

FORM 06

TERM DESCRIPTION

Obstetrics and Gynaecology



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.

FACILITY: Calvary Public Hospital Bruce (CPHB)															
TERM NAME: Obstetrics and Gynaecology															
TERM SUPERVISOR: Dr Bhatiya Hannedege															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i> <i>Term descriptions are available from CRMEC website. Provide a second copy without phone numbers.</i>		Dr Bhatiya Hannedege O&G Staff Specialist Dr John Hehir O&G Staff Specialist Dr Sonia Hossain VMO Dr Uche Menakaya O&G Staff Specialist Dr Roji Ahuja VMO Dr David O'Rourke VMO Dr Sim Hom Tam VMO Dr Jakub Dreher VMO Ward 3S and other clinical staff All consultants can be contacted through Calvary Switchboard on 6201 6111.													
ACCREDITED TERM FOR :		<table border="1"> <thead> <tr> <th></th> <th>Number</th> <th>Core/Elective</th> <th>Duration</th> </tr> </thead> <tbody> <tr> <td>PGY1</td> <td>2</td> <td>Core Surgery</td> <td>13 Weeks</td> </tr> <tr> <td>PGY2+</td> <td>2</td> <td>Surgery</td> <td>13 Weeks</td> </tr> </tbody> </table>			Number	Core/Elective	Duration	PGY1	2	Core Surgery	13 Weeks	PGY2+	2	Surgery	13 Weeks
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PGY1	2	Core Surgery	13 Weeks												
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OVERVIEW OF UNIT OR SERVICE		CPHB maternity service predominantly the North side of Canberra and surrounding NSW. Births average 1500 per year. Births focus on low to medium risk patients with high risk patients generally attend Canberra Hospital Health Services (CHHS). This setting provides an													

<p><i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i></p>	<p>ideal environment for a PGY to gain experience in the type of obstetric that is undertaken in general practice shared-care arrangements. It also provides exposure to peri-partum care of a standard that would provide an excellent introduction to specialty training. Antenatal clinics are run twice weekly and the hospital also provides a community midwifery service. Obstetrics services are supported by a level 2 nursery. Medical staff trained in neonatal resuscitation routinely attend all elective and emergency caesarean sections.</p> <p>A term in obstetrics and gynaecology at a middle level hospital like CPHB provides an almost unique opportunity for PGY's to become part of a multidisciplinary team providing care that is supportive, procedural and social. This in the backbone of general practice for trainees interested in women's health, but also provides a steppingstone for trainees who have an interest in the specialty and wish to proceed further. Few other specialties allow.</p> <p>Junior trainees to have direct, supervised procedural experience.</p>
<p>REQUIREMENTS FOR COMMENCING THE TERM:</p> <p><i>Identify the knowledge or skills required by the JMO before commencing the term and how the term supervisor will determine competency</i></p>	<p>The PGY1 staff are assumed to have general medical skills. PGY 2 are assumed to have general medical skills commensurate with a resident medical officer level.</p>
<p>ORIENTATION:</p> <p><i>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 JMO.</i></p>	<p>Formal orientation on Monday morning of first day, delivered by Medical Administration.</p> <p>All PGYs must attend unit orientation on day one.</p> <ul style="list-style-type: none"> • 1300-1430 – meet with Department Director, review unit schedule responsibilities, expectations. First port of call for support for each area, and triggers to call them. • 1430 -1530 – Complete Orientation – Birth Suite, Birth Centre, Gynaecology clinic, Antenatal clinic, theatres. • 1530-1600 – Review <p>All PGYs must attend unit orientation on day two.</p> <ul style="list-style-type: none"> • 0745 attend handover round in Birth Suite – SR +/- Head of department • 0830 – ward orientation, book well-baby checks credentialing with a Paediatrician. The PGY will be required to achieve proficiency in this task as judged by the paediatrician by the end of their first week. • 1530-1600 – Review
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<p>To ensure continuity of patient care the PGYs handover relevant clinical details to the PGY on the next shift and receiving handover information from the PGY on the previous shift, this includes:</p> <ul style="list-style-type: none"> • Daily ward rounds • Daily reviews of postoperative gynaecology patients (35 and 4W) • Admissions & discharge processes for maternity & gynaecology patients and Neonates • Writing and considered review of drug charts, completion and checking of discharge summaries • Monitoring of pathology & ultrasound results for all clinical areas including clinics. • "Well baby checks" following training and assessment of competency by Paediatrician. All abnormal or uncertain results will be referred to the

