

FLINDERS MEDICAL CENTRE, ANAESTHESIA PROVISIONAL FELLOWSHIPS

PROVISIONAL FELLOWSHIPS

CARDIOTHORACIC ANAESTHESIA

Over six months the Cardiothoracic PF will have the opportunity to substantially increase their knowledge, skills and experience in this demanding sub-specialty. Frequently this will be a prelude to an ongoing career in the sub-specialty.

During rostered weekdays the PF will have 2-3 days of cardiothoracic anaesthesia. This will include routine and semi-urgent cardiac procedures, complicated valve surgery and thoracic cases. It may also include assisting consultant anaesthetists during private cases. The PF will be expected to pre-assess their own patients and liaise with the supervising anaesthetist.

Over the course of six months the PF will be offered increasing responsibility for managing the theatre cases. They will be involved in supervising more junior registrars completing the cardiac and thoracic specialised study units (SSUs)

The PFP will be involved in audit, research and case reports. Should the PF wish to formally study echocardiography, assistance will be provided by the Department.

The PF will be contacted about emergency cardiac cases by the on-call cardiac anaesthetist and will attend and assist when able. This is paid hospital work and when of long duration or at an especially unpleasant time of night, is likely to be compensated by an extra rostered day off. Flexibility of the non-clinical shifts by the department can aid in provision of safe working hours and exposure to clinical workload.

Non-Clinical Time

The PF will have one non-clinical day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical experience of the trainee and tying in with the clinical needs of the department.

For more information

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This document has been reviewed and endorsed by consumers.

VASCULAR ANAESTHESIA PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

experience of the trainee and tying in with the clinical needs of the department.

The vascular PF will have the opportunity to increase their knowledge and experience in the complex issues involved in anaesthesia for vascular surgery. These challenging patients tend to have more co-morbidities and are, in most cases, undergoing surgery with a higher risk of peri-operative complications.

The programme will include experience in anaesthetic techniques and modalities for vascular patients undergoing elective and emergency procedures including:

- Peripheral vascular surgery (femoral-popliteal bypass etc.)
- Carotid endarterectomy
- Elective and emergency aortic aneurysm repair
- Aorto-bifemoral bypass
- Chronic haemodialysis access procedures
- Thrombectomy/embolectomy
- Endovascular thoracic and aortic stenting

In addition, the attachment will provide experience in:

- Pre-operative assessment of high-risk vascular patients
- Post-operative care
- Invasive monitoring
- Ultrasound guided regional anaesthesia techniques for upper and lower limb vascular cases

The PF will also have the opportunity to be involved with audit, research and case reports.

Non-Clinical Time

The PF will have one non-clinical day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical

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REGIONAL ANAESTHESIA

PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

Introduction

The regional Anaesthesia rotation for the Provisional Fellowship Year at Flinders Medical Centre has been re-established so that senior trainees can consolidate their knowledge, skills and confidence in regional anaesthesia. The training obtained during the Regional Anaesthesia (RA) rotation will allow the development of expertise in the theory, practice, teaching and theory teaching and auditing of regional anaesthesia.

Extent and Duration of Training: 6 months

The emphasis is to develop a range of regional anaesthesia skills that will allow the Fellow to deliver regional anaesthesia effectively, safely and efficiently.

There will be rotations where the Provisional Fellow's roster consists of 3 to 4 days of operating lists (orthopaedic, upper and lower limb, major joint arthroplasty and foot and ankle, and renovascular access) per week where a significant amount of regional anaesthesia is performed. These lists will be available at FMC, Flinders Private Hospital and Noarlunga Health Service. One day per fortnight will be quarantined for non-clinical duties (further education, teaching, auditing and research). On-call commitments are structured to minimise disruption to daily lists amenable to regional blockade and to maximise the time the Fellow is present in the Department during the working week.

Facilities and resources

The Department has equipment for the performance of a wide range of regional anaesthesia techniques. Equipment includes neuraxial and peripheral block equipment, continuous catheter kits and portable ultrasound machines. The Department library contains a range of literature specific to the practice of regional anaesthesia. Regional anaesthesia is strongly supported by Consultant members of the Department.

Clinical education

Clinical expertise will develop from being in a Department that supports regional anaesthesia as the primary basis for acute pain Management. Fellows should develop communication skills sufficiently to solicit and impart information. The Fellow should be able to clearly delineate options available to the patient regarding their anaesthesia choices in a manner that they understand.

