**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:** | **All network hospitals**  |

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| 1. **TERM NAME**
 | **Surgical SRMO Relief term**  |
| **Overview of Unit or Service** | ***Please outline the role of the unit and range of clinical services provided:***During the relief term, you may be rostered for varying periods to the following* Relieving SRMO’s on leave from jobs in units across the network
* Assisting other teams as an éxtra’
* Covering nights

***Please outline the patient case mix, turnover and how acutely ill the patients generally are:***Variable |
| **Term Duration *(Weeks)*** | 13 weeks |

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

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| 1. **TERM SUPERVISION**
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| **Name, Position and Contact Details of Term Supervisor*****Responsible for trainee term orientation and assessment***  | **Dr Mark Muhlmann (Network Director) – contactable through POWH switch****Dr Hamish Urquhart (General Surgeon, St Vincent’s)- Contactable through St Vincent’s switch****If Dr Urquhart unavailable, then please contact:****Dr David Evans (St Vincent’s Site Director of Training) – contactable through St Vincent’s switch**  |
| **Term Supervisor Contact with Trainee*****Term supervisor to provide a plan for contact with the prevocational trainee/s during the training term***  | ***General Contact:***As above***Orientation:***As organised by the team***Mid Term:***Trainees should complete a Relief Term Feedback form with each primary clinical supervisor. These forms should be brought to the end of term meeting Surgical Site Director or Network Director.***End of Term:***End of term assessment done with one of the term supervisors – trainee to make an appointment. |
| **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***Primary clinical supervisor will vary depending on what job the trainee is doing – e.g. on a ward day job it will be the term supervisor/consultants/registrars for that term. |
| **Immediate Supervisor with Direct Responsibility for Day to Day Supervision** | ***Name, Position and Contact Details***As above |

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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***Variable depending on particular team***For registrars/fellows, please identify if they are contactable via phone number or pager*** |

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| 1. **Expectations of the Prevocational Surgical Trainee**
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| **Please List Expectations** | Please see individual term descriptions for this information |
| **Patient Load *(average per shift)***  | ***Patient Load per trainee:***Variable***Patient load total for team:*** |
| **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***  | Yes, variable depending on specific job |

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| **G: TERM LEARNING OPPORTUNITIES** |
| **Please list 5 learning opportunities/objectives**  |

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| **1** | Assessment of the deteriorating patient |
| **2** | Communication and handover skills |
| **3** | Time management and prioritisation |
| **4** | Flexibility and adaptability to different work environments and hours of work. |
| **5** | Exposure to a broad range of patients and problems |

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| **H: SIGN OFF**  |
| **Revision Date and by Who** | ***Dr Mark Muhlmann 27/11/20******Dr David Evans*** ***Dr Hamish Urquhart*** |
| **Endorsement by Term Supervisor**  | ***(Name, Date and Signature)******Dr Mark Muhlmann 27/11/20******Dr Hamish Urquhart*** |
| **Endorsement by Network Director of Surgical Training**  | ***Dr Mark Muhlmann 27/11/20*** |

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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.***
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| Monday  | Tuesday  | Wednesday  | Thursday  | Friday | Saturday  | Sunday |
| NO ROSTER DUE TO VARIABLE NATURE OF THE RELIEF TERM |  |  |  |  |  |  |