	<p>Paediatrician. Baby checks to be completed in advance in anticipation of a weekend discharge.</p> <ul style="list-style-type: none"> • Assistance of the 'on-call' registrar -this will result in experience including management of outpatient attendances in both birth (delivery) suite and emergency department- this would include procedures such as perineal suturing (conducted only under the direct supervision of a registrar or specialist following appropriate training) . • Assistance in theatre • Attendance at antenatal clinics (Wednesday PM/Thursday AM) • Attendance at Outpatient gynaecology clinics (Wednesday AM and Friday PM) <p>The PGY must ensure that an effective handover occurs, not only to afterhours PGY's but at the end of the term, for the next rotating PGY.</p>
<p>SUPERVISION: Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</p>	<p>IN HOURS:</p> <p>Obstetric supervision</p> <ul style="list-style-type: none"> • PGY's will accompany assigned registrar and day consultant on the morning round. • Registrar assigned is available to review tasks as needed. The assigned day Consultant should also be available. • The Office of the Unit Director and Staff Specialist is located on the ward, and operates with an 'open door' policy, so they are available if there are any concerns or to provide additional support. • The term supervisor will maintain an overview of the PGYs training requirements and progression over the term.
	<p>AFTER HOURS:</p> <p>General ward supervision.</p> <p>The term includes participation in the ward afterhours roster. The O&G PGY is usually rostered on as the afterhours surgical PGY, but may sometimes be rostered on as the medical PGY. Both surgical and medical registrars are available 24/7/365. They are the immediate supervisor. The Director of Clinical Services-Medical or delegate is available 24/7/365 as needed via switchboard on 62016111. There is now an O&G registrar on duty 24 hours a day.</p>
<p>STANDARD TERM OBJECTIVES: The term supervisor should identify the knowledge, skills and experience that the JMO 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.</p>	<p>CLINICAL MANAGEMENT:</p> <ul style="list-style-type: none"> • To be able to assess and provide preliminary management strategies for common and important obstetric and gynaecological conditions with safety and confidence. These will include bleeding in early pregnancy, hypertension, abnormal patterns process, and the socio-cultural factors which affect the presentation and management of mental disorders, fetal movement and pelvic pain. • To become familiar with basic birth suite procedures, including assessment of progress in labour management of dystocia's amniotomy interpretation of fetal heart patters and assessment of perineal injury after birth. • To become familiar with routine antenatal assessment procedure under supervision. This includes assessment of fetal size and polarity. • To be able to complete 'well baby checks 'with safety and confidence. • To be able to assist at caesarean section, and with gynaecological procedures and operations, with a view to more thoroughly understanding pelvic anatomy.
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • To be able to communicate effectively with patients and their relatives regardless of their backgrounds, clinical condition or level of anxiety. This is particularly important, as it is often the first opportunity for PGY's to have direct experience with patients in prolonged pain and with high levels of anxiety.

	<ul style="list-style-type: none"> To communicate effectively with patients and their relatives regardless of their backgrounds, clinical condition or level of anxiety. This is particularly important, as it is often the first opportunity for PGYs to have direct experience with patients in prolonged pain and with high levels anxiety. To communicate effectively with all hospital staff facilitating a team approach to patient care. Clinical obstetrics, in particular, calls for close attention to the multidisciplinary team.
	PROFESSIONALISM: <ul style="list-style-type: none"> To show enthusiasm and initiative for learning and research. To be willing to teach and assist other staff. To be punctual, reliable and honest and to behave in an ethical manner to patients and other staff. To show a sense of commitment to the unit, patient care and other members of the team. <p>To be prompt and efficient in the management of work and with good prioritisation of tasks.</p>

INSERT TIMETABLE (the timetable should include term specific education opportunities, facility wide education opportunities e.g JMO education sessions, ward rounds, theatre sessions (where relevant), inpatient time, outpatient clinics etc. It is not intended to be a roster but rather a guide to the activities that the JMO should participate in during the week)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	0745 Handover & Ward Round	0745 Handover & Ward Round	0745 Handover & Ward Round	0745 Handover & Ward Round	0745 Handover & Ward Round	0745 Handover & Ward Round	0745 Handover & Ward Round
		0800 – 0900 CME Meeting	0900 Outpatient Clinic	0900 Antenatal Clinic			
		1000-1100 Teaching	1000 – 1100 Birth Suite Audit				
			1100 – 1200 Lecture				
PM		1330-1530 Protected Education Program at Calvary	1200 Grand Rounds		1300 Outpatient Clinical		
		1300 – 1400 Multidisciplinary Education Session	1300 Antenatal Clinic				
	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover	1600 Handover

PATIENT LOAD: <i>Average number of patients looked after by the JMO per day</i>	15 – 25 Patients
OVERTIME <i>Average hours per week</i> ROSTERED: 5.65 Hours UNROSTERED: Average of 4 hours per fortnight which can change due to seasonal changes or activity.	
EDUCATION: <i>Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.</i>	PGYs are encouraged to attend as many educational events as possible. <ul style="list-style-type: none"> • Tuesday morning Physician meetings: the PGY will be encouraged to present at These meetings. • Tuesday afternoon teaching at Calvary. This is protected time 1330 – 1530. • BirthSuiteAudit • Lecture • PGYs will attend antenatal clinic two out of four weeks as supernumerary. They will be allocated their own patients and present them to either the registrar or consultant. • Multidisciplinary Education Session • Wednesday 1200 - 1245 Grand rounds at Calvary.
ASSESSMENT AND FEEDBACK: <i>Detail arrangements for formal assessment and feedback provided to JMO during and at the end of the term. Specifically, a mid-term assessment must be scheduled to provide the JMO with the opportunity to address any short-comings prior to the end-of-term assessment.</i>	The Term Supervisor will provide formal assessment and feedback using the one 45 system assessment forms at mid-term and at the end of term. In completing the Assessment Form, the Term Supervisor will consult with other members of the team (AMOs, registrars, nurses and other professional staff). It is the JMO's responsibility to ensure that the term supervisor completes a mid-term and end of term assessment.
ADDITIONAL INFORMATION:	

Term Supervisor Signature:

Date:

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