Clinical Leadership

Providing a high-quality clinical service is imperative. This includes timely preoperative assessment, punctuality, good organisation, clinical responsibility and postoperative review. Provisional Fellows are encouraged to follow-up all patients who they have administered regional anaesthesia to. We are continually seeking to improve our outcomes (e.g. success of regional anaesthesia, postoperative analgesia, recovery from surgery and anaesthesia, patient satisfaction) and we encourage Provisional Fellows to identify areas where we can improve our service and provide strategies and solutions to do so.

Progress and innovation is encouraged. Fellows will also be encouraged to become active in the wider regional block community (Regional Block Group, RBG) both in Adelaide and nationally. This will involve a willingness to become involved in helping to organise and run RBG meetings and workshops.

Clinical Expertise

In order to achieve the necessary level of expertise, Provisional Fellows should be familiar with the indications, contraindications, techniques and complications of specific blocks:

Basic – superficial cervical plexus block, axillary brachial plexus block, transversus abdominis plane block and femoral and distal sciatic nerve block.

Intermediate – isolated forearm blocks, interscalene block, supraclavicular block, infraclavicular block, sciatic nerve block, popliteal block, intercostal/paravertebral nerve block, obturator nerve block, saphenous nerve

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block, other isolated peripheral nerve blocks, scalp blocks for awake craniotomy and thoracic epidural anaesthesia.

Advanced – continuous perineural techniques, thoracic paravertebral techniques, combined sciatic and femoral blockade.

Provisional Fellows are required to support the Acute Pain Service. This will include reviewing and management of patients with one shot blocks and continuous perineural techniques.

Provisional Fellows should become competent in the following areas:

Demonstrate rational selection of regional anaesthesia for specific clinical situations and effective management of the physiological/pharmacological consequences of peripheral nerve and neuraxial blockade. This will necessitate becoming proficient in the successful use of an ultrasound machine and the ability to rescue failed regional anaesthesia techniques.

Ultrasound scanning skills

Being proficient in scanning is considered an essential regional anaesthesia skill. Fellows should aim to be continuously improving their skills in ultrasound scanning and locating nerves. This can be done independent of performing invasive procedures. Look for opportunities to scan patients and colleagues. When locating nerves it is common for operators to forget image optimisation skills. Simple improvements in technique can definitely improve image quality. Fellows are encouraged to develop other ultrasound skills including focussed cardiac examination (transthoracic echo) and vascular access skills.

Fellows should exhibit professional attributes including punctuality and organisation, timely preoperative assessment and consent. It is easy to underestimate the time required to prepare patients for regional anaesthesia. Becoming familiar with the admission process, noting how long it takes to perform a procedure, may be of benefit. Every effort should be

made to place blocks without impinging on surgical time and thereby improve operating list efficiency.

Once Fellows develop an appropriate level of skill they will be expected to run their own lists where appropriate and supervise registrars performing regional anaesthesia.

Didactic educational program

It is expected that Fellows will contribute regularly at the Regional anaesthesia tutorials (held every Thursday afternoon) and one major presentation at the weekly Department academic meetings.

Professional Development leave and reimbursement for attendance to appropriate courses is available.

Non-Clinical Commitment

There are projects at various levels of development in the Department that a Fellow could be involved with. These include auditing, assessment and teaching. The opportunity to develop a project from scratch is also possible but early submission to the Human Research and Ethics Committee is essential. Please contact a senior member of staff for support and supervision and to swap ideas. Advice regarding project management, protocol development and statistics is available.

Ultrasound guided regional anaesthesia is still relatively new and opportunities exist. Other suitable academic activity is encouraged including a case report, a review article, a systematic review and/or meta-analysis of a suitable topic.

Non-Clinical Time

The PF will have one non-clinical day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical experience of the trainee and tying in with the clinical needs of the department

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HEPATO-BILIARY ANAESTHESIA PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

The Hepatobiliary PF will become experienced, skilled and knowledgeable about all aspects of anaesthesia and perioperative care for this surgical sub-specialty. Particular emphasis is on liver resections and liver transplants, a substantial number of each being done at FMC.

Involvement in pancreatic and oesophageal surgery is commonplace, as is contribution to the High-Risk anaesthesia clinic.

Liver Resections

The PF will be involved in the anaesthetic assessment and planning for hepatectomy patients. The PF will be involved in the anaesthesia, initially with close consultant supervision but gradually to more independence as the six month term progresses. These patients will be followed through the perioperative period.

