

# NSW Prevocational Training Term Description

<b>ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME</b>	Liverpool Hospital
<b>Training Term Based at</b>	Liverpool Hospital
<b>Offsite Term</b> <i>Includes affiliated private hospitals, general practices, community based medical services</i>	No

<b>TERM NAME</b>	Surgical 2 Acute/General/Trauma - Day & Evening Shift
<b>Term Duration (Weeks)</b>	10 - 12 Weeks
<b>Term Number</b>	027030
<b>Accreditation Status</b>	Provisional
<b>Date of Accreditation</b>	TBC
<b>Last Approved by PAC</b>	TBC

<b>TERM CATEGORY</b>	Core Surgery
<b>Is the term a PGY1 or a PGY2 term?</b>	PGY1 and PGY2 <i>Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i>

<b>TERM CAPACITY</b>	
<b>Maximum number of PGY1s and PGY2 trainees</b>	PGY1 - 3, PGY2 - 1, Total Capacity - 4  <i>Note: Number of PGY1s + Number of PGY2s = Total Capacity</i>

SIGN OFF	
Revision date and by who	Mr Bradley Klose
Reviewed by	<b>Disclaimer:</b> <i>I acknowledge that the term has been reviewed by</i>
Endorsed by	

**OVERVIEW**

<p><b>Overview of Unit or Service</b></p>	<p><b>Please outline the role of the unit and range of clinical services provided</b></p> <p>Acute resuscitation and ongoing care of injured patients, emergency general surgery, planned general surgery and both ICU and operative management of these patients.</p> <p>Pre, post and intraoperative care of patients with surgical diseases [Paediatric and Adult].</p> <p><b>Please outline the patient case mix, turnover and how acutely ill the patients generally are</b></p> <p>The majority [70 – 75%] of patients admitted to the Acute, General and Trauma team are emergency admissions and the team discharges approximately 125 – 160 patients per month. A significant proportion of the Acute Surgical Unit patients are 'high volume, short stay' type patients [e.g. emergency cholecystectomy, appendicectomy and abscess drainage], however, patients with a combination of complex medical and surgical pathologies are commonly managed under the ASU. Patients managed under the Trauma team by definition are multiply injured and require multiple team reviews and a multidisciplinary team management approach throughout their stay in hospital.</p>
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**TERM SUPERVISION**

<p><b>Name, Position and Contact Details of Term Supervisor</b> <i>Responsible for trainee term orientation and assessment</i></p>	<p>Dr Valerie Malka, Director of Trauma &amp; Acute Care Surgery Unit Dr Paul Lambrakis, Deputy Director of Trauma &amp; Acute Surgery Unit Dr Scott D'Amours, Surgeon</p>
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<p><b>Term Supervisor Contact with Trainee</b>  <i>Term Supervisor to provide a plan for contact with the prevocational trainee/s during the training term</i></p>	<p><b>General Contact</b></p> <p>The Trauma Term Supervisor will have contact with the trainee at least twice per week during ward rounds, operating theatre sessions or departmental meetings.</p> <p>The Acute Surgical Unit Term Supervisor will have contact with the trainee at least 3 times per week during ward rounds, operating theatre sessions or departmental meetings.</p> <p>The Trauma Term Supervisor will meet with the evening JMO on Tuesday &amp; Friday at 1500hrs in TACS meeting room.</p> <p>The Acute Surgical Unit Term Supervisor will meet with the evening JMO on Monday &amp; Thursday at 1500hrs in TACS meeting room.</p>
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	<p><b>Orientation</b></p> <p>Within 1 week</p> <p><b>Mid Term</b></p> <p>5-6 weeks</p> <p><b>End of Term</b></p> <p>10-12 weeks</p>
<p><b>Primary Clinical Supervisor (if not Term Supervisor)</b></p> <p><i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>Dr Valerie Malka</p> <p>Head of TACS Department, Trauma &amp; Emergency General Surgeon</p> <p>Dr Scott D'Amours, Trauma and Emergency General Surgeon</p> <p>Ph:8738 3928</p> <p>Dr Paul Lambrakis</p> <p>Deputy Director, TACS Department, Trauma and Emergency General Surgeon</p> <p>Ph: 0401 036 674</p>
<p><b>Immediate Supervisor with direct responsibility for day to day supervision</b></p> <p><i>(PGY3+)</i></p>	<p>Dr Scott D'Amours</p> <p>Ph:8738 3928</p> <p>Dr Valerie Malka</p> <p>Ph: 8738 3928</p> <p>Dr Paul Lambrakis</p> <p>Ph: 0401 036 674</p>

