

# NSW Prevocational Training Term Description

**A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Drutt Hospitals**

<b>Training Term Based at</b>	<i>If not at above location, please give off site facility name and location:</i> <b>Blacktown Hospital</b>
<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: TERM NAME: SURGERY 3 – GENERAL / HEAD & NECK SURGERY**

<b>Overview of Unit or Service</b>	<b>Please outline the role of the unit and range of clinical services provided:</b> Blacktown Hospital has General Medicine, Geriatric Medicine, Neurology, Respiratory, Gastroenterology, Cardiology, Endocrinology, Nephrology, Infectious Diseases and Medical Oncology Services. It also has General Paediatrics, Gynaecology, General Surgery, Urology and Orthopaedics. The hospital also has a large number of admissions via a busy Emergency Department. This unit provides a service for a wide range of general surgical conditions including head and neck surgery.
<b>Term Duration (Weeks)</b> <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	<b>009015</b>
<b>Date of Accreditation by HETI</b>	21 March 2013

<b>C: TERM CATEGORY</b>	Medicine <input type="checkbox"/>	Surgery <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>	Other <input type="checkbox"/>	
<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 may not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>					

**D: TERM CAPACITY**

<b>Please indicate the term capacity – total number of PGY1s and PGY2 trainees</b>	PGY1	2	PGY2	0	<b>TOTAL NUMBER OF TRAINEES IN TERM</b>	2
--	------	---	------	---	---	---

E: TERM SUPERVISION													
<p><b>Name and Position of Term Supervisor</b> <i>Responsible for trainee term orientation and assessment</i></p>	<p><b>Dr Kim Loh, General Surgeon</b></p>												
<p><b>Contact Plan with Trainee</b> <i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i></p>	<p><b>General Contact:</b> 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 &amp; 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><b>Orientation:</b> Departmental orientation will occur in week 1 of each new term.</p> <p><b>Mid Term:</b> 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><b>End of Term:</b> 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><b>Primary Clinical Supervisor (if not Term Supervisor)</b> <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>N/A</p>												
<p><b>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</b></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><b>Clinical Team Structure</b> <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 &amp; 2s will be distributed amongst the team/s.</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>Dr Kim Loh</b></td> <td style="width: 50%;"><b>General Surgeon (Term Supervisor)</b></td> </tr> <tr> <td>Dr Richard Curran</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Nicholas Ngui</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Eva Wong</td> <td>General Surgeon</td> </tr> <tr> <td colspan="2">SET Trainee</td> </tr> <tr> <td colspan="2">RMO</td> </tr> </table>	<b>Dr Kim Loh</b>	<b>General Surgeon (Term Supervisor)</b>	Dr Richard Curran	General Surgeon	Dr Nicholas Ngui	General Surgeon	Dr Eva Wong	General Surgeon	SET Trainee		RMO	
<b>Dr Kim Loh</b>	<b>General Surgeon (Term Supervisor)</b>												
Dr Richard Curran	General Surgeon												
Dr Nicholas Ngui	General Surgeon												
Dr Eva Wong	General Surgeon												
SET Trainee													
RMO													

## 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.

During the term you should improve your ability and confidence to cope with:

- Make a decision pre-operative assessment of the surgical patients.
- Assess the post-operative 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.
  - The young fit patient undergoing relatively minor surgery, up to
  - The critically ill patient needing urgent major surgery.
- Assist at surgical procedures and to be able to perform simple procedures, e.g. skin closure.
- To acquire skills and proficiency in assessing patients with both acute and chronic surgical, illness.
- To acquire skills in the management of patients suffering minor and moderately severe trauma.
- To gain an understanding of how to develop a surgical management plan.
- To learn how to investigate surgical patients in an appropriate, thorough and cost effective way.
- To develop an understanding of the role of a district hospital in the treatment and care of surgical patients.
- To gain operating theatre exposure and participate in a variety of operations under the guidance of AMO and Registrar.
- To understand the important role of allied health personnel in the management of surgical patients (i.e. Physiotherapists, Occupational Therapists, Social Workers, Discharge Planner, Dietitians).
- Understand the clinical usefulness of relevant investigations such as X-rays and CT scans.
- Recognise and manage complications such as hypotension, postoperative fever and deep venous thrombosis
- Develop knowledge of the pathology of surgical conditions.
- Be able to work with the consultants and registrars as part of the surgical team and to develop communication skills to liaise appropriately with nursing staff and allied health professionals.
- Be able to communicate with patients and their relatives in a professional and compassionate manner.

## G: TERM LEARNING OPPORTUNITIES

<b>Please list top 5 learning opportunities/objectives</b>	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

<b>Please list expectations</b>	<p>During the term, you can expect to be involved in the care of patients with the following problems, and to develop an understanding of the pathophysiology and management of these conditions:</p> <ul style="list-style-type: none"> <li>• Biliary disease</li> <li>• Pancreatitis</li> <li>• Appendicitis</li> <li>• Bowel obstruction</li> <li>• Diverticular disease</li> <li>• Hernias</li> <li>• P.R. bleeding</li> <li>• Colorectal cancer</li> </ul>
---------------------------------	---

- Thyroid and Parathyroid disease
- Gastro-oesophageal reflux
- Venous disease
- Cellulitis
- D.V.T
- Wound care
- Surgical drains and their care
- Suture materials
- Trauma
- Gastrointestinal bleeding
- Metastatic cancer
- Post-operative complications
- Septic patients
- Acute abdomens
- Fluid balance and blood transfusion
- Antibiotic usage in the surgical setting

