**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:** | ***Prince of Wales Public Hospital*** |

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| 1. **TERM NAME** | **Acute Surgical Unit** |
| **Overview of Unit or Service** | ***Please outline the role of the unit and range of clinical services provided:***  **The ASU team – typically consists of a SET registrar, ASU CNC and SRMO.**  **The unit provides general surgery consults to Emergency and the ward. When patients are admitted under ASU they are cared for by this team – until handover, which occurs three times a week.**  ***Please outline the patient case mix, turnover and how acutely ill the patients generally are:***  **Common presentations: Biliary colic/acute cholecystitis, pancreatitis, appendicitis, perianal abscess, diverticulitis, pilonidal abscess, abscesses, trauma, small bowel obstructions, large bowel obstructions, necrotising fasciitis and mastitis/breast abscess.**  **Turnover: high turnover, many short admissions of 1-2 days, those that are long stay patients usually are handed over to the corresponding teams e.g. complicated diverticulitis is transferred to colorectal.**  **Acuity: depending on the presentations some patients can be acutely unwell e.g. require ICU admission. On the ward they often need close monitoring, close surveillance of electrolytes, fluid reviews and consults from necessary teams.** |
| **Term Duration *(Weeks)*** | ***12*** |

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| 1. **TERM CATEGORY** | ***Surgical SRMO*** |

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| 1. **TERM SUPERVISION** | |
| **Name, Position and Contact Details of Term Supervisor** | **Dr Mark Muhlmann**  **Network Director** |
| **Term Supervisor Contact with Trainee** | ***General Contact for Term Supervisor:***  ***Through POW switchboard***  ***Orientation: as organised by Department***  ***Mid Term: contact through POW switchboard***  ***End of Term: contact through POW switchboard*** |
| **Primary Clinical Supervisor (if not Term Supervisor)** | ***Consultant General Surgeon on call for Acute Surgery*** |
| **Immediate Supervisor with Direct Responsibility for Day to Day Supervision** | ***Consultant General Surgeon on call for Acute Surgery***  ***SET Registrar***  ***ASU CNC*** |

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| 1. **CLINICAL TEAM STRUCTURE** | ***Name, Position and Contact Details ASU Consultant General Surgeon on call for Acute Surgery***  ***ASU CNC***  ***ASU SET Registrar***  ***ASU SRMO***  **General Surgery Consultants / Fellows / Registrars are contactable via Mobile Phone only. Provided to SRMO at the commencement of their term** |

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| 1. **Expectations of the Prevocational Surgical Trainee** | |
| **Please List Expectations** | * **Ward Rounds typically handover at 7am from the night reg** * **Documentation** * **Consults** * **Imaging** * **Discharge Summaries** * **Liaise with COPS (Care of Older Person in Surgery) Team** * **Consults – Emergency Dept. and Wards** * **ASU includes Trauma Calls** * **Preoperative Assessment / Workup** * **OT Bookings / Green sheets** * **Consent for Surgery** * **ICU / HDU Bookings (include DW Anaesthetics)** * **OT Assistant** * **Medical Student Supervision / Education** * **Attend / Assist with Dept. of General Surgery Journal Club** * **MDT Meeting - Dickinson 2 South** * **Twice Weekly (Mon & Thurs)** * **Discuss patient progress / plan** |
| **Patient Load *(average per shift)*** | ***Patient Load per trainee:***  **Variable – ASU sees approx. >250 cases / month**  ***Patient load total for team:***  **Variable** |
| **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*** | **Variable - SRMO will be required to do some After-Hours / Weekend shifts to cover the intern/resident ward roster; however this is not frequent** |

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| **G: TERM LEARNING OPPORTUNITIES** | |
| **Please list 5 learning opportunities/objectives** | * **Initial Assessment of Acute / General Surgery Patient** * **Trauma – Primary / Secondary / Tertiary Survey** * **Clinical Handover / Communication Skills** * **Audit (M & M) / Journal Article Presentation** * **Operating Skills eg. Laparoscopic and Open Procedures** |
| **H: SIGN OFF** | |
| **Revision Date and by Who** | ***Helen Cox (ASU CNC) + Dr Mark Muhlmann (Term Supervisor)*** |
| **Endorsement by Term Supervisor** | ***Dr Mark Muhlmann*** |
| **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 |
| 0700 Ward round | 0700 Ward round | 0700 Ward round | 0700 Ward round | 0700 Ward round |  |  |
| Complete ward round jobs, consults, discharge summaries and medications. | Complete ward round jobs, consults, discharge summaries and medications. | Complete ward round jobs, consults, discharge summaries and medications. | Complete ward round jobs, consults, discharge summaries and medications. | Complete ward round jobs, consults, discharge summaries and medications. |  |  |
| MDT |  |  | MDT |  |  |  |
| Assist in Emergency theatre list if required | Assist in Emergency theatre list if required | Assist in Emergency theatre list if required | Assist in Emergency theatre list if required |  |  |  |
| Hospital wide handover at 4:30 – useful to handover any unwell or possibly deteriorating patients - held in JMO Room | Hospital wide handover at 4:30 – useful to handover any unwell or possibly deteriorating patients - held in JMO Room | Hospital wide handover at 4:30 – useful to handover any unwell or possibly deteriorating patients - held in JMO Room | Hospital wide handover at 4:30 – useful to handover any unwell or possibly deteriorating patients - held in JMO Room |  |  |  |
| 5pm Finish time | 5pm Finish time | 5pm Finish time | 5pm Finish time |  |  |  |
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