Liver Transplants

The PF will –

- Learn how to assess patients who are candidates for liver transplantation. This will initially be with a consultant but ultimately be done independently.
- Present anaesthetic assessments to weekly Liver Transplant Unit Meetings (Fridays, 1pm) where required
- Be involved in anaesthesia when liver transplants occur on any of the rostered week days. The PF will be called the night before and start early, at the nominated anaesthesia start time on those days.
- The PF will also be called for liver transplants occurring during weekends, when not rostered to other clinical work. Attendance is strongly encouraged but will ultimately be at the PFP's discretion. It is envisaged that the PFP will be involved with more than three-quarters of liver transplants occurring during their six month term. Extra weekend liver transplants are paid hospital work and likely to be compensated by a rostered day off the following week.

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OBSTETRIC ANAESTHESIA PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

POSITION SUMMARY

Flinders Medical Centre (FMC) is a 500+ bed tertiary referral centre in Adelaide, and shares a campus with the Flinders University, and Flinders Private Hospital. Anaesthetic services at the nearby Noarlunga Hospital are also covered, as a combined Department. It services the southern region of Adelaide, as well as receiving patients from rural South Australia and Darwin.

As far as obstetrics and gynaecology are concerned, Flinders is the only major hospital in Adelaide with Level 3 adult and neonatal intensive care facilities, and is consequently the preferred public hospital for high-risk obstetrics in South Australia. The hospital carries out approximately 4600 deliveries each year, of which approximately 600 can be classified as high-risk. There are elective gynaecology lists on most days of the week, with approximately 400 major cases each year.

Other surgical specialties represented at FMC and its associated hospitals, (Noarlunga Health Service and Flinders Private Hospital) include orthopaedics, trauma, ENT, plastics, neurosurgery, vascular, urology, cardiothoracic, paediatric and neonatal, liver transplantation and general surgery, including hepatobiliary, colorectal and breast/endocrine.

The Department of Anaesthesia has approximately 50 full time equivalent anaesthetists. The Department is friendly with a strong culture of teaching and support for registrars and residents at all levels.

PROVISIONAL FELLOWSHIP PROGRAMME STRUCTURE

The Provisional Fellow in Obstetric Anaesthesia will have the following duties:

- Act as or in conjunction with the senior obstetric anaesthetist for one day a week. This involves attending morning obstetric handover, seeing any potentially high risk or difficult patients discussed at handover, management of labour pain in conjunction with

obstetric and midwifery staff, and in most cases providing anaesthesia for any emergency caesarean sections carried out between 0800 and 1700 hours. The

Provisional Fellow will also attend and/or run the High Risk Obstetric Anaesthetic Clinic on that morning.

- Act as the primary anaesthetic contact during normal working hours for high risk obstetric patients, particularly those with cardiac disease, including management of their labour and/or operative delivery if available. As most of the high risk deliveries are pre-booked, this will generally be part of rostered duties.
- Conduct and/or supervise elective caesarean lists.
- Conduct anaesthesia for major gynaecology and gynae-oncology cases, which are usually booked for Mondays.
- Supervise junior and/or inexperienced registrars in all of the above duties.
- Conduct monthly tutorials on obstetric anaesthesia for junior anaesthetic registrars.
- Conduct regular tutorials for obstetric registrars and residents on anaesthetic-related topics.
- Conduct in-service teaching for midwives.
- Audit various aspects of the obstetric anaesthetic service in conjunction with those consultant staff with a sub-specialty interest in obstetric anaesthesia. This will include gathering and analysing data on epidurals, patient-controlled epidural anaesthesia and emergency caesarean sections. There is additional scope for research in other areas of interest related to obstetric anaesthesia.

It is envisaged that the Obstetric PF will be involved in the anaesthetic care for all (or nearly all) of the booked high-risk obstetric patients.

Non-Clinical Time

The PF will have one non-clinical day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical experience of the trainee and tying in with the clinical needs of the department.

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FOR SIMULATION AND MEDICAL EDUCATION PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

of the trainee and tying in with the clinical needs of the department.

The post involves 1-2 days a week in the Clinical Simulation Unit with two days a week for clinical anaesthetic practice.

It is envisaged that the registrar would spend their time as follows:

- Teaching basic and advanced airway skills to 4th Year medical students on attachment to the Department. Students rotate every six weeks. Each group receives two training sessions in the Airway Laboratory together with a further four sessions in the clinical simulator.
- Introduction to basic and advanced airway skills for resident medical officers and new registrars. Maintenance of an airway training programme for all novice anaesthetists during their first few days in the Department.

