

NSW Prevocational Training Term Description

ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME	Westmead Hospital
Training Term Based at	Westmead Hospital
Offsite Term <i>Includes affiliated private hospitals, general practices, community based medical services</i>	No

TERM NAME	Neuroscience High Dependency/Trauma
Term Duration (Weeks)	10 - 12 Weeks
Term Number	050020
Accreditation Status	Provisional
Date of Accreditation	29 Sep 2011
Last Approved by PAC	20 Feb 2020

TERM CATEGORY	Core Surgery
Is the term a PGY1 or a PGY2 term?	PGY2 only <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>

TERM CAPACITY	
Maximum number of PGY1s and PGY2 trainees	PGY2 - 4, Total Capacity - 4 <i>Note: Number of PGY1s + Number of PGY2s = Total Capacity</i>

SIGN OFF	
Revision date and by who	; Mr Peter Ebeid
Reviewed by	Disclaimer: <i>I acknowledge that the term has been reviewed by</i>
Endorsed by	

OVERVIEW	
<p>Overview of Unit or Service</p>	<p>Please outline the role of the unit and range of clinical services provided</p> <p>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 C3C.</p> <p>Please outline the patient case mix, turnover and how acutely ill the patients generally are</p> <p>The two main cohorts admitted to C3C 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 C3C may be up to 5-7 days. The C3c 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>
TERM SUPERVISION	
<p>Name, Position and Contact Details of Term Supervisor <i>Responsible for trainee term orientation and assessment</i></p>	<p>Dr Jacqueline McMaster VMO</p>
<p>Term Supervisor Contact with Trainee <i>Term Supervisor to provide a plan for contact with the prevocational trainee/s during the training term</i></p>	<p>General Contact</p> <p>Via Neurosurgical Registrars/Switchboard Dept.</p> <p>Orientation</p> <p>Meet with Dr McMaster, 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 C3C RMO, as well as an orientation by the NUM,</p>

	<p>who will provide the comprehensive Procedure and Orientation manual</p> <p>Mid Term</p> <p>Via Neurosurgical Registrars</p> <p>Daily contact with VMOs</p> <p>End of Term</p> <p>With Term Supervisor. Final assessment completed by Supervisor in conjunction with neurosurgical registrars</p>
<p>Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>As above.</p>
<p>Immediate Supervisor with direct responsibility for day to day supervision <i>(PGY3+)</i></p>	<p>(Accredited and Unaccredited) Neurosurgical Registrars, vary on a yearly basis – pager 8777</p>
<p>Clinical Team Structure <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 &2s will be distributed amongst the team/s</i></p>	<p>Dr M Dexter VMO, Head, Neurosurgery Mentor</p> <p>Dr J McMaster Staff Specialist Neurosurgeon</p> <p>Dr A Kam VMO, Neurosurgeon</p> <p>Dr G Dandie VMO, Neurosurgeon</p> <p>Dr G Olsson VMO, Neurosurgeon</p> <p>Contact via switch</p>

	<p>Fellow Trauma & Critical Care Fellow p 08949</p> <p>Neurosurgery Registrar p 8777</p> <p>Trauma Registrar p 8949</p> <p>Ms Gail Hook NUM-C3c p9106</p> <p>Ms Julie Seggie CNC Trauma Office-Trauma Nurse Co-ordinator</p>
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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.

Ideally, completed the EMST (Emergency Management of Severe Trauma) course run by the Royal Australasian College of Surgeons, or equivalent.

The Neurosurgery Procedure and Orientation Manual will be provided at Orientation. More detailed clinical protocols are located in the office behind the C3c nursing station/

In addition the Westmead Hospital Trauma Guidelines for the Management of Trauma is available and is located in the Receiving Room, D4a, C3c and ICU. You may obtain a copy from the Trauma Office.

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:

	<ul style="list-style-type: none"> • Always inform Primary Team of significant changes in patient's condition • All consultants who have been involved in the patient's care should be notified in the event of death. • Surgical Registrars of treating team must be informed. <p>TRAINING COURSES</p> <p>If you have any enquiries regarding Trauma courses, please ring the Department on 57072</p>
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TERM LEARNING OPPORTUNITIES

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

Please list expectations	<ul style="list-style-type: none"> • C3c is not an intensive care unit. All patients are the
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responsibility of the primary treating team. The C3c RMO will care for all patients admitted to C3c 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 C3c 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 C3c 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 C3c 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

	<ul style="list-style-type: none"> • 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 C3c. • 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.
<p>Patient Load <i>(average per shift)</i></p>	<p>Patient Load per trainee 13 Patient load for team 13</p>
<p>After hours Roster <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>

TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER						POSITION TYPE: Default
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
: 0715 SIBR NeuroSx Ward Round : 1200 Handover : 1700 Dept Surg Meeting Grand Rounds : 1900 Handover	: 0730 NeuroSx Dept Mtg : 0830 SIBR NeuroSx Ward Round : 1300 JMO Teaching : 1900 Handover	: 0715 SIBR NeuroSx Ward Round : 1030 MDT Meeting : 1900 Handover	: 0715 SIBR NeuroSx Ward Round : 0930 Trauma Service Round : 1300 JMO Teaching : 1900 Handover	: 0730 NeuroSx Dept Mtg : 0830 SIBR NeuroSx Ward Round : 1900 Handover	: 0715 SIBR NeuroSx Ward Round : 1900 Handover	: 0715 SIBR NeuroSx Ward Round : 1900 Handover