

<b>A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:</b>		WESTMEAD HOSPITAL
<b>Training Term Based at:</b>	<i>If not at above location, please give off site facility name and location:</i>	
<b>Offsite Term?</b> <i>Includes affiliated private hospitals, general practices, community-based medical services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, Collaborative Agreement to be attached</i>	
<b>B: TERM NAME</b>		<b>CARDIOTHORACIC SURGERY</b>
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b> D3c is a 28 bed Surgical Ward, of which 10 beds are allocated exclusively for cardiothoracic patients. These patients have undergone, or a due to undergo, complex procedures including:</p> <ul style="list-style-type: none"> <li>• Cardiac surgery utilising heart-lung bypass</li> <li>• Insertions of pacing devices, including permanent pacemakers and defibrillators, either transvenously or epicardially</li> <li>• All types of thoracic and lung surgery</li> </ul> <p>E3c is a 12 bed Cardiothoracic Intensive Care unit. There are 6 ICU beds and 6 HDU beds.</p> <p>E3c is staffed by an intensive care physician (rostered on a weekly basis) and an SRMO. The JMO is primarily responsible for cardiothoracic patients on the ward (D3c), The SRMO has primary responsibility for the patients in Intensive Care (E3c)</p> <p>The types of patients we care for include patients post cardiac surgical procedures including:</p> <ul style="list-style-type: none"> <li>• coronary artery bypass grafts</li> <li>• valvular surgical patients</li> <li>• congenital procedures, and</li> <li>• Thoracic surgical patients</li> </ul> <p>On your arrival you will be presented with Orientation and Guidelines to Cardiothoracic Surgery, which is a more comprehensive package.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b></p>	
<b>Term Duration (Weeks)</b>	10 – 11 Weeks	
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050037	
<b>Date of Accreditation by HETI</b>	19/11/2008	
<b>C: TERM CATEGORY</b> <i>Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify). For information on 'core' terms please see the last page of this document.</i>	Surgery	<b>If other please specify:</b>



	Ward Clerk	Sheree, Xtn.57555
	D3c Nurse Unit Manager Clinical Nurse Consultant Case Manager	Sharron Eather, Page 27725 Cheryl Dickson, Page 27448 Kelly Pickard, page 27447
	Data Manager Administration Officer	Mervat Halaka, Xtn.56736 Annette Northen, Xtn.57994 or 57576

## F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

### This section may include:

- Courses (e.g. life support, resuscitation)
- Procedural skills
- e-Learning requirements

If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed

All JMOs should read and fully comprehend Westmead Hospital Department of Surgery's Orientation for Interns, Residents and Registrars BEFORE commencing term, together with the orientation package issued on arrival in Cardiothoracic Surgery.

### Educational Resources

Guideline to Cardiothoracic Surgery  
Unit Protocols  
RMO Handbook  
CIAP site via Intranet

## G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objectives</b>	<b>1</b>	Management of common post operative problems in CABG and thoracotomy patients
	<b>2</b>	Pacemaker and defibrillator care
	<b>3</b>	Management of anticoagulants Management of post operative pain Management/insertion of chest drains
	<b>4</b>	By the completion of this term the prevocational trainee may expect to gain competency in the performance of IV canulation, naso-gastric tube and urinary catheter insertion and obtaining an arterial blood gas via radial puncture.
	<b>5</b>	Read plain chest radiographs to a high standard

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<b>Please list expectations</b>	JMO ROSTERING: Intern and/or RMOs start 0700 till 1700 (WR starts in E3c)
	WARD RESIDENT DUTIES Monday-Friday 0700 Ward round with SR – commencing in CTICU Handover of ward issues from Night registrar  0830 Documentation of ward round outcomes to all patient notes (every patient should have a medical note entered daily) Arrange consults/tests as requested from ward round Discharge summary for patients being discharged Discharge medications for planned discharges (ie 24 hrs ahead)

	<p>1300 Chase bloods/CXR's to ward for review</p> <p>1600 Afternoon ward round with Day Registrar/Fellow (should review Day 1/Day 2/New CTICU transfers/unstable patients)</p> <p>1700 Handover any ward issues to evening CTICU Registrar at complete of day</p> <p>Discuss management issues with Day Registrar/Fellow or with SR</p> <p>Review of all patients transferred from CTICU. Ensure required medications are prescribed – most patient's will require:</p> <ul style="list-style-type: none"> <li>• SC Heparin + TEDS</li> <li>• Aspirin</li> <li>• statin</li> <li>• Beta blocker</li> <li>• ACE Inhibitor</li> <li>• Frusemide 40mg bd and Slow K 2 tabs bd until pre-operative weight achieved</li> </ul> <p>Friday 0900- 1600, Pre-admission Clinic</p> <ul style="list-style-type: none"> <li>• Review patients + fill in CTSx preadmission form</li> <li>• Chase letters from consultant rooms.</li> <li>• Ensure pre-op bloods/CXR's are done</li> <li>• Chase results of pre-op test THAT DAY</li> <li>• Provide instructions on the cessation of ASA / Clopidogrel / Warfarin if not already done</li> <li>• Discuss pre-operative issues with CTSx registrar</li> </ul>
<p><b>Patient Load</b> (average per shift)</p>	<p><b>Patient Load per trainee</b> <input type="text" value="20"/>      <b>Patient load total for team</b> <input type="text" value="40"/></p>
<p><b>After hours Roster</b> <i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i></p>	<p>JMOs participate in general afterhours commitments. There are no term specific after-hours requirements</p>

## I: SIGN OFF

*Terms will not be considered unless this section is completed.*

<p><b>Revision date and by who</b> (Name and Position)</p>	<p>A/Prof Richard Chard</p>
<p><b>Endorsement by Term Supervisor</b> (Name, Date and Signature)</p>	<p>A/Prof Richard Chard</p>
<p><b>Endorsement by GCTC Chair (or representative)</b> (Name, Date and Signature)</p>	<p>Da Vana Tam</p>
<p><b>HETI OFFICE USE ONLY – Approved by PAC or PAC Member</b></p>	
<p><b>Date</b></p>	
<p><b>Signature/TRIM DOC number of PAC minutes</b></p>	

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>0700</b>	WARD ROUND	WARD ROUND	WARD ROUND	WARD ROUND	WARD ROUND
<b>0730</b>			Monthly QA meeting, 0730		REGISTRAR LEAD TEACHING
<b>0830</b>	OPERATING THEATRES X 2	OPERATING THEATRES X 2	OPERATING THEATRES X 1	OPERATING THEATRES X 2	OPERATING THEATRES X 1 PREADMISSIONS CLINIC
<b>1300</b>					JMO TEACHING
<b>PM</b>	WARD ROUND	WARD ROUND	WARD ROUND	WARD ROUND	WARD ROUND

Standard Roster Prevocational is 7:00-17:00 Mon-Fri. Prevocational trainees be will automatically paid 1.5hrs rostered overtime per day

**Important notes about completing this timetable:**

- Please include the start and finish times of the shifts the trainees will be rostered to
- Please show the activities that the trainee are expected /rostered to attend – these include all educational opportunities (both train facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospitals after hours team. Please include approximate time of activities where possible
- If there are extended shifts or evening shifts as part of the term, please attach four weeks of roster for the whole team. If the term includes evening shifts, please ensure it meets the requirement for evening shifts (refer to accreditation procedure)