

<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>		
Neurosurgery		
<b>Overview of Unit or Service</b>	<p><b>Please outline the role of the unit and range of clinical services provided:</b></p> <p>The Neurosurgical Unit cares for at least 30 inpatients at any given time. The work involves a large component of urgent admissions through the ED, but the majority are elective, covering the whole spectrum of neurosurgical disorders.</p> <p><b>Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:</b></p> <p>The unit has 9-11 operating sessions weekly, performs over 900 operations a year and treats over 1200 inpatients per year. The unit provides an outpatient clinic.</p>	
<b>Term Duration (Weeks)</b>	10 – 11 Weeks	
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	050021	
<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>
<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 15/06/2017  
VMO, Dept. Head, Neurosurgery  
Called via Switchboard Dept.

**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:**

**Orientation:**

To be provided at 7:00am on first Monday by the Neurosurgery Registrar.

**Mid Term:**

JMOs should make an appointment with Dr Dexter a week before the assessment and should have completed their self-assessment prior to this time

**End of Term:**

JMOs should make an appointment with Dr Dexter a week before the assessment and should have completed their self-assessment prior to this time

**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**

Registrar on call – carries on-call page 08777 in addition to their own.  
AMOs usually contactable at any time for their own patients, as above.

**Clinical Team Structure**

*Provide positions of all members of the clinical team who provide supervision and bedside teaching to pre-vocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 & 2s will be distributed*

AMOs  
Dr Gordon Dandie 9635 1938, page via Switchboard  
Dr Mark Dexter 9633 1900, page 9966 7413  
Dr Andrew Kam 9633 5207, page 9963 2819  
Dr Jonathon Parkinson 9635 1938, page via switch  
Dr Jacqueline McMaster 96335207, page via switch  
Registrars – see current roster for names  
There are 5 neurosurgical registrars, 4 accredited and one non accredited. Of the 5 one will be rotated into the private hospital at any given time. The registrars will work a similar roster

<i>amongst the teams</i>	to the Junior staff and there will always be an onsite registrar rostered at the same time as JMOs are rostered to duty.
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## 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

No special requirements apart from some familiarity with the Westmead Hospital RMO Handbook and the management of common neurosurgical problems as outlined in the book.

Extensive library present in department office, with textbooks, x-ray examples; multimedia availability. Specialist journals available in library and some in office

## G: TERM LEARNING OPPORTUNITIES

<p><b>Please list top 5 learning opportunities/objectives</b></p>	1	<p>Ability to diagnose and understand the management of:</p> <ul style="list-style-type: none"> <li>• Raised intracranial pressure – causes and treatment.</li> <li>• Subarachnoid haemorrhage, aneurysm, A-V malformation, cerebral vasospasm etc.</li> <li>• Spinal degenerative disorders and disc disease, types of surgery, other management.</li> <li>• Acute spinal compression, causes, treatment with surgery or radiotherapy.</li> <li>• Cerebral tumours, primary and secondary; types, basic surgical and drug treatment.</li> <li>• Severe head injuries. Effects, complications, essentials of treatment.</li> <li>• Basic peripheral nerve and pain surgery.</li> </ul>
	2	<p>By the completion of this term the JMO may expect to gain competency in the following skills:</p> <ul style="list-style-type: none"> <li>• Neurological examination.</li> <li>• Neurological observation / monitoring.</li> <li>• Lumbar puncture.</li> <li>• Puncture of Rickham reservoirs and ventricular shunts.</li> <li>• Arterial blood gases, venous cannulation.</li> <li>• Bladder catheterisation.</li> <li>• Essentials of interpretation of CT scans, MRI scans, (myelograms).</li> </ul>
	3	<p>Each AMO provides bedside teaching during his ward rounds.</p>
	4	<p>Surgical Grand Rounds - check noticeboards Surgical Seminars – Tuesday 1300, timetable issued at term commencement JMO Lunchtime Lectures – Friday 1300-1400, LT4, WECC</p>
	5	<p>JMO attends Tuesday morning x-ray and audit meetings. Informal education by registrars at daily ward rounds. Optional attendance at registrar weekly tutorials. More or less permanent registrar presence in ward or office. Ad hoc teaching by registrar or AMO when needed. JMO always able to attend education sessions, with registrar covering on ward.</p>

## EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<p><b>Please list expectations</b></p>	<p>Admission of preoperative patients  Attendance at ward rounds  Continuation notes  Organising tests  Follow-up, obtaining of x-rays  Organising consultations as required  Attend preoperative clinic if registrar not available  Timely completion of discharge arrangements and summaries</p> <p>Discharge summary, medication list and neurosurgery discharge sheet to be completed for each patient. CMO (pink) copy of discharge summary (WSMR-0050) to be given to Unit Secretary together with a Data Collection Form. Discharge summaries are to be completed by 1000hrs. Consults to the Neurosurgery Team should be made directly to the Neurosurgery Registrar. Consults to other teams should be made on the day requested and an appropriate consult sheet completed. Rehabilitation referrals should be made to the rehab registrar no later than 1400hrs Tuesday. Rehabilitation Team meet at 0900hrs Wednesday and review patients following this meeting. Head CT scans should be performed on the day requested or booked in advance if possible. Non-ambulant patients should have weekly lower limb Doppler (check with Registrar). All radiology performed each day should be collected and ready for pm rounds.</p> <p><b>Additional Information</b></p> <p>The work of the department involves a large component of urgent admissions through the ED. Most of these go to E3C initially, either directly or postoperative, under the care of the trauma / neurosurgery RMOs. The majority of admissions are elective, covering the whole spectrum of neurosurgical disorders. Some of these are DOS admissions, seen previously in the PAC, and others are admitted to D5C the day before surgery, or earlier for workup. The unit performs over 900 operations a year and treats over 1200 inpatients per year. The neurosurgical service caters essentially only for adults. Two of the AMOs also have appointments at the adjacent Children's Hospital. The department has wide experience in the management of severe head injuries, and special interests in subarachnoid haemorrhage, epilepsy surgery, cerebral tumours, skull base and transsphenoidal surgery, and spinal surgery.</p> <p>The unit provides, with the Orthopaedic Unit, a comprehensive spinal injury service, and also runs a combined Endocrine-Neurosurgical Clinic for pituitary tumours. There are two RACS-accredited neurosurgical registrar training positions, and since 2002 there have also been two other, non-accredited registrars.</p> <ul style="list-style-type: none"> <li>• URGENT REGISTRAR ASSISTANCE: PAGE 08777</li> <li>• "SURVIVAL GUIDE" Written by members of the team, this is mailed out as an attachment to the Term Description for perusal by incoming JMOs.</li> </ul> <p>Assuming planned staffing levels of 4 JMOs, the Neurosurgical JMOs will be rostered to 4x10 hr shifts per week. These will consist of a standard day shift 0:700-17:30, 7 days per week, a 2nd day shift Mon-Thurs and an afternoon shift (11:00-21:30) Mon-Fri. All shifts will have access to an on site neurosurgical registrar, including weekends.</p> <p>The neurosurgical department will operate as a single team, with the JMOs sharing the workload between themselves on an equitable basis.</p>				
<p><b>Patient Load</b> (average per shift)</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"><b>Patient Load per trainee</b></td> <td style="width: 10%; border: 1px solid black;">10-15</td> <td style="width: 50%;"><b>Patient load total for team</b></td> <td style="width: 10%; border: 1px solid black;">30</td> </tr> </table>	<b>Patient Load per trainee</b>	10-15	<b>Patient load total for team</b>	30
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<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>The JMO participates in the Neurosurgical Roster, which covers 10 hr day shifts 7 days per week and evening shifts Mon-Fri. Day shifts are 07:00 – 17:30 and afternoon shifts are 11:00 – 21:30. Supervision is provided by the on-site neurosurgical registrar who participates in a similar roster 7day per week roster as the JMO. The Neurosurgical JMOs do not participate in the general ward JMO overtime.</p>				

**I: SIGN OFF**  
*Terms will not be considered unless this section is completed.*

<b>Revision date and by who</b> <i>(Name and Position)</i>	Andrew Baker (DPET) 13 <sup>th</sup> Septmeber
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	Mark Dexter
<b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i>	Andrew Baker (DPET)

<b>HETI OFFICE USE ONLY – Approved by PAC or PAC Member</b>	
<b>Date</b>	
<b>Signature/TRIM DOC number of PAC minutes</b>	

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0730 - 0830 Ward Round E3c / D5c	0730 - 0830 X-ray or dept meeting, then round E3c / D5c	0730 - 0830 Ward Round E3c / D5c	0730 - 0830 Ward Round E3c / D5c	0730 - 0830 Ward Round E3c / D5c	0730 - 0830 Ward Round E3c / D5c	0730 - 0830 Ward Round E3c / D5c
0830 Dexter - operating all day		0900 – 1200 Dr McMaster / Dr Contigue Clinics Alternating		0830 Kam all day OS		
0900 Reg clinics, University Clinic + Dandie alt.			1300 – 14:00 Intern/RMO lecture, LT4, WECC			
1700 Dept of Surgery meeting: M&M; Surgical Grand Rounds  7:00 – 17:30 Day Shift 11:00 – 21:30 Evening Patients are being looked after the Medcial Night Team daily at completion of the evening shift.	Dr McMaster has an all day operating session on Tuesday.  7:00 – 17:30 Day Shift 11:00 – 21:30 Evening	1300 Medical Grand Rounds  1300 Dr  7:00 – 17:30 Day Shift 11:00 – 21:30 Evening	7:00 – 17:30 Day Shift 11:00 – 21:30 Evening	7:00 – 17:30 Day Shift 11:00 – 21:30 Evening	7:00 – 17:00 Day Shift	7:00 – 17:00 Day Shift

### 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)