

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druiitt Hospital

Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Blacktown Hospital
Offsite Term? <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: TERM NAME: SURGERY 2 – GENERAL / VASCULAR SURGERY

Overview of Unit or Service	<p>Blacktown Hospital has Geriatric Medicine, Neurology, Respiratory, Gastroenterology, Cardiology, Endocrinology, Nephrology, Infectious Diseases and Medical Oncology Services. It also has General Paediatrics, Obstetrics and Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>The General Surgery service provides care for patients with a wide range of conditions including cholecystitis, pancreatitis, appendicitis, bowel obstruction, diverticular disease, hernias, gastrointestinal bleeding, colorectal cancer, breast cancer and cellulitis.</p> <p>Surgery 2 has an additional focus on vascular surgical conditions.</p>
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	009014
Date of Accreditation by HETI	21 March 2013

C: TERM CATEGORY	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Medicine</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Surgery</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Emergency</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px solid black; width: 100px;"></td> </tr> </table>	Medicine	<input type="checkbox"/>	Surgery	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Medicine	<input type="checkbox"/>	Surgery	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Is the term a PGY1 or a PGY2 term?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">PGY1</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">PGY2</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> <p><i>Please note that a PGY2 ONLY accredited term may not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i></p>	PGY1	<input checked="" type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>					
PGY1	<input checked="" type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>							

D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees	PGY1	2	PGY2	0	TOTAL NUMBER OF TRAINEES IN TERM	2
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E: TERM SUPERVISION																					
<p>Name and Position of Term Supervisor</p> <p><i>Responsible for trainee term orientation and assessment</i></p>	<p>Dr Shadi Faraj, General Surgeon</p>																				
<p>Contact Plan with Trainee</p> <p><i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i></p>	<p>General Contact: Term Supervisor/Consultant and Trainee contact will be 3 times a week during post-operative ward rounds, Outpatient Clinics, weekly theatre lists, and Minor Ops Clinics, monthly Mortality & Morbidity Meetings, and bedside teaching sessions. Additionally, contact is during Post-take rounds on days following On-take and also over the phone as required.</p> <p>Formal mid-term and end of term meetings between the trainee and term supervisor will be scheduled. The trainee is encouraged to meet with the term supervisor at any stage throughout the term to discuss issues as they arise.</p> <p>Orientation: Departmental orientation will occur in week 1 of each new term.</p> <p>Mid Term: Formal mid-term assessment meeting will occur between trainee and term supervisor in week 5 of the Term. At the meeting trainee progress will be discussed, opportunities for learning and professional development for the remainder of the term will be identified, and the trainee will have the opportunity to raise any areas of concern with the term supervisor.</p> <p>End of Term: Formal end of term assessment meeting will occur between trainee and term supervisor in week 10 of the Term. At this meeting the trainee's performance throughout the term will be evaluated, and the trainee will be given the opportunity to give feedback of their experience throughout the term.</p>																				
<p>Primary Clinical Supervisor (if not Term Supervisor)</p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>N/A</p>																				
<p>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</p>	<p>Attending Medical Officers will provide daily supervision either on-site or via the telephone.</p> <p>Additional on-site daily supervision will be provided by the SET Trainee assigned to this team for the duration of the term.</p> <p>Contact details of clinical supervisors are displayed on the wards / available to the trainee via the hospital switch board.</p>																				
<p>Clinical Team Structure</p> <p><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>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr Shadi Faraj</td> <td style="width: 50%;">General Surgeon (Term Supervisor)</td> </tr> <tr> <td>Dr Fred Betros</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Mark Richardson</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Michael Edye</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Michael Devadas</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Tom Daly</td> <td>Vascular Surgeon</td> </tr> <tr> <td>Dr Mark Malouf</td> <td>Vascular Surgeon</td> </tr> <tr> <td>Dr Tae Cho</td> <td>Vascular Surgeon</td> </tr> <tr> <td>SET Trainee</td> <td></td> </tr> <tr> <td>RMO</td> <td></td> </tr> </table>	Dr Shadi Faraj	General Surgeon (Term Supervisor)	Dr Fred Betros	General Surgeon	Dr Mark Richardson	General Surgeon	Dr Michael Edye	General Surgeon	Dr Michael Devadas	General Surgeon	Dr Tom Daly	Vascular Surgeon	Dr Mark Malouf	Vascular Surgeon	Dr Tae Cho	Vascular Surgeon	SET Trainee		RMO	
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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.

- Registration with the Medical Board of Australia (for PGY2s Only).
- Attendance at general hospital orientation and term specific orientation.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill.
- Ability to record in the clinical notes: relevant history of illness, physical examination, a provisional diagnosis and issues list, investigations required and a management plan.
- Ability to communicate clearly with other staff, patients and relatives.
- Able to independently perform: venepuncture, arterial blood gas analysis, blood cultures, intravenous cannulation, basic electrocardiogram interpretation
- Ability to call a Medical Emergency Team based on criteria
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.

G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	Proficiency in assessing patients with both acute & chronic surgical problems.
	2	Develop an understanding of General Surgical operations.
	3	Develop basic surgical skills i.e. suturing of wounds, excision of small skin lesions.
	4	Understand the integrated role of surgery and medicine.
	5	Develop skills for the interpretation of common investigations/procedures and the indications for these.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	<p>Throughout the course of this term it is expected that trainees will develop the following skills:</p> <ul style="list-style-type: none"> • Proficiency in assessing patients with both acute and chronic surgical problems including cholecystitis, pancreatitis, appendicitis, bowel obstruction, diverticular disease, hernias, gastrointestinal bleeding, colorectal cancer, breast cancer and cellulitis. • To develop an understanding of the common general surgical operations including cholecystectomy, hernia repair, appendectomy, haemorrhoidectomy, colorectal surgery, mastectomy / lumpectomy / axillary clearance, varicose vein surgery and thyroidectomy. • To develop basic surgical skills, i.e. suturing of wounds and excision of small skin lesions • Detailed preoperative assessment of the surgical patient. • Assess the postoperative patient with regard to fluid / electrolyte therapy, pain management, fever, venous thrombosis, haemorrhage etc. • Critically investigate and interpret results as they relate to surgical patients. • Understand the integrated role of surgery and medicine. <p>In addition, the trainee is expected to familiarise themselves with the indications for and interpretation of common investigations/procedures including:</p> <ul style="list-style-type: none"> • Abdominal X-rays, CT scans and ultrasounds, cholangiograms, barium enemas, upper gastrointestinal contrast studies. • Basic haematological, biochemical and microbiological tests. • Venous doppler studies
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	<ul style="list-style-type: none"> • Thyroid function tests and imaging <p>Other clinical expectations of the trainee include:</p> <ul style="list-style-type: none"> • Daily assessment of all inpatients on the Consultant/Registrar led ward round in order to review patient condition and progress. Subsequent implementation of management plans as instructed by the Consultant / Registrar. • Organisation of investigations according to protocol and direction. • Follow-up, review and documentation of all investigations. The Consultant/Registrar should be promptly notified of abnormal investigation results. • Completion of daily progress notes (including documentation of decisions / treatment plans made on the daily ward round). • Liaise with Registrar / Consultant about all new admissions, any significant change in a patient's condition, and any patient potentially requiring transfer to another unit. • Develop proficiency in the performance of routine procedures such as venepuncture, arterial puncture, IV line insertion, bladder catheterisation. • Develop proficiency in assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary. • Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill. This includes activation of Medical Emergency Team calls under appropriate circumstances. • Attend to calls by nursing staff to review patients as required. • Develop skills in dealing with patients and relatives in a professional and compassionate manner. • Demonstrate proficiency in the assessment of patients so as to be able to determine their suitability for discharge, with consideration of the multidisciplinary issues associated with readiness for discharge. • Attend handover meetings to ensure continuity of care of patients following the change of shift. • Aware of proper requirements for completion of Death Certificates and Cremation Certificates. (Refer to the Death Certificate folder, available in every ward and in the RMO's Common Room) • To undertake any other duties as requested by the Medical Workforce Unit. <p>Organisational expectations of the trainee include:</p> <ul style="list-style-type: none"> • To be responsible whilst at work to take reasonable care of fellow employees, patients, visitors, clients and volunteers, and to abide with the Western Sydney Local Health District policy and instructions in relation to Occupational Health Safety and Risk through personal involvement. • To follow the employer's reasonable instructions concerning health and safety in the workplace. • Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps. • To participate in Occupational Health Safety and Risk education and training. • To report any workplace hazards. • Assist in the OH&S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace. • To observe the Western Sydney Local Health District Code of Conduct. • To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure. <p>To strictly observe the Western Sydney Local Health District policy of confidentiality of patient information.</p>				
<p>Patient Load (average per shift)</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 30%;">Patient Load per trainee</td> <td style="width: 10%; font-size: 24px;">10</td> <td style="width: 30%;">Patient load total for team</td> <td style="width: 10%; font-size: 24px;">20</td> </tr> </table>	Patient Load per trainee	10	Patient load total for team	20
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<p>After hours Roster</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>During their surgical rotation, interns and RMOs will work on average one evening shift per fortnight, covering surgical patients (during ordinary hours). They will also be required to work approximately 4 weekend shifts (Saturday or Sunday) as overtime during the term.</p> <p>After-hours supervision is via on site Medical and Surgical Registrars and on-call Consultants. There is a medical handover that occurs at the beginning of afternoon shift and also at the beginning of night shift to hand over patients to staff on the next shift. Attendance at this handover is compulsory.</p> <p>Blacktown Hospital is also staffed by on-site registrars in ICU, Anaesthetics, Emergency Medicine, Orthopaedics, Paediatrics and Obstetrics & Gynaecology after hours.</p>
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<p>I: SIGN OFF</p> <p><i>Terms will not be considered unless this section is completed.</i></p>	
<p>Revision date and by who <i>(Name and Position)</i></p>	<p>27/04/2018 Dr Daryl-Anne Elias Medical Administration Trainee – Blacktown Mount Druitt Hospital</p>
<p>Endorsement by Term Supervisor <i>(Name, Date and Signature)</i></p>	<p>Dr Shadi Faraj</p>
<p>Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i></p>	<p>Prof Mark McLean</p>

