

# NSW Prevocational Training Term Description

**A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. DrUITT Hospital**

<b>Training Term Based at</b>	<i>If not at above location, please give off site facility name and location:</i> <b>Mt. DrUITT 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 1 – General Surgery & Subspecialties – Mt. DrUITT**

<b>Overview of Unit or Service</b>	<p>Services at Mt DrUITT Hospital include Orthopaedics, Rehabilitation, Palliative Care, Paediatrics and an Emergency Department and Medical Assessment Unit. All other inpatient services are provided at Blacktown Hospital, and telephone advice is available from there.</p> <p>The Surgical Unit at Mount DrUITT Hospital provides predominately elective surgical services. The unit manages patients with a wide range of conditions including gallstones, hernias, skin cancers, surgical wounds, colorectal disease, breast cancers, head and neck conditions, surgical oncology, endoscopy and other general surgery conditions</p>
<b>Term Duration (Weeks)</b> <i>This is only required if term is less than 10 weeks long.</i>	<b>10 – 12 weeks</b>
<b>HETI Term Identifier Number</b> <i>HETI Assigned after accreditation decision</i>	<b>009022</b>
<b>Date of Accreditation by HETI</b>	25 September 2007

<b>C: TERM CATEGORY</b>	<table style="width: 100%; text-align: center;"> <tr> <td>Medicine</td><td><input type="checkbox"/></td> <td>Surgery</td><td><input checked="" type="checkbox"/></td> <td>Emergency</td><td><input type="checkbox"/></td> <td>Other</td><td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Medicine	<input type="checkbox"/>	Surgery	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____
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<b>Is the term a PGY1 or a PGY2 term?</b>	<table style="width: 100%; text-align: center;"> <tr> <td>PGY1</td><td><input checked="" type="checkbox"/></td> <td>PGY2</td><td><input checked="" type="checkbox"/></td> </tr> </table>	PGY1	<input checked="" type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>					
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	<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>	<table style="width: 100%;"> <tr> <td style="width: 25%;">PGY1</td> <td style="width: 25%; text-align: center;">1</td> <td style="width: 25%;">PGY2</td> <td style="width: 25%; text-align: center;">1</td> </tr> </table>	PGY1	1	PGY2	1	<table style="width: 100%;"> <tr> <td style="width: 75%;">TOTAL NUMBER OF TRAINEES IN TERM</td> <td style="width: 25%; text-align: center;">2</td> </tr> </table>	TOTAL NUMBER OF TRAINEES IN TERM	2
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## 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 Shadi Faraj, 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.</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 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 the last week of 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 and SRMO 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 border="0"> <tr> <td><b>Dr Shadi Faraj</b></td> <td><b>General Surgeon (Term Supervisor)</b></td> </tr> <tr> <td>Dr Desmond Hughes</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Richard Hanney</td> <td>General Surgeon (SET Supervisor)</td> </tr> <tr> <td>Dr Kim Loh</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Richard Curran</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Julie Howle</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Laszlo Szabo</td> <td>General Surgeon</td> </tr> <tr> <td>Dr Angelo Preketes</td> <td>Plastic Surgeon</td> </tr> <tr> <td>Dr Douglas Thornton</td> <td>Facio-Maxillary Surgeon</td> </tr> <tr> <td colspan="2">SET Trainee</td> </tr> <tr> <td colspan="2">Senior Resident Medical Officer</td> </tr> </table>		<b>Dr Shadi Faraj</b>	<b>General Surgeon (Term Supervisor)</b>	Dr Desmond Hughes	General Surgeon	Dr Richard Hanney	General Surgeon (SET Supervisor)	Dr Kim Loh	General Surgeon	Dr Richard Curran	General Surgeon	Dr Julie Howle	General Surgeon	Dr Laszlo Szabo	General Surgeon	Dr Angelo Preketes	Plastic Surgeon	Dr Douglas Thornton	Facio-Maxillary Surgeon	SET Trainee		Senior Resident Medical Officer	
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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

<b>Please list top 5 learning opportunities/objectives</b>	1	Develop an understanding of the pathology of common general surgical problems including gallstones, hernias, skin cancers, surgical wounds, colorectal disease, conditions relating to surgical oncology, head and neck conditions, and other general surgery conditions.
	2	Critically investigate and interpret results as they relate to surgical patients under appropriate supervision.
	3	Assess and care for post-operative patients with regard to fluid and electrolyte therapy, pain management, and the recognition and management of post-operative complications under appropriate supervision.
	4	To develop basic surgical skills, for example, suturing of wounds and excision of small skin lesions, vac dressings etc.
	5	To assist in the operating theatres in order to develop a basic understanding of general surgical operations including cholecystectomy, hernia repair, appendectomy, haemorrhoidectomy, colorectal procedures, mastectomy / lumpectomy / axillary clearance, varicose vein surgery and thyroidectomy.

