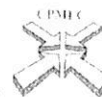


FORM 06

TERM DESCRIPTION

Urology Team 4 Surgery



TERM DESCRIPTION TEMPLATE

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															
TERM NAME: Urology (Team 4 under General Surgery)															
TERM SUPERVISOR: Dr Kieran Hart															
CLINICAL TEAM: <i>Include contact details of all relevant team members</i> <i>Term descriptions are available from CRMEC website..</i>		Dr Daniel Gilbourd Dr Kieran Hart Dr Hodo Haxhimolla Dr Mohammed Kahloon Dr Simon McCredie Dr Hin Fan (Rex) Chan Urology Registrar													
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>PGY1</td> <td>General Surgery</td> <td>13 Weeks</td> </tr> <tr> <td>PGY2+</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Number	Core/Elective	Duration	PGY1	PGY1	General Surgery	13 Weeks	PGY2+			
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PGY1	PGY1	General Surgery	13 Weeks												
PGY2+															
OVERVIEW OF UNIT OR SERVICE <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>		Role of the Unit <ul style="list-style-type: none"> • To provide Urology services for the adults of the ACT and regional NSW • To train accredited registrars in the specialty of Urology • To introduce JMOs to the principals of management of Urological patients 													

	<ul style="list-style-type: none"> To teach medical students, nursing staff and allied health professionals the related aspects of urological surgeries. <p>Operations include:</p> <ul style="list-style-type: none"> Flexible/rigid cystoscopy Laser lithotripsy for renal/ureteric stones Transurethral Resection of the Prostate (TURP) – Thulium laser or Diathermy Scrotal surgery Botox instillation Bladder biopsy Prostate biopsy <p>Wards:</p> <ul style="list-style-type: none"> Management of haematuria including continuous bladder irrigation Management of renal colic Management of urological infections Fluid prescribing How to write a discharge summary How to call a MET call How to use eTG/AMH IDC insertion Venous cannulation Communication with patients and staff Clear documentation in notes Assess patients with clinical history and examination and make decisions in consultation with senior members of the team <p>Discharge Summaries</p> <ul style="list-style-type: none"> Please see proforma TCH urology clinic can be registrar or consultant clinic and can be specified as time critical. This needs to be specified on the discharge summary. Confirm with the registrar for each patient. Ensure you specify that Trial of Void clinics need to be booked for the morning (not the afternoon) in TCH APN Clinic.
<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>	<ul style="list-style-type: none"> There are no prerequisites for commencing this term.
<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. Orientation to the term will be conducted by the urology registrar in the afternoon including ward, theatre, pre-admission clinic. The JMO should meet each consultant at the time of their next operative list to complete their orientation.</p>

JMOs CLINICAL**RESPONSIBILITIES AND TASKS:**

List routine duties and responsibilities including clinical handover

Weekly Schedule

The weekly schedule varies from week to week according to a four-weekly theatre cycle details of which will be provided at Term Handover:

- JMOs should see all urology unit patients every day and are responsible for day-to-day management of patients in the urology unit
- Ward rounds are held usually at 7 am
- 7am: Handover is on level 3 Postgrad Room.
- JMOs may also attend theatre and outpatient clinics where time permits
JMOs are also responsible for arranging admissions and transfers of new patients not from ED
- JMOs should be aware of patients coming from ED and confirm correct management is underway and charts are completed
- JMOs need to encourage the attached medical student's participation in the unit
- 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
- There is Pre-Op Bacteruria Protocol to ensure appropriate screening and treatment of patients at PAC. The JMO is responsible for assisting with decision making, prescribing, liaising with ID and urology registrar or consultant in regard to ensure this is followed.
- The JMO is responsible for ensuring each operative patient has their imaging available in the theatre

Patients

- Ensure continuity of patient care by handing over relevant clinical details to the JMO on the next shift and receiving handover information from the JMO on the previous shift for unstable patients.
- JMOs will need to be familiar with all aspects of the care and progress of all patients on the Urology Service
- JMOs, together with the registrar is responsible for the day to day running of the unit, particularly with reference to patient care
- Every day a notation is to be made in each patient's notes regarding the ward round with the registrar each morning
- 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
- Imaging or pathology test results which are not available at the end of the day must be handed over to the evening resident
- Registrars must be kept up to date with all relevant results and patient progress/clinical stages
- JMOs should attempt to attend as many operating sessions and outpatient clinics as possible.
- Perform straightforward urethral catheterisation, SPC changes, IDC troubleshooting Assess and initially manage ward patients with any acute changes in consultation with your registrar
- Ensure appropriate documentation is up to date including a daily review of the patient's condition, a review of current management and outlining future plan. These must be legible.
- Electronic Discharge Referrals should be up to date and preferably a copy given to the patient on discharge to take to their GP, in other cases they must be completed within three days of discharge. The referral must include a complete list of medications on discharge.
- Attend ward rounds. This includes surgical patients, consults, ICU and CCU patients.