Focussed teaching sessions for the anaesthesia trainees in fiberoptic intubation, and assessment of DOPS towards the mandatory workplace-based assessments of each training period.

- Involvement in the running of anaesthetic emergency scenarios for the Department's trainees, together with staff from the Recovery Room and anaesthetic nurses. These are currently run intermittently on a weekly basis.

Further opportunities exist as follows:

- Airway management training for other groups such as Critical Care and Emergency Medicine trainees, rural general practitioners and paramedics.
- Individual audit and research projects.

Time and funding would be made available to allow attendance at relevant courses and meetings.

Non-Clinical Time

The PF will have one non-clinical day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical experience

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NEUROANAESTHESIA PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

Over six months the Neuroanaesthesia PF will have the opportunity to substantially increase their knowledge, skills and experience in this sub-specialty. Frequently this will be a prelude to an ongoing career in the sub-specialty.

During rostered weekdays the PF will have 2-3 days of neuroanaesthesia. This will include neuroradiology, vascular neurosurgery, awake craniotomies and deep-brain stimulation, and spinal surgery (including tumour surgery). Whilst the majority of cases will be elective procedures, there is also a significant emergency workload for neurotrauma within our centre. The PF will be expected to pre-assess their own patients and liaise with the supervising anaesthetist.

There is also scope to be involved in the external (private) neuroanaesthesia training position coordinated by Flinders Medical Centre, where the trainee would spend three months in private (Calvary Wakefield and Memorial private hospitals in Adelaide) under the Specialist Training Program pathway. This period is negotiable, and allows experience in the private sector and potential for increased diversity of both clinical knowledge and skills gained during the term. After hours commitments will still be undertaken at Flinders Medical Centre.

Over the course of six months the PF will be offered increasing responsibility for managing the theatre cases. They will be involved in supervising more junior registrars completing neuroanaesthesia SSU.

The PF will be involved in audit, research and case reports both directly associated with neuroanaesthesia and for more department-wide projects.

The PF is guaranteed a minimum of two days per week in neuroanaesthesia. Where possible the PF will be allocated to the neuroanaesthesia theatres on the other days. This will vary according to the clinical needs of the Department and the needs of more junior registrars completing the neuroanaesthesia SSU.

Flexibility of the clinical support shifts by the department can aid in provision of safe working hours and exposure to clinical workload.

Clinical Support Time

- The PF will have one day a fortnight to meet their non-clinical training requirements. This is
- able to be a flexible date based on maximising the clinical experience of the trainee and tying in with the clinical needs of the department

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RESEARCH PROVISIONAL FELLOWSHIP PROGRAMME (PFP)

Over six months the Research PF will have the opportunity to substantially increase their knowledge, and experience in all facets of research, with supervision and support from consultants with extensive research experience.

During rostered weekdays the PF will have 2 consecutive days dedicated to research time.

Experience will include:

- Involvement in specific research and/or quality improvement research projects. These would be discussed with the PFY ideally 6 (six) months ahead of time to allow adequate preparation. Supervision by post-doctorate researchers with extensive experience.
- Receiving individualised teaching regarding hypothesis generation, study design, ethical conduct of research, guidelines for the different sorts of trials that form quantitative analysis, (pre-study) statistics and health economic validation, and the requirements of journals for publication.
- Teaching critical appraisal and literature interpretation skills to 4th Year medical students and registrars on attachment to the Department. Students rotate every six weeks. Maintenance of a Journal Club for all trainee and interested consultant anaesthetists during their time in the Department.
- Participation in multidisciplinary research meetings, involving (for example) orthopaedic and surgical research fellows. Allowing for exchange of ideas with other similar level researchers and their supervisors within the hospital network.
- Further opportunities exist as follows:
 - PhD candidacy, if a PFY wished to extend their research involvement beyond the 6-12 months of this fellowship
 - Application for grant and prize funding.

- Time and funding will be made available to allow attendance at relevant courses and meetings.

Clinical Support Time

- In addition to the above, the PF will have one day a fortnight to meet their non-clinical training requirements. This is able to be a flexible date based on maximising the clinical experience of the trainee and tying in with the clinical needs of the department

Clinical Time

- As part of their role, the PF will also provide patient care (on their non-research days) across the spectrum of sub-specialty anaesthesia available within SALHN.

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