

<b>A: ACCREDITED PREVOCAATIONAL 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>Neuroscience High Dependency/Trauma</b>		
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b> The mission of the Neuroscience High Dependency / Trauma Service is to provide quality care for a variety of patients, from the Receiving Room through to their discharge from the hospital. It provides a co-ordinating link between the primary disciplines who render definitive treatment to those patients, ensuring that the highest standards of care are maintained according to national and international guidelines. The focus will be on patients admitted to and managed in E3C.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b></p> <p>The two main cohorts admitted to E3C include: neurosurgery - significant head injury patients and perioperative neurosurgical patients and poly trauma. Both groups represent complex, multifocal clinical issues which may require medical and surgical interventions. The turnover of patients is varied based upon the need for ongoing close observation and management, on average length of stay in E3C may be up to 5-7 days. The E3c RMO role is primarily as part of the neurosurgical team, but the position will also involve liaison with other clinical teams as required, especially the Trauma team.</p>	
<b>Term Duration (Weeks)</b>	10 – 11 Weeks	
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050020	
<b>Date of Accreditation by HETI</b>		
<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>
<b>Is the term a PGY1 or a PGY2 term?</b>	PGY1 <input checked="" type="checkbox"/>	PGY2 <input checked="" type="checkbox"/> <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>

## D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees

PGY1

4

PGY2

0

MAXIMUM NUMBER OF TRAINEES IN TERM

4

NOTE: number of PGY1s + number of PGYs=maximum Capacity

## E: TERM SUPERVISION

**Name, Position and Contact Details of Term Supervisor**

*Responsible for trainee term orientation and assessment*

Dr Mark Dexter  
VMO, Head, Neurosurgery  
Called via Switchboard Dept.

15/06/2017

**Term Supervisor Contact with Trainee**

*Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term*

**General Contact:**

Via Neurosurgical Registrars

**Orientation:**

Meet with Dr Dexter, prior to the first shift. This will be organised before the term change and ideally, will be done in pairs with the two RMO who are commencing in Week 1, meeting before the term change over, and the two RMOs commencing in Week 2 meeting in Week 1. Orientation will also be provided on the first shift via the Neurosurgical Registrar & Previous E3C RMO, as well as an orientation by the NUM, who will provide the comprehensive Procedure and Orientation manual.

**Mid Term:**

Via Neurosurgical Registrars  
Daily contact with VMOs

**End of Term:**

With Term Supervisor. Final assessment completed by Supervisor in conjunction with neurosurgical registrars

**Primary Clinical Supervisor (if not Term Supervisor)**

*Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)*

**Name, Position and Contact details**

As above

**Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)**

**Position and Contact details**

(Accredited and Unaccredited) Neurosurgical Registrars, vary on a yearly basis – pager 8777

**Clinical Team Structure**

*Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and*

Dr M Dexter VMO, Head, Neurosurgery Mentor  
Dr J McMaster Staff Specialist Neurosurgeon  
Dr A Kam VMO, Neurosurgeon  
Dr G Dandie VMO, Neurosurgeon  
Dr G Olsson VMO, Neurosurgeon  
Contact via switch

<i>Registrars. Please also identify and describe how PGY1 &amp; 2s will be distributed amongst the teams</i>	Fellow Trauma & Critical Care Fellow p 08949 Neurosurgery Registrar p 8777 Trauma Registrar p 8949  Ms Gail Hook NUM-E3c p9106 Ms Julie Seggie CNC Trauma Office-Trauma Nurse Co-ordinator
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## F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

<p><b>This section may include:</b></p> <ul style="list-style-type: none"> <li>• Courses (e.g. life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed</p>	<p>Ideally, completed the EMST (Emergency Management of Severe Trauma) course run by the Royal Australasian College of Surgeons, or equivalent.</p> <p>The Neurosurgery Procedure and Orientation Manual will be provided at Orientation. More detailed clinical protocols are located in the office behind the E3c nursing station</p> <p>In addition the Westmead Hospital Trauma Guidelines for the Management of Trauma is available and is located in the Receiving Room, D4a, E3c and ICU. You may obtain a copy from the Trauma Office</p> <p>Informing your Consultant via the Surgical Registrar. Consultants wish to be notified regarding changes in their patient's condition. In particular contact at any time of day regarding the following:</p> <ul style="list-style-type: none"> <li>• Always inform Primary Team of significant changes in patient's condition</li> <li>• All consultants who have been involved in the patient's care should be notified in the event of death.</li> <li>• Surgical Registrars of treating team must be informed.</li> </ul> <p><b>TRAINING COURSES</b>          If you have any enquiries regarding Trauma courses, please ring the Department on 57072</p>
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## G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objectives</b>	<b>1</b>	Evaluate and assess critical care Neurology and Neurosurgery care patients.
	<b>2</b>	Be familiar with the management of head injury and post procedural neurosurgical patients
	<b>3</b>	Be familiar with the evaluation of patients with altered level of consciousness.
	<b>4</b>	Initial assessment and resuscitation of trauma patient.
	<b>5</b>	Perform tertiary survey.

## EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

**Please list expectations**

- E3c is not an intensive care unit. All patients are the responsibility of the primary treating team. The E3c RMO will care for all patients admitted to E3c in conjunction with the primary care team.
  
- On the day shift, Mon- Fri, the RMO will be predominantly responsible, as part of the neurosurgical team, for the neurosurgery patients, however they must be aware of all patients on the ward and be capable of providing an accurate handover to the night shift.
  
- On the day shift, Mon-Fri, the non-neurosurgical patients on E3c remain the responsibility of the primary care team. The E3c RMO will frequently need to liaise with these teams. Supervision with regard to these patients is provided by the registrars, fellows and consultants on these teams. In particular, supervision for the trauma patients will be provided by the Trauma Fellow.
  
- On the night shift, and weekends, the E3c RMO is responsible, as an afterhours RMO, for all patients on the ward and should review all patients at least once during the shift. Supervision is provided in accordance with normal afterhours arrangements. On site supervision for neurosurgical patients will be provided by the on site Neurosurgical registrar, the onsite ASU registrar provides supervision for other surgical patients, and the on site M2 medical registrar for medical patients, of for surgical patients with medical co-morbidities. In addition the E3c RMO may need to liaise directly with appropriate on call speciality registrars and consultants, depending on the patient's primary team.
  
- The four RMOs in Trauma and Neurosurgery High Dependency Ward work the following shifts in a week on, week off roster pattern:
  - Shift A 0700-2000
  - Shift B 1930-0800
  - Shift C Days off
  - Shift D On Call while off
  
- A handover will take place at the beginning and end of each shift for approximately ½ hour.
  
- Ensure plan for all patients is clear
  
- Assist with organisation of investigations on behalf of Primary Team as asked
  
- All neurosurgical patients will be seen not less than twice daily and management discussed with medical and nursing staff. Ensure basic needs of patients are met, eg fluid, nutrition, analgesia, medication, DVT prophylaxis.
  
- Attend the daily SIBR rounds with the neurosurgical team at 0715 or 0830 on Tuesday and Fridays.
  
- Where possible, accompany the Primary team responsible for the care of non-neurosurgical patients, when doing rounds.
  
- PACE and ALS calls should be made in accordance with hospital policy for the deteriorating patient.
  
- Report any non urgent clinical or administrative problems regarding trauma patients to the Trauma Fellow/Neurosurgical Registrar.
  
- Attend ICU to receive direct hand-over of any patient being discharged to E3c.
  
- Attend Tuesday & Friday Neurosurgery meetings at 0730 in allocated meeting rooms.
  
- Attend Multidisciplinary Rounds at 10.30 on Wednesdays and present cases.
  
- Be available for Nursing Staff inservice if requested by the Nursing Unit Manager.

**Patient Load**  
(average per shift)

**Patient Load per trainee**

13

**Patient load total for team**

13

<p><b>After hours Roster</b></p> <p><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>This term has a week on / week off, 14 day roster (ie 7 Days / 7 Off (oncall) / 7 Nights / 7 Off), it does not participate in the general ward Hospital After Hours roster.</p>
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**I: SIGN OFF**  
*Terms will not be considered unless this section is completed.*

<p><b>Revision date and by who</b> <i>(Name and Position)</i></p>	
<p><b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i></p>	
<p><b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i></p>	

**HETI OFFICE USE ONLY – Approved by PAC or PAC Member**

<p><b>Date</b></p>	
<p><b>Signature/TRIM DOC number of PAC minutes</b></p>	

**J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0700 Handover E3c	0700 Handover E3c	0700 Handover E3c	0700 Handover E3c	0700 Handover E3c	0700 Handover E3c	0700 Handover E3c
0715 SIBR NeuroSx Ward Round	0730 NeuroSx Dept Mtg	0715 SIBR NeuroSx Ward Round	0715 SIBR NeuroSx Ward Round	0730 NeuroSx Dept Mtg	0715 SIBR NeuroSx Ward Round	0715 SIBR NeuroSx Ward Round
1200 Handover	0830 SIBR NeuroSx Ward Round	1030 MDT Meeting	0930 Trauma Service Round	0830 SIBR NeuroSx Ward Round		
1700 Dept Surg Meeting Grand Rounds	1300 JMO Teaching		1300 JMO Teaching			
1900 Handover	1900 Handover	1900 Handover	1900 Handover	1900 Handover	1900 Handover	1900 Handover

**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)