	<ul style="list-style-type: none"> • Attend patient conferences & to assist in careful discharge planning. • Ensure that all fluid charts and medication sheets are up to date. • Arrange investigations and chase up results. Ensure the registrar is aware of abnormal results. • Attend and participate in Grand Rounds with case presentations etc as requested. • Participate in the after-hours ward roster <p>Ward Rounds</p> <ul style="list-style-type: none"> • Ward rounds commence usually after 0700 hrs handover • Ward rounds or team handover will also be conducted in the afternoon following the completion of operating lists with reasonable working hours. <p>Discharges</p> <ul style="list-style-type: none"> • 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. <p>Handover</p> <ul style="list-style-type: none"> • At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients. <p>Theatre:</p> <ul style="list-style-type: none"> • Review lists in the morning and book imaging for any patients where this is required for the procedure. • Attend OT when able, surgical skills, writing of operation reports and operative decision making are not the priority, however, is an important educational opportunity in the term.
<p>SUPERVISION: <i>Identify staff members with responsibility for JMO supervision and the mechanisms for contacting them, including after hours. Contact details</i></p>	<p>Primary Supervision</p> <p>IN HOURS:</p> <ul style="list-style-type: none"> • Contact Calvary urology registrar via phone or pager or by attending OT as primary contact. • Where necessary contact Consultant directly. <p>AFTER HOURS:</p> <ul style="list-style-type: none"> • Calvary General surgical registrar • Canberra Urology registrar on call • Urology consultant involved or consultant on call <p>Other Specialties:</p> <p>In hours:</p> <ul style="list-style-type: none"> • Medical issues: Call Med reg on call. • Endocrine Issues: Call Endocrine consultant (Dr Droste or Dr Iyer) on call. • Surgical issues: call your Reg. • Infectious Disease Issues: Call ID Reg (SMR) • Pain issues: call the APS nurse or Anaesthetic Reg on call (they always have a deck phone). • Patient needs ICU but not sick enough for MET call – ICU liason Nurse or ICU Reg.
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<p>STANDARD TERM OBJECTIVES:</p> <p><i>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.</i></p>	<p>CLINICAL MANAGEMENT:</p> <p>The JMO should strive to have undertaken the following by the end of this Term:</p> <p>Clinical</p> <ul style="list-style-type: none"> • History and general examination of Urological patients with particular reference to their urological problems • 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 Competence in the management of intercurrent medical problems in more elderly urological patients • Common Urological problems which should be understood in terms of pathology, clinical features, diagnosis and treatment Benign prosthetic hyperplasia • Prostate Cancer • Bladder Cancer, both superficial and advanced • Stone disease, both renal, ureteric and bladder calculi • Obstructive Nephropathy and post obstructive diuretic management Post-TURP syndrome and management. <p>Procedural</p> <ul style="list-style-type: none"> • IV Cannulation • Insertion of urethral catheters • Management of blocked irrigation catheters • Principles of sterile techniques, ie; gowning, gloving, patient preparation for surgery • Indwelling Catheter (IDC) • 3 way irrigation. <p>Educational</p> <ul style="list-style-type: none"> • See teaching program.
	<p>COMMUNICATION:</p> <p>The JMOs should strive to have improved on:</p> <ul style="list-style-type: none"> • Patient interaction • Patient information note taking Liaising with patient family members • Working as member of a team • Communicating with senior consultants • Communicating with other health care professionals regarding longer term patient management.
	<p>PROFESSIONALISM: a high standard is expected</p> <p>The JMOs should strive to improve to:</p>

	<ul style="list-style-type: none"> • Communicate and participate effectively in a multidisciplinary clinical team • Develop skills in the setting of personal learning goals and their achievement through self-directed continuing medical education and supervised practice • Update skills in information technology relevant to clinical practice • Gain more knowledge in the collection and interpretation of clinical data • Understand the principles of evidence-based practice of medicine and clinical quality assurance techniques • Further understand medical ethics and confidentiality and the medico-political and medico-legal environment. • Understand the institution's policy on bullying in the workplace
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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
AM	0700-0715	Handover	Handover	Handover	Handover	Handover
	0715-0800	Ward round	Ward round	Ward round	Ward round	Ward round
Lunch			1330-1530 PGY Protected Education Program at Calvary	1200 Grand Rounds		
PM						
	1600	Handover MAPU Room	Handover MAPU Room	Handover MAPU Room	Handover MAPU Room.	Handover MAPU Room.

Theatre Lists:

		Week 1	Week 2	Week 3	Week 4
Monday	AM		SM		SM
	PM		SM		SM
Tuesday	AM	AAS	DG	AAS	
	PM		DG	AAS	AAS
Wednesday	AM	RC			DG
	PM	RC			DG
Thursday	AM		KH	KH	RC
	PM		KH	KH	RC
Friday	AM		MK	MK	KH
	PM		MK		KH

PATIENT LOAD:

Average number of patients looked after by the JMO per day

3-10 patients on the ward

OVERTIME*Average hours per week***ROSTERED:** 5.1 hours**UNROSTERED:** Average of 4 hours per fortnight which can change due to seasonal changes of activity.**EDUCATION:***Detail education opportunities and resources available to the JMO during the term. Formal education opportunities should also be included in the unit timetable.*

JMOs are encouraged to attend as many educational events as possible.

- Ongoing education is provided during ward rounds in form of bedside teaching by Staff Specialists/Consultants
- Tuesday afternoon teaching at Calvary. This is protected time. Interns are required by CRMEC and AHPRA to attend a minimum of 80% of the teaching sessions.
- Calvary JMO surgical teaching program, run weekly.
- Wednesday lunchtime Grand Rounds at Calvary.

ASSESSMENT AND FEEDBACK:*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.*

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:**Scope of Practice:**

http://connect.calvarycare.org.au/committees/CHCBrucePolicyCommittee/_layouts/15/WopiFrame.aspx?sourcedoc=/committees/CHCBrucePolicyCommittee/Shared%20Documents/Health%20Professional%20Credentialling%20policy.docm&action=default&DefaultItemOpen=1

Term Supervisor Signature:



Date:

