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

 **Surgical Prevocational Training Term Description**

|  |  |
| --- | --- |
| 1. **ACCREDITED TRAINING PROVIDER**
 | **Eastern and Greater Southern Surgical Skills Training Network** |
| **Training Term Based at:** | ***St Vincent’s Public Hospital, Darlinghurst*** |

|  |  |
| --- | --- |
| 1. **TERM NAME**
 | **Acute Surgical Unit** |
| **Term Duration** | ***6 months*** |

|  |  |
| --- | --- |
| 1. **TERM CATEGORY**
 | ***Surgical Registrar*** |

|  |
| --- |
| 1. **TERM SUPERVISION**
 |
| **Name, Position and Contact Details of Term Supervisor*****Responsible for trainee term orientation and assessment***  | **Dr Hamish Urquhart****Hamish.Urquhart@svha.org.au****General Surgeon**  |
| **Term Supervisor Contact with Trainee*****Term supervisor to provide a plan for contact with the prevocational trainee/s during the training term***  | ***General Contact: At General Surgery M&M, and as required.*** ***Orientation: conducted at the beginning of the clinical year. Further information can be obtained from outgoing registrar.*** ***Mid Term: as organised by trainee and supervisor.*** ***End of Term: as organised by trainee and supervisor.***  |
| **Primary Clinical Supervisor (if not Term Supervisor)*****Consultant or senior medical practitioner with experience in managing patients in the relevant discipline*** | ***Consultant on call***  |
| **Immediate Supervisor with Direct Responsibility for Day to Day Supervision** | ***Consultant on Call*** |

|  |  |
| --- | --- |
| 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*** | ***Consultant on Call*** ***Fellow/Registrar on admitting team*** ***ASU Registrar******Team Intern*** |

|  |
| --- |
| 1. **Expectations of the Prevocational Surgical Trainee**
 |
| **Please List Expectations** | * **attend ward and ED consults**
* **Organise appropriate investigations and management for consults**
* **Communicate with consultant on call regarding are consults**
* **Attend theatres**
* **Attend General Surgery M&M**
* **Attend morning and evening handover**
 |
| **Patient Load *(average per shift)***  | ***Patient Load per trainee: 5 consults per shift******Patient load total for team: N/A*** |
| **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***  | ***Participates in the weekend roster covering ASU and Trauma. Typically will work 2 days a month. Consultant on call will be contactable via telephone, and onsite for daily round and any emergency cases, unwell admissions.*** |

|  |
| --- |
| **G: TERM LEARNING OPPORTUNITIES** |
| **Please list 5 learning opportunities/objectives**  | * ***become proficient in assessing and managing ED and ward consults***
* ***Develop technical skills by attending theatres***
* ***Develop communication skills to maintain good working relationship with ED***
* ***Identify unwell patients that will require ICU review for admission***
* ***Develop time management skills to balance learning experiences in theatre with consults***
 |

|  |
| --- |
| **H: SIGN OFF**  |
| **Revision Date and by Who** | ***Dr David Evans******Site Director of Training SVH***  |
| **Endorsement by Term Supervisor**  | ***Dr Hamish Urquhart*** |
| **Endorsement by Network Director of Surgical Training**  | ***Dr Mark Muhlmann*** |

|  |
| --- |
| **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 |
| 0700-1530 | 0700-1530 | 0700-1530 | 0700-1530 | 0700-1530 |  |  |
|  |  | Fortnightly General Surgery M&M at 0700 |  |  |  |  |
| Morning handover with Night Registrar at 0800 | Morning handover with Night Registrar at 0800 | Morning handover with Night Registrar at 0800 | Morning handover with Night Registrar at 0800 | Morning handover with Night Registrar at 0800 |  |  |
| Whole Hospital morning handover 0800 | Whole Hospital morning handover 0800 | Whole Hospital morning handover 0800 | Whole Hospital morning handover 0800 | Whole Hospital morning handover 0800 |  |  |
| Evening Handover to Evening Registrar at 1430 | Evening Handover to Evening Registrar at 1430 | Evening Handover to Evening Registrar at 1430 | Evening Handover to Evening Registrar at 1430 | Evening Handover to Evening Registrar at 1430 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |