

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: 26/10/2017

FACILITY: Goulburn Base Hospital

TERM NAME: **ORTHOPAEDICS TEAM**

TERM SUPERVISOR: Dr Hamish Rae ph: 0405 145 266, 4823 0223 (Goulburn rooms)

CLINICAL TEAM:

Include contact details of all relevant team members

Dr Hamish Rae	ph: 4823 0223, 0405 145 266
Dr Wisam Ihsheish	ph: 4823 0249, 0413 773 115
Dr Razvan Stoita	ph: 4823 0223, 0410 410 976
Dr Andrew Leicester	ph: 4861 1955, 0412 251 663

ACCREDITED TERM FOR :	<table><tr><td></td><td>Number</td><td>Core/Elective</td><td>Duration</td></tr><tr><td>PGY1</td><td></td><td></td><td></td></tr><tr><td>PGY2+</td><td>1</td><td>Core Surgical</td><td>12 – 14 weeks</td></tr></table>		Number	Core/Elective	Duration	PGY1				PGY2+	1	Core Surgical	12 – 14 weeks
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PGY1													
PGY2+	1	Core Surgical	12 – 14 weeks										
OVERVIEW OF UNIT OR SERVICE Include outline of the role of the unit, range of clinical services provided, case mix etc.	<p>The Orthopaedics term at Goulburn Base Hospital provides JMOs with in depth exposure to Orthopaedic surgical care. There is an orthopaedic SRMO/registrar at Goulburn Base Hospital who they will work with closely and whom will provide close supervision, assistance and teaching. In addition to registrar ward rounds there is a daily ward round by the orthopaedic surgeon on call of all orthopaedic inpatients. There is also a weekly orthopaedic audit and teaching meeting on a Thursday morning from 7:00am – 8:00am that the JMO will be expected to attend and contribute to, including 1-2 short presentations of no more than 10 minutes during the term.</p> <p>Goulburn Base Hospital has three operating theatres. Operating sessions are held in either morning or afternoon sessions. There are no designated emergency lists currently, with emergency patients frequently fitted into elective lists or being performed after hours. Operating sessions are important teaching events and JMOs need to attend and scrub for at least 2 orthopaedic cases per week.</p> <p>Goulburn Base Hospital operates a Pre-Admission Clinic for the pre-operative assessment and clerking of elective surgical patients. The Pre-Admission Clinic operates on Tuesdays and every other Friday. A protocol for the pre-operative work-up of surgical patients has been compiled and will be included in the orientation notes.</p> <p>The Pre-Admission Clinic session times for the Surgical II JMO are as follows:</p> <table><tr><td>Tuesday</td><td>8:00am to 3:00pm</td></tr><tr><td>Every 2nd Friday</td><td>8:30am to 11:30am</td></tr></table> <p><u>Dr Rae</u> is an orthopaedic surgeon with a special interest in shoulder surgery, joint replacement surgery and trauma. Operating Times: Alternate Tuesday mornings with frequent additional lists.</p> <p><u>Dr Ihsheish</u> is an orthopaedic surgeon with a special interest in hip and knee surgery as well as foot surgery and trauma. Operating Times: Weekly all day Monday list</p> <p><u>Dr Stoita</u> is an orthopaedic surgeon with a special interest in hip, knee and trauma surgery. Operating Times: Alternate Tuesday mornings with occasional additional lists</p> <p><u>Dr Leicester</u> is an orthopaedic surgeon with a special interest in hip and knee surgery. Operating Times: Alternate Wednesday mornings</p>	Tuesday	8:00am to 3:00pm	Every 2nd Friday	8:30am to 11:30am								
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<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 in the surgical term is expected to have the skills one would normally associate with the JMO at the PGY2 level. The JMO should be competent at venipuncture, intravenous cannulation, and cardiac resuscitation. The JMO should possess reasonable skills in physical examination, and should be able to diagnose and liaise with the VMO regarding a deteriorating patient as well as management of common post operative complications. Opportunity exists to become competent at endotracheal intubation 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 Goulburn Base Hospital occurs on the first day of term. The information, which JMOs need to be aware of, is covered during this time in oral and PowerPoint presentations with associated handouts. The VMO supervisor and Nurse Unit Manager of the Surgical Ward then provide a specific orientation about the work of the unit. The orthopaedic orientation is further reinforced at the first weekly meeting of the term.</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 the care of Dr Rae, Ihsheish, Stoita and Leicester as soon as practicable with the orthopaedic and general surgical registrars, document clinical findings and plan of management in the patient's notes. 2. Attend daily ward rounds conducted by the orthopaedic surgeon on call and any additional rounds by the orthopaedic registrar. Document findings as to the patient's condition, organize any investigations and consultations requested by the VMO, and implement any changes in management suggested by the VMO. 3. Perform any necessary procedures (Such as venipuncture and catheterization) required as part of the management of the patient (with supervision from a more senior doctor such as general surgical, orthopaedic or anaesthetic registrar when required). 4. In conjunction with the Registrar, notify the VMO of any new admissions, consults requested by other VMOs, important X-ray or pathology results, or any sudden deterioration of the 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 and VMO of any concerns or potential problems. 6. Assist in operating theatres with cases performed by Dr Ihsheish, Rae, Stoita and Leicester. It is expected the JMO would be scrubbed into at least 2 Orthopaedic cases per week. 7. Communicate with patients and their relatives as required. 8. Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health Guidelines.

