**Eastern and Greater Southern Surgical Skills Training Network**

**Surgical Prevocational Training Term Description**

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| 1. **ACCREDITED TRAINING PROVIDER** | **Eastern and Greater Southern Surgical Skills Training Network** |
| **Training Term Based at:** | *Griffith Base Hospital, 1 Noorebar Avenue, Griffith, NSW 2680* |

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| 1. **TERM NAME** |  |
| **Overview of Unit or Service** | ***Please outline the role of the unit and range of clinical services provided:***  Rural 98 bed hospital accepting all surgical emergencies including paediatrics, vascular and trauma.  The hospital has a 6 bed HDU. Surgical RMO’s or interns do not have to deal with ICU patients independently but only assist consultants. The Surgical Ward consists of 22 beds (variable) and includes elective and emergency surgery.  If patients require transfer, then the closest hospital is Wagga, 2 hours drive or Sydney which is 2 hours fixed wing flight. Most cases will be managed locally, and transfers will depend on Trauma severity (ISS), need for intervention not available locally, patient co-morbidity and anaesthetic risk and consultant surgeon experience.  Elective surgery encompasses laparoscopic colorectal surgery, hernia surgery including fundoplication’s, thyroid and parathyroid surgery, breast cancer surgery including therapeutic mammaplasty and LD reconstruction, endoscopies, vasectomy, skin cancers + local flap/skin grafts. VMOs include Urology, ophthalmology, ENT and paediatric surgery.  ***Please outline the patient case mix, turnover and how acutely ill the patients generally are:***  Majority of emergency patients admitted are elderly and co-morbidies and an ASA of 2-3. We also admit paediatric cases with the input of paediatricians as required. |
| **Term Duration *(Weeks)*** | ***6 months*** |

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| 1. **TERM CATEGORY** | ***Please specify if this term is for a Surgical SRMO or Surgical Registrar role –*** *Surgical SRMO or Registrar* |

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| 1. **TERM SUPERVISION** | |
| **Name, Position and Contact Details of Term Supervisor**  ***Responsible for trainee term orientation and assessment*** | **Dr S.C. Kate FitzGerald**  **Staff Specialist – Surgery**  **0457357195** |
| **Term Supervisor Contact with Trainee**  ***Term supervisor to provide a plan for contact with the prevocational trainee/s during the training term*** | ***General Contact:*** *Daily with Dr FitzGerald/Dr Jaya/locum surgeon*  Ward rounds – Daily consultant morning round  2-4 operating sessions per week  Wednesday educational sessions weekly  Registrar clinic beside consultant 1/week  ***Orientation:*** Individual formal meeting to assess current levels and objectives over coming 6 months. Identify goals of term in terms of operating, research, exams, teaching.  ***Mid Term:*** Individual formal meeting to ascertain trainees progress and get feedback regarding rotation. Objectives continued or adjusted depending on progress  *End of Term*  The Term Supervisor will provide formal assessment and feedback using HETI Prevocational Progress Review Form at the end of the term. In completing the Progress Review Form, the Term Supervisor may consult with other members of the team (AVO’s, registrars, nurses and other professional staff). |
| **Primary Clinical Supervisor (if not Term Supervisor)**  ***Consultant or senior medical practitioner with experience in managing patients in the relevant discipline*** | ***Name, Position and Contact Details***  Dr Narayanan Jayachandran, Senior Staff Specialist – Surgeon, 0407 183 040  Dr Abrar Maqbool, Staff Specialist – Surgeon, 0431 259 546 |
| **Immediate Supervisor with Direct Responsibility for Day to Day Supervision** | ***Name, Position and Contact Details***  Dr S.C. Kate FitzGerald  Staff Specialist  0457357195  sheila.fitzgerald@health.nsw.gov.au |

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| 1. **CLINICAL TEAM STRUCTURE**   ***Provide positions of all members of the clinical team who provide supervision and bedside teaching including AMOs and Registrars. Please also identify how the Surgical SRMO/Registrar will be distributed amongst the team/s*** | ***Name, Position and Contact Details***  Dr S.C. Kate FitzGerald - Staff Specialist and Director of Surgery  Dr Jayachandran Narayanan - Senior Staff Specialist  Dr Abrar Maqbool- Part-time Staff Specialist  Locum consultant surgeons – help cover on call rota  SRMO and Registrar have a weekly rota and are assigned to theatre, clinics, on call, minor ops and teaching to ensure all get exposure to all aspects of surgery.  ***For registrars/fellows, please identify if they are contactable via phone number or pager***  All contactable by mobile. List of names and numbers on the office board and in the shared drive. Also, all are added to the team What’s App group. |

