

## TERM DESCRIPTION

Term descriptions are designed to provide important information to prevocational junior medical officers (JMOs) regarding a particular rotation. They are best regarded as a clinical job description and should contain information regarding the:

- Casemix and workload,
- Roles & Responsibilities,
- Supervision arrangements,
- Contact Details,
- Weekly timetable, and
- Learning objectives.

The term description may be supplemented by additional information such as Clinical Protocols which are term specific. Term supervisors should have considerable input into the content of the term description and they are responsible for approving the content. In determining learning objectives, supervisors should refer to the Australian Curriculum Framework for Junior Doctors (ACFJD). The term description is a crucial component of orientation to the term, however it should also be referred to during the mid-term appraisal and end-of-term assessment processes with the JMO.

Submissions of Term Descriptions are required to be current and as precise as possible. When submitting a Term Description for endorsement, please provide a cover sheet outlining the changes from the previous Term Description. To ensure the Term description is endorsed please provide a current date on the Term Description document so the version control can be monitored for auditing purposes, additionally please ensure the document is reviewed for content and accuracy and signed by the current supervisor.

<b>DOCUMENT VERSION:</b> Nov 2017															
<b>FACILITY:</b> The Canberra Hospital															
<b>TERM NAME:</b> Urology															
<b>TERM SUPERVISOR:</b> Dr Hin Fan (Rex) Chan															
<b>CLINICAL TEAM:</b>	Dr. Simon McCredie -switch Dr. Hodo Haxhimolla - 62817900 Dr. Hin Fan (Rex) Chan – switch Dr. A Al-Sameraaii- switch Dr. Muhammad Kahloon - switch														
<b>ACCREDITED TERM FOR :</b>	<table border="1"> <thead> <tr> <th></th> <th><i>Number</i></th> <th><i>Core/Elective</i></th> <th><i>Duration</i></th> </tr> </thead> <tbody> <tr> <td><b>PGY1</b></td> <td>1</td> <td>Core</td> <td>12-14 weeks</td> </tr> <tr> <td><b>PGY2+</b></td> <td>1</td> <td>Core</td> <td>12-14 weeks</td> </tr> </tbody> </table> <p>Total positions available: 2 maximum</p>				<i>Number</i>	<i>Core/Elective</i>	<i>Duration</i>	<b>PGY1</b>	1	Core	12-14 weeks	<b>PGY2+</b>	1	Core	12-14 weeks
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<p><b>OVERVIEW OF UNIT OR SERVICE</b></p>	<p><b>Role of the Unit</b></p> <ul style="list-style-type: none"> <li>• To provide Urology services for the adults of the ACT and regional NSW</li> <li>• To train accredited registrars in the specialty of Urology</li> <li>• To introduce JMOs to the principals of management of Urological patients</li> <li>• To teach medical students, nursing staff and allied health professionals the related aspects of urological surgeries.</li> </ul> <p>This term forms part of <b>Surgical Pod 1</b> which includes the following units:</p> <p><b>Surgery Pod 1 includes:</b></p> <ul style="list-style-type: none"> <li>• Gen Surgery 1- Trauma</li> <li>• Gen Surgery 2- Colorectal, Head &amp; Neck</li> <li>• Gen Surgery 3- Upper GI</li> <li>• Acute Surgical Unit (ASU)</li> <li>• Cardiothoracic Surgery</li> <li>• Urology</li> <li>• Surgical Pod 1 Relief term placements.</li> </ul> <p><b>General information about Surgical Pod 1</b></p> <ul style="list-style-type: none"> <li>• Each pod works as a functional unit allowing all JMOs within it to attend the teaching sessions provided by each of the sub specialties when able as well as your own specialties' teaching programme. All JMOs, particularly PGY1 are expected to attend general intern teaching sessions held every Tuesday afternoon.</li> <li>• Whilst in a pod you will have a direct term supervisor as outlined by the individual term description as well as an over-riding pod supervisor to facilitate the co-ordination of the working unit. The weekday rostered hours are 0700 – 1630 hrs unless otherwise indicated in the term description or roster.</li> <li>• Within your pod, some of you will have one week of evening shifts from 1330 – 2200 hrs to facilitate handover with the day staff and handover with the night staff. Handover will be conducted at a nominated site where all JMOs for the pod must meet to handover relevant information.</li> <li>• For some of you, a week of night shifts will also occur during your term from 2100 hrs – 0730 hrs next day. On weekends the night shift is 2030 -0730 hrs. Following 7 night shifts, you will have 3 days off, 1 rostered ADO, another day off and then on call for the sat/Sun. Alternatively arrangements can be made to allow for leave provided adequate warning is given.</li> <li>• Note: The rostering of a routine JMO (SP 2.1) and an extra (SP 2.2 (A&amp;D)) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP 2.1 will cover <i>all</i> SP2 units and SP 2.2 (now called SP A&amp;D) will be responsible for all admissions and discharges for both SP2 and SP1. On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case).</li> <li>• By allocating sets of evening, night and relief weeks you will be part of a team providing twenty-four hour care for patients within your pod with whom you will be familiar. You will also be more aware of the specialist and registrar plans as you will be working in a small unit of specialties on a day-to-day basis. You will participate in more focused handover and utilise relevant electronic discharge/Casemix information more efficiently and you will be able to follow up relevant investigations and consultations more closely with a working knowledge of the various plans for each patient from their respective day teams.</li> </ul>
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	<p>As a working unit you will be expected to make additions to the discharge summaries of patients within a pod as important events take place over a twenty-four hour period to provide better communication with general practitioners and other external care givers. You will be able to provide up to date information to staff specialists during evening/afternoon ward rounds as required and participate in any bed side teaching conducted by the other specialties within your pod where possible. All JMOs are required to work weekends as dictated by the roster.</p>
<b>REQUIREMENTS FOR COMMENCING THE TERM:</b>	<p>Basic Clinical Training such as:</p> <ul style="list-style-type: none"> <li>• Ability to take history and carry out general physical examination;</li> <li>• Ability to communicate clearly with patients and staff;</li> <li>• Ability to document clearly in the patients' notes, to do ward rounds and to carry out decisions made;</li> <li>• Skills with venous cannulation; and</li> <li>• Skills with urethral catheterisation.</li> </ul>
<b>ORIENTATION:</b>	<p>JMOs should contact Dr. Chan on the first day of orientation to organize introduction to unit.</p> <p>JMOs should be familiar with the hospital policies on hand hygiene, pre-operative assessments, DVT prophylaxis regimens, and pain management.</p>
<b>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</b>	<p><b>JMO Responsibilities</b></p> <p><b><i>Weekly Schedule</i></b></p> <p>The weekly schedule varies from week to week according to a four-weekly theatre cycle details of which will be provided at Term Handover:</p> <ul style="list-style-type: none"> <li>• JMOs should see all urology unit patients every day and are responsible for day-to-day management of patients in the urology unit</li> <li>• Ward rounds are held usually 30 minutes before theatre/clinic/X-ray meetings, which means an earlier start on Wednesday and Thursdays (0630 hrs)</li> <li>• On Wednesday there is an X-ray meeting each morning in the Pathology Seminar Room at Canberra Hospital commencing at 0700 hrs which the JMOs will attend</li> <li>• JMOs may also attend theatre and outpatient clinics where time permits</li> <li>• JMOs are also responsible for arranging admissions from outpatient clinic via surgical booking office when necessary</li> <li>• Follow-up on 'dirty urines' are the responsibility of the JMOs</li> <li>• JMOs need to encourage the attached medical student's participation in the unit</li> <li>• Pre-admission clinics are compulsory and a core responsibility of the JMO - these are held as required. In particular the JMO is responsible for checking all pre-op blood and urine tests as soon as they are available, even if they did not see the patient at pre-admission and communicate any relevant results to registrars/consultants in a timely manner</li> <li>• The JMO is responsible for ensuring each operative patient has their X-rays available in the theatre</li> <li>• JMOs need to attend end of day ward round within reasonable hours and handover any outstanding issues to on call urology registrar and to the evening Surg Pod 1 JMO.</li> </ul> <p><b><i>Consultant Specific Requests</i></b></p> <ul style="list-style-type: none"> <li>• Participation in surgical audit meetings</li> <li>• Maintain a record of patient complications</li> <li>• Maintain a stent database and cystostomy database in conjunction with urology</li> </ul>

	<p>registrars.</p> <p><b>Patients</b></p> <ul style="list-style-type: none"> <li>• JMOs will need to be familiar with all aspects of the care and progress of all patients on the Urology Service</li> <li>• JMOs, together with the registrar is responsible for the day to day running of the unit, particularly with reference to patient care</li> <li>• Every day a notation is to be made in each patient's notes regarding the ward round with the registrar each morning</li> <li>• Any investigation ordered by a JMO must be chased up on the day of ordering the tests or the day on which the test is actually performed</li> <li>• X Ray or blood test results which are not available at the end of the day must be handed over to the evening resident covering 6B</li> <li>• Registrars must be kept up to date with all relevant results and patient progress/clinical stages</li> <li>• JMOs should attempt to attend as many operating sessions and outpatient clinics as possible.</li> </ul> <p><b>Ward Rounds</b></p> <ul style="list-style-type: none"> <li>• Ward rounds commence at 0700 hrs on Mondays, Tuesdays and Fridays</li> <li>• Ward rounds start at 0630 hrs on Wednesdays and Thursdays</li> <li>• Ward rounds will also be conducted in the afternoon following the completion of operating lists with reasonable working hours.</li> </ul> <p><b>Day Surgery</b></p> <ul style="list-style-type: none"> <li>• Day Surgery Unit cases may be discharge without the correct "Day Surgery Operation Report / Discharge Summary" being completed. The JMO will be expected to complete a Discharge Referral form. Notification of forms required will be via the JMO Pigeonholes located in the JMO Lounge</li> <li>• If the regular Operation Report is used, a Discharge Referral needs to be completed UNLESS the Operation Report clearly shows a diagnosis (ruled off), details of the procedure, postoperative management, AND follow up orders. In this situation the patients Front Sheet may also be completed.</li> </ul> <p><b>Discharges</b></p> <ul style="list-style-type: none"> <li>• The JMO must complete the front sheets for patients before they are discharged and be aware of discharge plans and follow up dates</li> <li>• Any anticipated discharges for the weekend should have their discharge summaries completed in anticipation rather than leave the job to weekend JMOs who do not know the patient or the Unit's protocols.</li> </ul> <p><b>Handover</b></p> <ul style="list-style-type: none"> <li>• At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients.</li> </ul> <p><b>Please note the Unit Timetable.</b></p>
<b>SUPERVISION:</b>	<p><b>IN HOURS</b></p> <p><b>Consultant Roster</b></p> <ul style="list-style-type: none"> <li>• The Consultant Roster is also available from Surgical Bookings</li> </ul> <p>Consultants can be contacted through the switchboard/communication system after hours.</p>

	<p><b>AFTER HOURS</b></p> <ul style="list-style-type: none"> <li>• After hours Urology registrar</li> <li>• After hours medical and surgical registrars</li> </ul>
<b>STANDARD TERM OBJECTIVES:</b>	<p><b>CLINICAL MANAGEMENT</b></p> <p>The JMO should strive to have undertaken the following by the end of this Term:</p> <p><b>Clinical</b></p> <ul style="list-style-type: none"> <li>• History and general examination of Urological patients with particular reference to their urological problems</li> <li>• Understanding of the rationale for surgery and development of the ability to concisely present a clinical problem including the indications for surgery in Urological patients</li> <li>• Competence in the management of intercurrent medical problems in more elderly urological patients</li> <li>• Common Urological problems which should be understood in terms of pathology, clinical features, diagnosis and treatment</li> <li>• Benign prostatic hyperplasia</li> <li>• Prostate Cancer</li> <li>• Bladder Cancer, both superficial and advanced</li> <li>• Stone disease, both renal, ureteric and bladder calculi</li> <li>• Obstructive Nephropathy and post obstructive diuretic management</li> <li>• Post-TURP syndrome and management.</li> </ul> <p><b>Procedural</b></p> <ul style="list-style-type: none"> <li>• IV Cannulation</li> <li>• Insertion of urethral catheters</li> <li>• Management of blocked irrigation catheters</li> <li>• Principles of sterile techniques, ie; gowning, gloving, patient preparation for surgery</li> <li>• Indwelling Catheter (IDC)</li> <li>• 3 way irrigation.</li> </ul> <p><b>Educational</b></p> <p>See teaching program.</p>
	<p><b>COMMUNICATION</b></p> <p>The JMOs should strive to have improved on:</p> <ul style="list-style-type: none"> <li>• Patient interaction</li> <li>• Patient information note taking</li> <li>• Liaising with patient family members</li> <li>• Working as member of a team</li> <li>• Communicating with senior consultants</li> <li>• Communicating with other health care professionals regarding longer term patient management.</li> </ul>
	<p><b>PROFESSIONALISM – a high standard is expected</b></p> <p>The JMOs should strive to improve to:</p> <ul style="list-style-type: none"> <li>• Communicate and participate effectively in a multidisciplinary clinical team</li> <li>• Develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice</li> <li>• Update skills in information technology relevant to clinical practice</li> <li>• Gain more knowledge in the collection and interpretation of clinical data</li> </ul>

	<ul style="list-style-type: none"> <li>Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques</li> <li>Further understand medical ethics and confidentiality and the medico-political and medico-legal environment.</li> </ul>
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# INSERT TIMETABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat	Sun
<b>AM</b> <b>All Weeks</b>			0630 hrs Ward Round	0630 hrs Ward Round		Overtime as per Surg Pod 1 roster	Overtime as per Surg Pod 1 roster
	0700 hrs Ward Round	0700 hrs Ward Round	0700 hrs X-Ray meeting (Pathology Seminar Room – TCH)	0700 hrs <i>Weeks 2 &amp; 4</i> Uro-oncology multi- disciplinary meeting (Pathology Seminar Room – TCH)	0700 hrs Ward Round		
<b>PM</b> <b>All Weeks</b>		<b>1500-1630 hrs</b> <b>Intern</b> <b>teaching</b>		RMO teaching 2-3pm Conf Rm 1 Lev 3 Bld 2			
<b>Week 1</b>	AM – OT Dr McCredie  PM – OT Dr McCredie	AM – OT Urologist  PM – OT Urologist	AM – OT Dr Haxhimolla  PM – OT Dr Haxhimolla	AM – Clinic Dr Haxhimolla  PM –OT Dr Chan	PM – Registrar Clinic		
<b>Week 2</b>	AM – OT Dr. McCredie  PM – Clinic Dr McCredie	AM-OT Dr. Chan  PM-OT Dr Al- Sameraaai	AM – OT Dr Al- Sameraaai PM – OT Dr Al- Sameraaai	AM – OT Urologist  PM – OT Urologist	AM-OT Dr Al- Sameraaai PM - OT Dr Al- Sameraaai  PM – Clinic		
<b>Week 3</b>	AM – OT Dr McCredie  PM – OT Dr McCredie	AM –OT Dr Chan  PM – OT Dr Chan	AM – OT Dr Haxhimolla  PM – OT Dr Haxhimolla	AM – OT Urologist  PM – OT Urologist	AM – Registrar Clinic AM-OT Dr Al- Sameraaai  PM - Clinic		
<b>Week 4</b>	AM – OT Urologist  PM – OT Urologist	AM-OT Dr Chan  PM-OT Dr Chan	AM – OT Dr Kahloon  PM – OT Dr Kahloon	AM – OT Dr McCredie  PM – OT Dr McCredie			
<b>AFTER HOURS</b>	Journal Club 1800hrs Monthly on Mondays M&M meeting Monthly on Mondays						

<b>PATIENT LOAD:</b>	10 - 15
<b>OVERTIME</b> <i>Average hours per week</i>	
	<b>ROSTERED: 8</b> <b>UNROSTERED: 0</b>
<b>EDUCATION:</b>	<p>All interns (PGY1s) are expected to participate in the Tuesday afternoon teaching program. The period from 1500 – 1630 hrs on Tuesday is considered to be protected time for JMOs.</p> <p><b>Educational Resources</b> A comprehensive range of reference material is held in the hospital library and is available on the Intranet.</p> <p><b>Reading and Resource List - available in the library</b></p> <ul style="list-style-type: none"> <li>• General Urology by Smith</li> <li>• Campbell's Urology by Walsh and others</li> <li>• We highly recommend a review of Blandy's lecture notes in Urology.</li> </ul> <p><b>Protocols and Clinical Pathways</b> <i>Understand clinical pathways for:</i></p> <ul style="list-style-type: none"> <li>• TURP</li> <li>• Nephrectomy</li> <li>• Radical prostatectomy</li> <li>• Cystectomy</li> <li>• Post ureteric stent insertion</li> <li>• Post catheter insertion</li> <li>• Post nephrectomy tube insertion.</li> </ul> <p><b>AMO Teaching</b> Dr. McCredie, Dr. Haxhimolla, Dr. Chan, Dr. Al-Sameraai and Dr. Kahloon</p> <p><b>Registrar Teaching</b> Registrars on rotation</p> <p><b>Other</b> Wound care Management courses (2-hour and 1 day) held at Staff Development Unit at TCH.</p>
<b>ASSESSMENT AND FEEDBACK:</b>	<p>Term supervisors will provide formal assessment and feedback using the AMC approved formative and summative assessments at mid-term and at end of term respectively on the One45 website.</p> <p>In completing the assessments the term supervisors will consult with Consultants, Registrars, Nursing Staff and any other staff members, who have had extensive contact with you.</p>
<b>ADDITIONAL INFORMATION:</b>	<p><b>Medical Record Documentation</b> All patients should have a brief note written following each review i.e. at least daily. <i>To maintain the integrity of the record and ensure the best optical disc image possible, the following must be adhered to:</i></p> <ul style="list-style-type: none"> <li>• All entries must be legible, clear, relevant and objective</li> <li>• Every entry must include date, time, signature, designation and printed name</li> </ul>

- All entries must be written within the boundaries of the form. Do not write in the margins
- Only approved, bar-coded forms should be used
- Use black ballpoint pen only. Do not use blue pen, Pentel, rollerball, felt pens, highlighter pens or liquid paper
- Only approved hospital abbreviations should be used
- Student entries must be countersigned by their supervisor
- Entries written in error must have only one line ruled through the incorrect entry and have "Written in Error" entered above or beside the incorrect entry must be dated, timed, signed and designated.

#### **Care Type Change**

Care type change (also known as Change of Clinical Intent) is a change in the phase of treatment or change in acuity during a patient's admission, for example from Acute Care to Rehab. In some situations a patient may have several Care Type changes during the course of their admission.

*For each Care Type change the medical officer must:*

- Assess the patient
- Document patient history, status and expected goals on the Notification of Care Type Change form
- Document the new care type, the reason for care type change, and goals of current treatment and patient's current status in the progress notes.

Once all sections of the form have been completed it should then be signed and handed to the Ward Clerk for action on CareSys.

For more details see Policy number 0117:001 Care Type Policy.

#### **Discharge Documentation**

- A Discharge Referral or Discharge Summary must be completed for all Inpatient discharges (usually by the JMO) with a copy given to the patient
- Specific instructions for follow-up should be discussed with the registrar and consultant prior to discharge. Notify the patient and document in the notes
- All deceased patients must have a Discharge Referral completed. The discharging specialty is responsible for the completing the Discharge Referral within 48 hours of discharge. If you have never seen the patient please make a note of this on the Discharge Referral
- Discharge Referrals not completed by the end of each financial quarter will be brought to the attention of the Directors and the SMT leaders
- In accordance with Policy 0113:001 Record Completion and Casemix Summaries the Medical Record Department will refuse to sign you out (for your final pay) unless you have completed all Discharge Referrals/Discharge Summaries for which you are responsible
- For further information on discharge documentation, see Policy 0113:001 Record Completion and Casemix Summaries.


#### **Communication with General Practitioners**

- A telephone call or facsimile to every patient's family practitioner should be made for every patient who has stayed overnight
  - A hospital discharge referral form should be completed prior to discharge and a copy given to the patient at discharge (see above)
  - A Unit or VMO card, detailing contact phone numbers and with space for both follow up appointments and patient specific discharge instructions should be given to every patient or responsible next of kin



	<ul style="list-style-type: none"><li>▪ All patients discharged with a drainage tube such as (IDC/SPC/stents/nephrectomy/abdominal drain) must have an arrangement for the care of that specific tube.</li></ul>
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Term Supervisor Signature:



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Dr Rex Chan

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