**Investigations you can expect to become familiar with:**

- Thyroid function tests and imaging
- Abdominal X-ray
- Upper abdominal ultrasound
- Cholangiograms
- Barium studies
- I.V.P.
- Abdominal-pelvic CT

**Operations that you will become familiar with:**

- Laparoscopic cholecystectomy, open and laparoscopic inguinal hernia repair, laparotomy haemorrhoidectomy / lateral sphincterotomy
- Carpel tunnel decompression
- Wedge resection of toenails
- Thyroidectomy
- Appendectomy
- Varicose vein surgery
- Mastectomy / lumpectomy and axillary clearance for breast cancer.

**It is important that you are aware of:**

- The discharge planning process
- Community support services
- The roles of allied health professionals
- Provisional registration with the NSW Medical Board
- 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, 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 interpretation of acute myocardial infarction, heart block, arrhythmias such as atrial fibrillation, ventricular tachycardia, ventricular fibrillation.
- Ability to call a Medical Emergency Team based on criteria. (MET meetings are held weekly to review all MET calls).
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.
- Aware of proper requirements in the timely and full completion of Death Certificates and Cremation Certificates. (Refer to the Death Certificate folder, available in every ward and in the RMO's Common Room).
- Daily review of all inpatients. This includes writing in the patient's notes. Each notation should be preceded by the **printed** name and title of the Medical Officer and should be followed by the **signature** of the Medical Officer.
- Discharge Summaries and "Front Sheets" of medical records to be completed at time of discharge.

	<ul style="list-style-type: none"> <li>• Attend postgraduate sessions whenever possible especially those aimed specifically at junior medical officers.</li> <li>• Present at clinical meetings when so required. Presentations may be case discussions but should also involve some research of the current literature.</li> <li>• Liaise with Registrar before contacting Consultants about: <ul style="list-style-type: none"> <li>○ New admissions</li> <li>○ Significant changes in patient's condition</li> <li>○ Potential transfer to another unit</li> </ul> </li> <li>• Attendance at AMO ward rounds and at teaching sessions.</li> <li>• Attendance in operating theatre.</li> <li>• Attend MET calls.</li> <li>• Ensure that Death Certificates and Cremation Certificates are always fully completed when certifying a death.</li> <li>• 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.</li> <li>• To follow the employer's reasonable instructions concerning health and safety in the workplace.</li> <li>• To participate in Occupational Health Safety and Risk education and training</li> <li>• To report any workplace hazards.</li> <li>• Assist in the OH&amp;S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace.</li> <li>• To observe the Western Sydney Local Health District Code of Conduct.</li> <li>• To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure.</li> <li>• To strictly observe the Western Sydney Local Health District policy of confidentiality of patient information and such other sensitive and confidential information that I may have access to during the course of my employment.</li> <li>• To undertake any other duties as requested by Medical Workforce Unit from time to time which are of a reasonable nature</li> </ul>				
<b>Patient Load</b> <i>(average per shift)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%; border: none;"><b>Patient Load per trainee</b></td> <td style="text-align: center; width: 10%; border: 1px solid black; font-size: 24px;">10</td> <td style="text-align: center; width: 50%; border: none;"><b>Patient load total for team</b></td> <td style="text-align: center; width: 10%; border: 1px solid black; font-size: 24px;">20</td> </tr> </table>	<b>Patient Load per trainee</b>	10	<b>Patient load total for team</b>	20
<b>Patient Load per trainee</b>	10	<b>Patient load total for team</b>	20		
<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>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 &amp; Gynaecology after hours.</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>	27/04/2018 Dr Daryl-Anne Elias Medical Administration Trainee – Blacktown Mount Druitt Hospital
<b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i>	Dr Kim Loh
<b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i>	Prof Mark McLean



**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
<b>Surg. Team 3 – Week 1</b>							
JMO 1	0730 – 1800 Post-take	0730 – 1400 Post-take	0730 – 1600	0730 – 1600	1400 – 2230 Evening		
JMO 2	0730 – 1400 Post-take	0730 – 1800 Post-take	0730 – 1600	ADO	0730 – 1600		
<b>Surg. Team 3 – Week 2</b>							
JMO 1	0730 – 1400 Post-take	0730 – 1800 Post-take	0730 – 1800	0730 – 1600	0730 – 1400 Post-take		
JMO 2	0730 – 1800 Post-take	0730 – 1400 Post-take	1400 – 2230 Evening	0730 – 1400	0730 – 1800 Post-take		
<b>Surg. Team 3 – Week 3</b>							
JMO 1	0730 – 1800 Post-take	0730 – 1400 Post-take	1400 – 2230 Evening	ADO	0730 – 1600		
JMO 2	0730 – 1400 Post-take	0730 – 1800 Post-take	0730 – 1800	0730 – 1600	0730 – 1400		
<b>Surg. Team 3 – Week 4</b>							
JMO 1	0730 – 1600	0730 – 1400 Post-take	0730 – 1600	0730 – 1600	0730 – 1800 Post-take		
JMO 2	0730 – 1600	0730 – 1800 Post-take	0730 – 1600	1400 – 2230 Evening	0730 – 1400 Post-take		