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| 1. **Expectations of the Prevocational Surgical Trainee** | |
| **Please List Expectations** | 1. Initial assessment of patients presenting for admission. 2. Instituting immediate treatment as appropriate. 3. Communication of assessments made, and treatment initiated to the admitting Surgeon. 4. Setting in train the diagnosis and management of the patient’s condition including:  * Requesting necessary radiology and pathology tests in consultation with the senior Doctor * Prescribing appropriate medications * Arranging operative treatment as directed by the consultant * Performing minor procedures under local anaesthetic under supervision * Arranging referral for consultation where required.  1. Assisting the surgeons in theatre as required (see timetable attached). 2. For patients in Intensive Care, provide treatment under supervision and direction of consultant. 3. Communication with patient about his/her condition and management or with the immediate family if the patient is unconscious or otherwise unable to comprehend as directed by the consultant. 4. Accurately recording history and examination, management plan, investigations and action taken in the patient’s medical record as directed by the consultant. 5. Communicating and co-ordinating effectively with nursing and other staff in regard to management plans, diagnostic requests and consultations as directed by the consultant. 6. Review all pathology, radiology and other diagnostic reports and advising the Surgeon of relevant results. 7. Liaison with the General Practitioner (or other Primary/Community Care personnel) relevant to the patient. 8. Assist/relieve other Resident Medical Officers as directed by the consultant or Director of Medical Services. 9. Maintain good working relationships with other employees. 10. Observe safe work practices in carrying out duties. 11. Be familiar with the procedures you are to follow in a disaster e.g., fire. 12. Other relevant duties as directed by the Head of Department or his/her nominee. 13. All Hospital clients, records, register, files etc are confidential and are not to be discussed with any other person. 14. Participate in Quality Assurance activities. 15. Participate in departmental teaching 16. Present cases at Oncology MDT and Surgical M and M meetings |
| **Patient Load *(average per shift)*** | Patient Load per trainee: 5-10  Patient load total for team: 10-20 |
| **After Hours Roster**  ***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*** | The Surgical RMO is on call for assisting major surgery after hours. They do not have to come in after hours to attend ED calls. The normal working hours are 0800 – 1700. The on-call roster is arranged so that adequate relief time is available. They are rostered to a maximum of 80 hours per fortnight with a maximum of 7 days rostered in a row. The get 2 days unrostered during the fortnight where they are working a weekend. If the trainee is called in, they get a 10-hour break. |

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| **G: TERM LEARNING OPPORTUNITIES** | |
| **Please list 5 learning opportunities/objectives** | 1. Perform gastroscopy without assitance 2. Colonoscopy withdrawal and insertion in striaght forward cases without assistance 3. Perform Laparoscopic appendicectomy 4. Perform key steps in Laparoscopic cholecystectmy – dissection of Calots 5. Skin cancer surgery including skin grafts without assistance |

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| **H: SIGN OFF** | |
| **Revision Date and by Who** | ***Dr S.C Kate FitzGerald*** |
| **Endorsement by Term Supervisor** | ***Dr S.C Kate FitzGerald*** |
| **Endorsement by Network Director of Surgical Training** | ***Dr Mark Muhlmann*** |

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| **I: TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER**  ***Important notes about completing the timetable:***   * ***Please include the start and finish times of the shifts the trainee will be rostered to;*** * ***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. Please include times of activities where possible;*** * ***If there are extended shifts or evening shifts as part of the team, please attach an indicative roster.*** | | | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 0800  Ward Round | 0800  Ward Round  Oncology MDT once a month | 0800  Ward Round  Weekly Grand Rounds | 0800  Ward Round  Surgical M & M once a month | 0800  Ward Round | Day Off | Day Off |
| 09:00 Ward Work / Minor ops/ Theatre | 09:00 Clinic /Theatre | 10:00 Minor Ops/Clinic | 09:00 Operating Theatre | 0900 Endoscopy | Day Off | Day Off |
| Ward Work / Theatre  17:00 Finish | Clinic /Theatre/Ward work  17:00 Finish | 14:00 Dept Teaching  Ward work  18:00 EGSSTN | Operating Theatre / Ward Work 17:00 Finish | Endoscopy  17:00 Finish | Day Off | Day Off |