

Term Description

Hospital or Service:		
Term Name:	General Surgery	
Term Supervisor:	Dr ABC	Signatures:
Date:	10 January 2009	
Clinical Team: <i>(Please include contact details)</i>		
Term Duration in weeks:	10 weeks / 11 weeks	
Is the term a PGY1 or a PGY2 term (or both)? (Please tick):		
PGY 1	<input checked="" type="checkbox"/>	PGY 2

A: Overview of Service:

Please provide details of the role of the unit, the range of care/service, etc:

The Division of Surgery, Hospital X provides inpatient and outpatient services to a large referral area of XX. The Division incorporates the following specialties: General & Colorectal Surgery, Vascular Surgery, Neurosurgery, ENT Surgery, Trauma & Orthopaedic Surgery, Plastic Surgery, Special Surgery/ Head & Neck Surgery, Oral and Maxillofacial Surgery, Cardiothoracic Surgery, Transplant Surgery, Ophthalmology and Urology. The Division of Surgery is closely affiliated with the Discipline of Surgical Science of the Faculty of Nursing at the University of XX.

General Surgery: The Unit provides a comprehensive acute and elective general surgical service. Additionally, this unit provides the care of complex Upper GI/Laparoscopic and Hepatobiliary surgery cases. A limited amount of colorectal work is also done. Endoscopy and Colonoscopy is also carried out. Interns and Residents will also be exposed to care of multi-trauma patients.

B: Term Objectives:

By the completion of this term the JMO may expect to acquire the following knowledge:

- Understanding of peri-operative fluid and electrolyte management
- A critical approach to investigations and their results
- Understanding of wound management
- Insight into acute surgical conditions and their management, and exposure to complex Hepatobiliary, Pancreatic and upper GI surgical cases.
- Attention to continuity of care after discharge from hospital including discharge summaries, front-sheet information, discharge medications and instruction
- Knowledge of Allied Health services including Physiotherapy, Social Work, Community Nursing, Rehabilitation, Nursing Homes etc.
- Management of your time and prioritisation of your work
- A personal sense of responsibility to both colleagues and patient care.
- Interpersonal skills with patients, relatives, nurses and fellow Colleagues.

During this rotation, the listed skills and conditions below are likely to be seen or be available to perform. You will however need to actively seek out opportunities to complete some of them.

Eg: provide appropriate sedation and/or premedication

Visits to outpatient clinics must be pre-arranged and must not impact on service provision in your current term. The Staff Specialist in charge must be informed at the start of the shift of your wish to attend an outpatient clinic and you will only be able to go if the patient load of the department allows it.

Common Conditions JMOs can expect to be exposed to:

	Seen	Managed
Abdominal pain (appendicitis, bowel obstruction, diverticulitis, cholecystitis, pancreatitis)		
Multiple trauma		
Gastrointestinal bleeding		
Neoplasia (liver, pancreas, stomach, oesophagus, colon)		
Post-operative care		
- Post-operative pyrexia		
- Post-operative confusion		
- Post-operative oliguria		

Skills JMOs may be exposed to during the Surgery Term:		
Skill		
	Seen	Performed
Cardiopulmonary		
Arterial Blood Gases		
12 lead ECG		
Gastroenterology		
Faecal occult blood analysis		
Surgical		
Sterile dressing of wounds		
Scrub, gown and glove		
Assisting in the operating theatre		
Surgical knots and simple wound suturing		
Simple skin lesion excision		
Suture removal		
Urogenital		
Bladder Catheterisation		
Urine dipstick testing		
Trauma		
Primary Trauma Survey		
Secondary Trauma Survey		
Tertiary Trauma Survey		
Principles of EMST		
General		
Blood pressure measurement		
Pulse oximetry reading		
Core temperature measurement		
Blood sugar estimation		

Skill		
General	Seen	Performed
Venepuncture		
Intravenous cannulation		
Intravenous infusion set-up		
Intravenous drug administration		
Intravenous fluid & electrolyte therapy		
Anticoagulant prescription/monitoring		
Antibiotic prescription/monitoring		
Insulin prescription/monitoring		
Intramuscular injections		
Subcutaneous injections		

This questionnaire to be completed at the end of Term Assessment and returned with the Skills and Conditions checklists to the Medical Education Unit

JMO SATISFACTION QUESTIONNAIRE

I have found that:

The "Model Format" Term Description is helpful in terms of:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Term Supervisor Feedback					
Supervision during the Rotation					
Providing a structured and meaningful mid-term appraisal and end-of-term assessment					
My term expectations have been met					

C. Orientation

First Monday of term for anyone who is new to the Division of Surgery. Orientation commences at 7.30am and concludes at 1.00pm. Orientation is usually conducted in the XXX Room.