<p><b>Clinical Team Structure</b>  <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 &amp;2s will be distributed amongst the team/s</i></p>	<p><b>Staff Specialists and VMOs – all contactable through switchboard</b></p> <p>Dr Scott D'Amours</p> <p>Dr Paul Lambrakis</p> <p>Dr. Aditya Benjamin</p> <p>Dr Valerie Malka</p> <p>Clinical Trauma Fellow and/or Honorary Trauma Fellow</p> <p>Senior Surgical Registrar</p> <p>2 x Registrar [Trauma]</p> <p>2 x Registrar [ASU]</p> <p>Ms Mel Murphy – Trauma CNC</p>
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**SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM**

<p><b>This section may include</b></p> <ul style="list-style-type: none"> <li>• Courses (e.g. life support, resuscitation)</li> <li>• Procedural skills</li> <li>• e-Learning requirements</li> </ul> <p><i>If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.</i></p>	<p>Clinical competency and good communication skills with patients, colleagues and consultants.</p> <p>Also Basic Life Support principles.</p>
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**TERM LEARNING OPPORTUNITIES**

<p><b>Please list top 5 learning opportunities/objectives</b></p>	<p><b>1</b></p> <p>Interpretation of basic trauma imaging (CXR/PXR/C-spine/CT scans).</p> <p><b>2</b></p> <p>Effective assistance at operations</p> <p><b>3</b></p> <p>Attend and assist acute surgical cases and trauma resuscitations</p> <p><b>4</b></p> <p>Principles of management of critically injured patients and emergency surgery patients in the ICU.</p> <p><b>5</b></p> <p>Suturing techniques</p>
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**EXPECTATIONS OF THE PREVOCATIONAL TRAINEE**

<p><b>Please list expectations</b></p>	<p>The JMO will work in the JETS model, in both day and evening weekday shifts, during the term. Day shifts involve work within the Surgery 2 – Trauma / ASU team, while evening shifts encompass additional management of all Surgery 2 – Trauma / ASU. The evening rotations are in 2 weekly blocks, as shown on the attached Surgery 2 – Trauma / ASU addendum. The Surgery 2 – Trauma / ASU team PGY1 is not routinely rostered to evening shift rotations in the first 2 weeks of the term. Expectations for Surgery 2 – Trauma / ASU team day and evening shifts are outlined as follows.</p> <p><b>DUTIES:</b></p>
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1. Admit [clerk] patients, other than day-only patients [or supervise students doing this].
2. Arrange appropriate investigations and treatment in consultation with Registrars, Fellow or Consultants.
3. Keep adequate records at appropriate intervals, including details of patient's condition, investigations and management.
4. Provide a suitable discharge summary at discharge.
5. Be involved in Surgical Audit and participate in completion of the Surgical Audit form [see attached instruction].
6. Encourage student participation in all of the above.
7. Be involved with weekly Trauma Audits (attendance; occasionally presenting) and TACS education meetings

**ROUTINE:**

1. Daily round of all patients under your care. You [or your Registrar] must do an early morning round of all patients prior to beginning of other commitments, e.g. attendance in the Operating Theatre.
2. Rounds with Registrars, Fellow and Consultants as scheduled.
3. Attending operating sessions as appropriate, allowing for the needs of patient care and ward duties. Minimum attendance of four (4) cases per term.
4. Attend and present at educational and clinical meetings as per program.

**Evening Shift JMO [1430hrs – 2230hrs - Monday – Friday]**



	<ol style="list-style-type: none"> <li>1. Attend Team Handover as indicated in the timetable in the TACS meeting room.</li> <li>2. Attend weekly JMO Teaching at 1430 – 1530hrs Tuesdays and Wednesdays.</li> <li>3. Performance and documentation of an adequate history, physical examination and patient management plan relevant to the patient's presenting problems for patients admitted onto unit after 1430hrs.</li> <li>4. Attendance at the medical handover at 1700hrs in the Handover Room.</li> <li>5. Attendance at the General Surgical Registrar handover at 2100hrs in General Surgical Registrars' Room.</li> <li>6. Keep adequate records at appropriate intervals, including details of patient's condition, investigations and management.</li> <li>7. Plan patient discharge for next day and provide a discharge summary.</li> <li>8. Review of sick patients as required by nursing staff.</li> <li>9. Attending Evening to Night handover at 2200hrs in the Handover Room.</li> </ol> <p><b>Shift Times</b></p> <ol style="list-style-type: none"> <li>1. JMO day shifts will be from 0730 to 1600. Handover will occur with the Acute, General and Trauma Evening JMO who will cover all Acute, General and Trauma patients from 1430 – 2230hrs, Monday to Friday.</li> <li>2. JMOs will rotate through evening shifts on a two weekly basis, with 1 PGY2 commencing the term on evenings.</li> </ol> <p><b>End of Term Responsibility:</b></p> <p>Provide effective end of term handover to new members of the team by meeting with the new members [if possible] or by phone or in writing and discussing the patients and team processes.</p> <p><b>All JMOs should make themselves familiar with the Surgery 2 – Trauma / ASU Addendum and the Liverpool Hospital JETS Evening Guidelines document, which complement the Term Description. In addition the TACS Unit has an Orientation Manual.</b></p>
<p><b>Patient Load</b> <i>(average per shift)</i></p>	<p><b>Patient Load per trainee</b> 13 <b>Patient load for team</b> 13</p>
<p><b>After hours Roster</b> <i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available</i></p>	<p>Weekday evenings will be directly supervised by 2 Ward Medical Registrars, with primary supervision provided by the Ward Medical Registrar [Basic Physician Trainee]. The JETS Evening Guidelines outlines this in more detail, including the table on page 3.</p>