J: TERM / UNIT TIMETABLE AND INDICATIVE**4 – Week DUTY ROSTER**

Please show the activities that the trainee are expected/rostered to attend – these include all education opportunities (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team.

If there are extended or overlapping shifts for the trainees in the term, please provide a four week duty roster indicating change-overs between morning and evening shifts at roster change.

Doctor	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Surg. Team 2 – Week 1							
JMO 1	0730 – 1600 Post-take	0730 – 1600	0730 – 1600	0730 – 1400	0730 – 1800 Post-take		
JMO 2	0730 – 1600 Post-take	0730 – 1800	ADO	0730 – 1600	0730 – 1400 Post-take		
Surg. Team 2 – Week 2							
JMO 1	0730 – 1600	0730 – 1600	0730 – 1400 Post-take	1400 – 2230 Evening	0730 – 1800		
JMO 2	1400 – 2230 Evening	0730 – 1400	0730 – 1800 Post-take	0730 – 1800	0730 – 1400		
Surg. Team 2 – Week 3							
JMO 1	0730 – 1800	0730 – 1600	0730 – 1400	0730 – 1600	ADO		
JMO 2	0730 – 1400	0730 – 1600	0730 – 1800	1400 – 2230 Evening	0730 – 1600		
Surg. Team 2 – Week 4							
JMO 1	0730 – 1400 Post-take	0730 – 1600	0730 – 1800 Post-take	0730 – 1600	1400 – 2230 Evening		
JMO 2	0730 – 1800 Post-take	0730 – 1600	0730 – 1400 Post-take	0730 – 1600	0730 – 1600		