	<p>9. Ensure that discharge summaries are completed in a concise and timely manner.</p> <p>10. Make sure each patient upon discharge has an accurate list of his or her discharge medications.</p> <p>11. Present two brief presentations on an orthopaedic condition at the Thursday Audit and Teaching Meeting during the term. This should be after discussion with Dr Rae and the rest of the orthopaedic team, usually at the end of one of the meetings.</p> <p>12. Attend as many formal education sessions as possible.</p> <p>13. Undertake rostered overtime (duty and on-call)</p>
<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: Supervision is provided during normal hours by the consultant VMO responsible for the patients as well as the orthopaedic surgical registrars. Any questions or concerns regarding patient management should be directed their way. The on-call orthopaedic surgeon performs a ward round of all orthopaedic patients on a daily basis.</p>
	<p>AFTER HOURS: After hours supervision is provided by the general surgeon on call and the orthopaedic surgeon on call. An on-call roster and list of contact numbers is kept in all wards, in Emergency and via switchboard. There is also a CMO in the Emergency Department who may be consulted for advice. The CMO is considered to have a supervisory role for the JMO performing after hours duty on the ward.</p>
<p>STANDARD TERM OBJECTIVES: <i>The term supervisor should identify the knowledge, skills and experience that the JMO should expect to acquire</i></p>	<p>CLINICAL MANAGEMENT:</p> <ol style="list-style-type: none"> 1. To develop competencies in patient management skills, perioperative care of orthopaedic surgical patients and the recognition and appropriate management of the deteriorating patient. This includes the principles of fluid management, analgesia and wound care. 2. Appropriate ordering of laboratory tests for orthopaedic patients, their timely place in management and the interpretation of results. 3. Appropriate ordering of correct medical imaging and their interpretation. 4. Recognition and management of post-operative complications such as bleeding, sepsis, DVT, confusion, atelectasis, pneumonia, ileus and compartment syndrome. 5. To develop skills in surgical assistance, sterile technique, skin suturing technique and patient positioning and pressure area care during surgical cases. 6. To develop techniques in acute fracture management, specifically the making and application of plaster of Paris casts for common fractures. 7. Develop techniques in intravenous cannulation, arterial blood gases, urinary catheterization, and application of traction.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Ward round 7:00am - 8:00am	Ward round 7:00am - 8:00am	Ward round 7:00- 8:00am.	Orthopaedic Audit and Teaching Meeting 7:00-8:00am	Ward round 7:00am - 8:00am	.	
	Dr Ihsheish Operating List 8:00am – 16:00	8:00- 12:30 Dr Rae/Stoita list (if free only) 8:00 – 15:00 Preadmission clinic	8:00-12:30 Alternate weeks Dr Leicester list		8:30-11:30 Pre- Admission Clinic alternate Fridays		
PM	Dr Ihsheish Operating List	Pre admission clinic	Trauma cases frequently performed Wednesday afternoons	13:00-14:00 Grand Rounds	Trauma cases frequently performed Friday afternoons		
	14:00-16:00 Formal teaching						

	<p>COMMUNICATION:</p> <ol style="list-style-type: none"> 1. To develop an understanding of the complex interaction of physical, psychological, social and cultural factors that determines the specific clinical problems of an individual patient. 2. To develop effective communication skills, both with patients, their relatives and other health care professionals. 3. Appreciate the value of working in a multidisciplinary team for effective patient management and the JMOs role in communicating with other members of the team; both nursing, physiotherapy and other allied services. 4. Be able to document clearly in the medical notes.
	<p>PROFESSIONALISM:</p> <ol style="list-style-type: none"> 1. Communicate and participate effectively in a multidisciplinary clinical team. 2. Develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice. 3. Develop skills in information technology relevant to clinical practice, Use these skills in the collection and interpretation of clinical data. 4. Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques, and be involved in that process. 5. Further understanding of medical ethics and confidentiality, and of the medico-political and medico-legal environment.
INSERT TIMETABLE	

PATIENT LOAD: Daily Patient load is between 5-15 inpatients	
OVERTIME	Rostered: 8 hours per week Unrostered: 4 hours per week

<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>A comprehensive formal education program has been set up for JMOs seconded to Goulburn Base Hospital. There is an expectation that JMOs will make every effort to attend as many of these education activities as possible. The weekly schedule of these educational activities is protected teaching time and JMOs should be encouraged to give their pager to the orthopaedic registrar during this time.</p> <p>The Area Librarian gives one tutorial per term on "Using the internet and CIAP Medical Databases". The library may be accessed at any time and all computers have access to Up-To-Date.</p> <p>On Thursdays at 1:00pm a Lunchtime Grand Rounds is held in the Staff Education Centre. Sandwiches and coffee are provided. Both local speakers and invited guests present talks on a diverse range of topics of interest.</p> <p>There is a weekly Orthopaedic Audit and Teaching session with review of all inpatients as well as weekly talks on orthopaedic pathology given by students, registrars and the JMO. These topics have often arisen out of a clinical problem which the team has encountered.</p> <p>In addition there are frequent ad hoc teaching opportunities in theatre and potential for formal tutorials on areas of interest.</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 at mid-term and at the end of term using the Australian Medical council's prescribed appraisal/assessment form. To complete this form the Term Supervisor will consult with all other VMOs in the team as well as registrars, nurses and other professional staff.</p>
<p>ADDITIONAL INFORMATION:</p>	<p>We hope you have an enjoyable and rewarding stay in Goulburn.</p>

Term Supervisor Signature:

Date:

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01 / 02 / 2018