**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:** | **South East Regional Hospital (Bega)** |

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| 1. **TERM NAME** | **General Surgery** |
| **Overview of Unit or Service** | Elective and Emergency General Surgery, Endoscopy.  SERH is a referral hospital and services the Bega Valley area, from Bateman’s Bay to Mallacoota (VIC) and performs both emergency and elective cases, servicing both paediatric (not neonatal/or very young children) and adult rural population. Complex patients requiring emergency surgical input can be managed at SERH pending anaesthetic suitability. Those requiring sub-specialty care, and those unsafe for anaesthesia at SERH are retrieved to Canberra Hospital (TCH). |
| **Term Duration *(Weeks)*** | 6 Months |

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| 1. **TERM CATEGORY** | **Registrar** |

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| 1. **TERM SUPERVISION** | |
| **Name, Position and Contact Details of Term Supervisor**  ***Responsible for trainee term orientation and assessment*** | **Dr Jeffrey Van Gangelen**  **Mob: 0403 538 253** |
| **Term Supervisor Contact with Trainee**  ***Term supervisor to provide a plan for contact with the prevocational trainee/s during the training term*** | ***General Contact:***  Dr Jeffrey Van Gangelen  ***Orientation:***  Medical Workforce  ***Mid Term:*** Dr Jeffrey Van Gangelen  ***End of Term:*** Dr Jeffrey Van Gangelen |
| **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***   * Prof AJ Collins – 0418 641 531 * Dr Jeffrey Van Gangelen – 0403 538 253 * Dr Michelle Tan – 0413 750 404 * Dr Adrian Fernandez – 0423 533 600 * Dr Sandra Krishnan – 0411 523 757 * Dr Can Huynh (Urology) – 0414 887 880 |
| **Immediate Supervisor with Direct Responsibility for Day to Day Supervision** | On-call Surgeon. |

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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*** | 2 SET Registrars  1 Unaccredited Registrar  1 JMO  Ward Registrar carries on-call/consult phone |

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| 1. **Expectations of the Prevocational Surgical Trainee** | |
| **Please List Expectations** | Conduct ward rounds with the team on a daily basis, assessing patient progress and commencing appropriate therapies as necessary, and planning towards patient discharge.  Assessment and initially management (with consultant input) for patients presenting to ED, as well as inpatient consults requested by other teams.  To be present and active member of the team during trauma activations.  Overnight and weekend on-call. Including on-call for assisting for O&G.  Assist in surgical outpatients clinic.  Surgical assisting/procedures under direct supervision for general surgery and urology lists. |
| **Patient Load *(average per shift)*** | ***Patient Load per trainee:*** Variable  ***Patient load total for team: 10-25*** |
| **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*** | **1 in 3 weekends (sometimes 1 in 4 if locum able to cover)**  On-call registrar for the day is expected to be on-site until 9PM on weekdays and is then on-call overnight. Expected hours onsite on the weekend hours are Sat 8am – 6pm, and Sun 8am – 1pm. On weekends, there is a single JMO for the hospital, but no dedicated surgical JMO. |

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| **G: TERM LEARNING OPPORTUNITIES** | |
| **Please list 5 learning opportunities/objectives** | Assessing and managing wide range of pathologies, including those that are sometimes covered by other subspeciality teams in tertiary hospitals (e.g. UGIB, LGIB, pancreatitis).  Appropriate assessment and management of patients within limited resource setting, including decision making (with consultant input) on patient who can be managed locally vs need to be transferred.  Exposure to endoscopies, including some limited interventional endoscopic procedures (eg PEG tubes, food bolus etc).  Further exposure to wide range of general surgical procedures, and opportunity to assist/ perform cases under supervision.  Learning new activities – abundance of outdoor activities. |

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| **H: SIGN OFF** | |
| **Revision Date and by Who** | **Dr Mark Muhlmann**  Network Director of Surgical Training |
| **Endorsement by Term Supervisor** | ***Dr Jeffrey Van Gangelen*** |
| **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 |
| Prof AJ Collins Elective List | Prof AJ Collins Surgical Outpatients Clinic (AM-PM) | Locum Surgical Outpatients Clinic (AM) | Dr Can Huynh (Urology) Elective list every 2nd week (alternates Thurs and Fri) |  |  |  |
| General Surgery Elective List |  |  |  |  |  |  |
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| Usually 2 elective lists on Monday. Lists on all other days vary pending surgeon availability and cases. There is an emergency theatre list on Wednesdays and Fridays which is shared by General Surgery/ Orthopaedics/ O&G. All other emergency cases on other days either has to be fit around or interrupt elective operating or occur after-hours. | | | | | | |