D: Requirements for commencing the term:

(Identify the knowledge or skills required by the JMO before undertaking the term and how they will be assessed. (Eg: Paediatric resuscitation, assessed by demonstration).

It is expected that the JMO's will have a basic understanding of the principles of surgery consistent with the level attained at the completion of undergraduate teaching of the subject. All JMO's will receive instruction on commencement of work in their unit, and are expected to consolidate this teaching with their own reading.

E: JMO responsibilities and daily tasks:

- JMO's are responsible for the provision of safe, effective and equitable medical care of patients in the Division of Surgery
- JMO's are responsible to the Chairperson, Division of Surgery, through surgical registrars and consultant staff.
- JMO's should be familiar with the policies and procedures of the Division, as set out in the Handbook and Guidelines for Interns, RMO's and Registrars.
- It is expected that JMO's will participate in the care of both inpatients and outpatients, including performing ward rounds for inpatients, attending theatre and outpatient clinics and liaising with General Practitioners.
- Review of patients, admission of routine patients and same day OT patients
- JMO's are responsible for the legible completion of all paperwork including patient notes, charting medications, discharge planning and summaries, front sheet signing and coding.
- It is expected that handover at the end of each shift will take place highlighting issues such as patients needing particular attention, results to be followed up, and other outstanding issues.
- It is expected that JMO's will communicate with patients in a caring and sensitive manner, and respect patients' confidentiality at all times.
- JMO's will participate in the Division's Intern/RMO roster, including normal working hours (0800 – 1630), overtime and night shift as rostered. Various Intern shifts are described in the Handbook and Guidelines.
- A teaching program is in place, and it is expected that JMO's will endeavour to attend these sessions wherever rostering allows.
- JMO's will be expected to attend a minimum of the follow during the course of the term:-
 - 4 surgical audit sessions
 - the equivalent of 3 operating theatre sessions, including minor operating clinics
 - 3 outpatient clinics
- It is expected that JMO's will ensure that both mid term assessment and the formal end of term assessments are completed.

Use of the ISBAR Clinical Handover Template will assist in optimising patient care and will also serve to facilitate acquisition of ACF-Recommended Learning Capabilities related to Communication skills.

Handover - ISBAR

I am	I am I am the I am ringing from.....
S Situation	I have a (name, age, gender) patient with..... Presenting complaint/ current problem
B Background	The relevant background Medical History/ Observations/ Relevant Investigations are.....
A Assessment	On the basis of the above history and findings my assessment is: the patient's condition is.... and they are at risk of... and in need of
R Recommendation	I think this patient needs transfer to..... under the care of for..... in the following timeframe..

Please attach a term/unit timetable

Patient load: (average)	10-15
Overtime: (average/week)	Rostered: 10hrs/week averaged over the term.

F: Education and Supervision:**1. Education sessions:**

Outline content and timing of unit based sessions and the arrangements for JMO's to attend hospital wide education sessions throughout the term

A compulsory teaching program for JMO's is held each Tuesday between 2.30pm and 3.30pm. The sessions include practical procedures, x-ray teaching sessions, hypothetical sessions and other. Sessions are arranged by the Surgery Clinical Superintendent.

Meetings available to RMO's undertaking Surgical Terms at XXX.

Orientation to the ACFJD by the Unit Registrar

			Room: XXXX
Monday	5.00pm	Hands-on surgical techniques	Room: XXXX
Tuesday	7.00am	Surgical Audit	Room: XXXX
Wednesday	5.00pm	JMO/BST Education	Room: XXXX
Thursday	7.00am	Journal Club & CME	Room: XXXX
Friday	7.00am	Trauma Meeting	Room: XXXX

2. Educational resources:

Outline the information resources available to JMO's during this term and how to access them:

- Surgical Handbook and Guidelines for Interns, RMO's and Registrars distributed to all JMO's at the start of term. Handbook is also available on the JMO Management Unit Intranet Site.
- Protocol Sheets for common acute surgical conditions and trauma.

3. AMO Teaching:

List the AMO's who will provide workface/bedside teaching to JMO's:

See Clinical Team page 1

4. Registrar Teaching:

List the Registrars who will provide workface/bedside teaching to JMO's:

See Clinical Team page 1

On-call General Surgical Registrars

5. Supervision:

Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, particularly after hours:

- Professor XXX - Clinical Chairman, Division of Surgery; General Surgeon
- Dr YYY – Hepatopancreatobiliary & Upper GI Surgeon
- Dr AAA – VMO General and Advanced Laparoscopic Surgeon
- Dr BBB – General & Hepatopancreatobiliary Surgeon
- Dr CCC – Clinical Superintendent, Surgery
- After hours supervision is generally provided by the registrar and consultant rostered on, and this should be the first point of contact. Where this is not possible or is unsatisfactory, the above people can be contacted by accessing telephone numbers through Switchboard. Non-urgent issues should be dealt with at the first appropriate opportunity during normal working hours.