<p><i>after hours</i></p>	<p>Patient Load 24 Evening</p> <p>Trauma / ASU consultants will be on call and available for advice or to come in to review sick patients.</p> <p>Trauma / ASU Fellows and registrars can also be contacted.</p> <p>There is an on-site Surgical registrar for discussion and/or review of any surgical patients issues</p> <p>Other supervision available after hours includes:</p> <p>1 Anaesthetic Registrar</p> <p>1 ICU Registrar</p> <p>Sub speciality Registrars on call</p> <p>There are also consultant on call arrangements in place for each speciality.</p> <p>Trauma / ASU JMOs will also participate in the general after hours ward shifts on weekends during the term. However, weekend shifts will be confined to periods when they are not rostered on weekday evening shifts.</p>
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**TERM/UNIT TIMETABLE AND INDICATIVE DUTY ROSTER**
**POSITION TYPE: Default**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30 AM to 4:00 PM: Day Shift	7:30 AM to 4:00 PM: Day Shift	7:30 AM to 4:00 PM: Day Shift	7:30 AM to 4:00 PM: Day Shift	7:30 AM to 4:00 PM: Day Shift		
8:00 AM to 9:00 AM: TACS handover	7:30 AM to 8:30 AM: Registrar Ward Round	7:30 AM to 8:30 AM: Registrar Ward Round	7:30 AM to 8:30 AM: Registrar Ward Round	7:30 AM to 8:30 AM: Registrar Ward Round		
9:00 AM to 11:00 AM: Trauma Round with team	7:30 AM to 8:30 AM: Surgical Grand Rounds	2:30 PM to 10:30 PM: Evening Shift	7:30 AM to 8:00 AM: Trauma Education Meeting	2:00 PM to 3:00 PM: Trauma Nursing Round (Alternate Weeks)		
12:30 PM to 1:30 PM:  Registrar Meeting	1:00 PM to 3:00 PM:  General Surgery Clinic	2:30 PM to 3:30 PM:  JMO Tutorial	12:30 PM to 1:30 PM:  Medical Grand Rounds			
1:00 PM to 3:00 PM: Trauma Clinic	3:00 PM to 3:30 PM: Handover to Evening Trauma JMO	3:00 PM to 3:30 PM: Handover to Evening Trauma JMO	2:30 PM to 10:30 PM: Evening Shift	2:30 PM to 10:30 PM: Evening Shift		
2:30 PM to 10:30 PM: Evening Shift	2:30 PM to 10:30 PM: Evening Shift	9:00 PM to 10:00 PM: General Surgical Handover	2:30 PM to 3:00 PM: After Hours Talk Terms 1-3	3:00 PM to 3:30 PM: Handover to Evening Trauma JMO		
3:00 PM to 3:30 PM: Handover to Evening TACS Unit JMO	9:00 PM to 10:00 PM: General Surgical Handover	10:00 PM to 11:00 PM: Handover	3:00 PM to 3:30 PM: Handover to Evening Trauma JMO	9:00 PM to 10:00 PM: General Surgical Handover		
9:00 PM to 10:00 PM: General Surgical Handover	2:30 PM to 3:30 PM: JMO Tutorial	8:00 PM to 4:00PM: Elective Surgery Operating Lists	9:00 PM to 10:00 PM: General Surgical Handover	10:00 PM to 11:00 PM: Handover		
10:00 PM to 11:00 PM: Handover	10:00 PM to 11:00 PM: Handover		10:00 PM to 11:00 PM: Handover			