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| **TERM NAME:** General Surgery B | | **FACILITY:** Albury Wodonga Health  Albury Hospital |
| **TERM SUPERVISOR:** Mr Sohei Nakagawa | | **SIGNATURE:** |
| **TERM DURATION:** 10 or 11 weeks | | **DATE:** March 2016 |
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| **Clinical Team**  *Include contact details of all relevant team members* | Mr John Stuchbery, General Surgeon  Mr Neil Bright, General Surgeon  Mr Ken Davey, General Surgeon  Mr Heinrich Schwalb, General Surgeon  Mr G McCarten, Plastic Surgeon | |
| **Accredited Term For**  **(numbers and core/elective):** | **🞎** Medicine **⌧** Surgery **🞎** Emergency **🞎** Other  **PGY1:** 1  **PGY2:**  **Total: 1** | |
| **Overview of Unit or Service**  *Include outline of the role of the unit, range of clinical services provided, case mix etc.* | Albury Wodonga Health has ten (10) resident general surgeons who all participate in the general surgical service and the Oncall Roster. General Surgery A supports four general surgeons: Mr J Stuchbery, Mr N Bright, Mr K Davey.  Support is also provided to the sole Plastic Surgeon.  The surgical ward is a 30 bed unit. The Nurse Unit Manager of the Surgical Ward is Alison Smart. | |

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| **Requirements for commencing the term**  *Identify the knowledge or skills required by the JMO* **before** *commencing the Term and how the term supervisor will determine competency* | * Practical knowledge of resuscitation and life support * Good communication skills |
| **Orientation**  *Include detail regarding the arrangements for Orientation to the Term, including who is responsible for providing the Term Orientation and any additional resource documents such as clinical policies and guidelines required as reference material for the junior doctor.* | Interns and HMOs have a responsibility to provide a handover of duties from their learning perspective and review the HMO Handbook to familiarise themselves with hospital processes before formal Orientation.  All new doctors will attend a formal orientation to the Hospital which will include information on consults, referrals, scripts etc.  Junior staff to make contact with their Term Supervisor and VMOs in the Unit – this provides an opportunity to introduce self, discuss expectations and identify your particular interest areas or learning opportunities. |
| **Junior Doctor’s Clinical Responsibilities And Tasks**  *List routine duties and responsibilities including clinical handover* | * Attend to the day to day surgical needs of Ward patients under the supervision of the Registrar. * Attend Ward rounds with Registrar and/or VMO. * Admit (history, examination and basic base-line procedures) patients presenting during working hours and in the Pre Admission Clinic. * Review each patient daily, and more frequently as necessary. * Maintain, clear, accurate and professional records in the patient's case notes on a daily basis. * Monitor results of investigations and to follow-up any abnormal results. * Communicate closely with Registrar with regards to investigations, results and changes in any patient's condition |
| **Supervision**  *Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.* | In Hours:  Supervising Consultants and Surgical registrars round daily with JMO and are available via pagers and mobile.  Oncall Consultants available during business hours via their Rooms number –contact is via hospital switchboard.  Medical, Oncology, Urology, Ophthalmology and Orthopaedic registrars, via pagers or mobiles – both in hours and after hours. |
| After Hours:  Oncall Consultants available all hours via their mobile (contact via hospital switchboard).  Emergency Department staff via phone. |

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| **Standard Term Objectives**  *The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire during the Term. This should include reference to the ACFJD. The Term objectives should be used as a basis of the mid and end of Term assessments.* | **Clinical Management:**   * Assessment of the general surgical patient both pre-operatively and post-operatively. * Management of the medical conditions of the surgical patients eg: Pre and postoperative management of diabetes mellitus requiring insulin. * Management of surgical wounds both on an outpatient basis and an inpatient basis. * Management of superficial burns as an outpatient and an inpatient. * Assessment and the management of acute trauma in a multi-disciplinary team. * Management of the critically ill patient including involvement in the day to day management in the Intensive Care Unit and the High Dependency Unit. * Management of acute and chronic ischaemia of limbs. * Management of chronic ulcers. * Management of sub-specialty surgery such as ENT patients. * Principles of surgical antibiotic prophylaxis. * Interpretation of x-rays in a surgical environment. * Practical economical use of investigations in Surgical Wards to enhance diagnosis and the management of the surgical patient. |
| **Communication:**   * Learn the value and methods of working in a multi-disciplinary team, including disciplines physiotherapy and speech pathology. * How to communicate with relatives and carers of patients. * Arrange appropriate environment for communication. * Communication with paramedical staff. * Maintain privacy and confidentiality |
| **Professionalism:**   * Comply with legal requirements of being a doctor, e.g. maintaining registration * Adhering to professional standards * Comply with legal requirements in patient care, including Mental Health Act and death certification * Respecting patient privacy and confidentiality * Demonstrate and advocate a non-discriminatory patient-centred approach to care * Use finite healthcare resources wisely to achieve the best outcomes * Use a non-judgemental approach to patients and their lifestyle choices. |
| **Individualised Learning Objectives**  *Supervisors should discuss specific learning requirements with the JMO and develop individual learning objectives with the JMO*   * Intravenous cannulation * Arterial blood gas * Suturing wounds * Debridement of wound * Secondary closure of wound * Being a theatre assistant * Stump management * Nasogastric intubation * Insertion of intercostal catheter * Surgical knot tying * Appropriate hand washing and theatre dress * Urinary catheterisation | |

**UNIT TIMETABLE – 0700 – 1700 Monday to Friday (½ Day each week)**

**Protected Teaching/Education as per attached Education Program**

**Timetable summary below**

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|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **AM** | Ward Rounds Consultants and Registrars | Ward Rounds Consultants and Registrars | Ward Rounds Consultants and Registrars | Ward Rounds Consultants and Registrars | Ward Rounds Consultants and Registrars | Ward Overtime 0800-2200 (1:3) | Off |
|  | General ward duties, discharge summaries | General ward duties, discharge summaries | General ward duties, discharge summaries | General ward duties, Informal meeting with DCT | General ward duties, discharge summaries |  |  |
| **PM** |  | JMO Tutorial | Grand Rounds Alb/Wod | JMO Tutorial |  |  |  |
|  | Ward duties, ward based teaching | Rostered Theatre session | Ward duties, ward based teaching | Rostered Theatre session | Ward duties, ward based teaching |  |  |
| **A/Hours** |  |  |  |  |  |  |  |

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| **Patient Load**  *Average number of patients looked after by the junior doctor per day* | 10 – 20 |
| **Overtime**  *Average hours per week* | **Rostered:** 8  **Unrostered** 6 |
| **Education:**  *Detail education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable.* | There is teaching in the wards by the Registrar and VMOs – this is both formal and informal teaching and our feedback indicates that this is a very valuable form of learning. The formal JMO teaching sessions are mandatory and recognised hospital wide as protected teaching time.  Education activities are also listed on folders in the education rooms and on the Intranet under JMO Resources.  Electronic educational resources in the form of CIAP and UpToDate are available on computers throughout the Hospital and specifically within the Library and JMO Common Room, all accessible 24 hours per day via secure swipe card access.  The library includes a broad range of texts and journals and a Librarian is available to assist with searches and acquisitions. |
| **Assessment and feedback**  *Detail arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any short-comings prior to the end-of-term assessment.* | There is a mid and end term assessment of each Intern’s performance whilst in the department. This is discussed with the Intern, who is given the opportunity to offer any feedback on the operating of the Unit.  There are also the formal mid and end of term formal assessments with the DCT – these meetings are minuted and also provide, if required opportunity to provide feedback on an individual basis. |
| **Additional information** |  |