PATIENT LOAD: <i>Average number of patients looked after by the team per day</i>	<p>Typical load is 8-10 general surgical patients and 5-8 urology.</p> <p>A maximal load is of the order of 25 patients.</p>
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OVERTIME*Average hours per week***ROSTERED:** 5.1 hours**UNROSTERED:** Average of 4 hours per fortnight which can change due to seasonal changes of 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 afternoon teaching at Calvary. This is protected time.
- Calvary JMO surgical teaching program, run weekly.
- Wednesday lunchtime Grand Rounds.
- BLS training will take place in Week 1 or 2 of the term.

ASSESSMENT AND FEEDBACK:*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.*

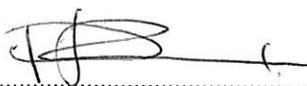
The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff).

It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.

ADDITIONAL INFORMATION:**Scope of Practice:**

<http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&action=default&DefaultItemOpen=1>

Term Supervisor Signature:



Date:

12, 12, 19.