6. Supervision: Does this term include participation in an after hours roster. If so, please advise of supervision available after hours:

Yes

- The JMO Surgical Roster includes after hours shifts:
- D 0800 – 1630 Day Shift. Check with your unit for start time)
- H'Over **1600 – 1630: Day JMOs handover to D1 or evening JMO 1600 -1630**
- D1 0700 – 2200 Go to Ward_____ to 0800, normal day shift (Resident of the Day) then evening
- DE 0800 – 2300 Monday of evening week. Cover day duties to 1630 for JMO on night duty Sunday night then evening shift to 2300.
- E 1600 – 2400 **Evening JMO contact D1, seek handovers from Day JMOs**
- H'Over **2230-2300: Evening JMO handover to Night JMO**
- N 2230 – 0830
- DR 0800 – 0800 Backup Relief week days for anyone off sick as well as own work
- OE 1500 – 2300 Orthopaedic Evenings
- W1 0800 – 2200 (Weekend shift)
- W2 0800 – 2400 (Weekend shift)
- W3 1000-1400 weekends PLUS backup relief 0800 to 1000 and 1400 to 0800 if colleague off sick or may be required in theatre (Weekend shift)
- A/L Annual Leave
- Roster written by NNN, Medical Administrative Manager, Div Surgery. All roster swaps, ADOs must be notified in writing on the Shift Swap Form.

After hours supervision provided by in-hospital 24-hrs registrar cover, with near-call consultant cover..

G. Team, Rounds & Surgery:

No of AMO Rounds per week	5
No of AMO Rounds attended by JMO's	5
No of out of Hours Rounds attended by JMO's	1 hr
No of operating sessions per week	2 plus 1 endoscopy session

No of operating sessions attended by JMO's _____ Approximately 1

I. Additional Information: (The inclusion of any additional information is optional):

Following orientation report to Ward _____ and contact the General Surgery Registrar and Nursing Unit Manager to introduce yourself. Page the Registrar to introduce yourself. Follow the ward round, return to orientation as per orientation program. **Pagers** are to be worn and in working condition.

- **BLACK CODE PAGER** is to be HANDED from the night JMO to the D1 JMO Monday to Friday and to the W2 JMO Saturday/Sunday. This pager is not to be left unattended at any time.
- **Term Pager:** Each Surgical JMO is given a pager for the term and must carry the assigned pager including evening/night. Do not swap pager numbers as the pager information is distributed to the whole hospital.
- **JMO Night Pager:** Pager No.: _____ is carried by the night JMO. This is in addition to the pager issued to you for the term. The pager should be left after each shift in the Surgery Pager Tin in the Resident Quarters located on the table beneath the television.
- **HNE Annual Leave Reliever Pager:** The Surgical JMO going on leave must ensure their pager is handed on to the HNE Reliever. **DO NOT TAKE IT ON LEAVE.** The reliever and the Surgery JMO should talk and arrange where to collect the pager (as well as having a handover).
- **Pager Faults:** Report all Surgery pager faults to NNN, Medical Administrative Manager, Division of Surgery. Ext;

J. Assessment and feedback:

Importantly, at both mid-term Appraisal and end-of-term Assessment the Term Supervisor and **JMOs are encouraged to use the Term Description and self-reflective portfolio as a template to track ACF learning objectives covered. Hence, JMOs are requested to bring a copy of the Term Description and Portfolios to their Orientation, Mid and End-of-Term meetings for discussion with Supervisors.**

Assessment and feedback will be provided and reported at regular intervals during the rotation.

During this term, was the following achieved:

- | | |
|--|-----|
| 1. JMO attendance at Emergency Presentations of common conditions | Y/N |
| 2. JMO attendance at Outpatient Clinics of common presenting conditions/post-operative follow-up | Y/N |
| 3. ISBAR Handover guidelines were discussed at Term Orientation | Y/N |
| 4. ACFJD Framework was discussed by Term Supervisor or Registrar At Term Orientation | Y/N |

For JMO and Supervisor:

Have you read through this Term Description with your supervisor?

Do you understand what is expected of you during this term?

Are you confident about who to contact if you have any queries?

Have you read and understood the additional guidelines of the unit?

JMO Signature: _____ Supervisor Signature: _____

Date: _____ Date: _____

**Please keep a copy and return original to the
Medical Education Unit, (location)
at the end of the rotation**