## H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

<b>Please list expectations</b>	<p>Throughout the course of this term it is expected that trainees will develop the following skills:</p> <ul style="list-style-type: none"> <li>• Proficiency in assessing patients with both acute and chronic surgical problems including gallstones, hernias, skin cancers, surgical wounds, colorectal disease, breast cancers, head and neck conditions, surgical oncology, endoscopy and other general surgery conditions</li> <li>• 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.</li> <li>• To develop basic surgical skills, i.e. suturing of wounds and excision of small skin lesions</li> <li>• Detailed preoperative assessment of the surgical patient.</li> <li>• Assess the postoperative patient with regard to fluid / electrolyte therapy, pain management, fever, venous thrombosis, haemorrhage etc.</li> <li>• Critically investigate and interpret results as they relate to surgical patients.</li> <li>• Understand the integrated role of surgery and medicine.</li> </ul> <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"> <li>• Abdominal X-rays, CT scans and ultrasounds, cholangiograms, barium enemas, upper gastrointestinal contrast studies.</li> <li>• Basic haematological, biochemical and microbiological tests.</li> <li>• Venous doppler studies</li> <li>• Thyroid function tests and imaging</li> </ul>
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	<p>Other clinical expectations of the trainee include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Attend Registrar's clinic and review patient's wounds days-weeks post operation.</li> <li>• Organisation of investigations according to protocol and direction.</li> <li>• Follow-up, review and documentation of all investigations. The Consultant/Registrar should be promptly notified of abnormal investigation results.</li> <li>• Completion of daily progress notes (including documentation of decisions / treatment plans made on the daily ward round).</li> <li>• 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.</li> <li>• Develop proficiency in the performance of routine procedures such as venepuncture, arterial puncture, IV line insertion, bladder catheterisation.</li> <li>• Develop proficiency in assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary.</li> <li>• 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.</li> <li>• Attend to calls by nursing staff to review patients as required.</li> <li>• Develop skills in dealing with patients and relatives in a professional and compassionate manner.</li> <li>• 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.</li> <li>• Attend handover meetings to ensure continuity of care of patients following the change of shift.</li> <li>• Completion of discharge summaries in a timely fashion</li> <li>• 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)</li> <li>• To undertake any other duties as requested by the Medical Workforce Unit.</li> </ul> <p>Organisational expectations of the trainee include:</p> <ul style="list-style-type: none"> <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>• Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.</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.</li> </ul>
<p><b>Patient Load</b> (average per shift)</p>	<p><b>Patient Load per trainee</b> 5 – 10      Patient load total for team 5 – 10</p>

<p><b>After hours Roster</b></p> <p><i>Does this term include participation in a hospital-wide after-hours roster and if so please advise frequency and the onsite supervision available after hours</i></p>	<p>Participation in the after-hours general roster is expected.</p> <p>After-hours Cover is shared amongst all Interns and RMOs, providing 1 week-day shift per fortnight, and 1 weekend shift in every 6 weeks.</p> <p>After-hours supervision is via the on-site Medical Officer In-Charge – ED and also by On-call Consultants. There is a Medical Handover that occurs nightly at 2130 in the RMO Common Room, to handover patients from the evening to night shift staff. Attendance at this handover is compulsory.</p>
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## I: SIGN OFF

<p><b>Revision date and by who</b> <i>(Name and Position)</i></p>	<p>20/11/2017 Dineshwar Narayan, Medical Education Support Officer – Blacktown Mt. Druitt Hospital</p>
<p><b>Endorsement by Term Supervisor</b> <i>(Name, Date and Signature)</i></p>	<p>Dr Shadi Faraj</p>
<p><b>Endorsement by GCTC Chair (or representative)</b> <i>(Name, Date and Signature)</i></p>	<p>Professor Mark McLean</p>

