

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: Goulburn Base Hospital

TERM NAME: Obstetrics and Gynaecology

TERM SUPERVISOR: Dr Swati

Mahajan Phone :

CLINICAL TEAM:

*Include **contact details** of all relevant team members*

Dr Swati Mahajan

Ph:

ACCREDITED TERM FOR :

	Number	Core/Elective	Duration
PGY1			
PGY2+	1	Elective	12 – 14 weeks

OVERVIEW OF UNIT OR SERVICE

Include outline of the role of the unit, range of clinical services provided, case mix etc.

The Obstetrics and Gynaecology term at Goulburn Base Hospital provides JMOs with exposure to a range of obstetric and gynaecological practice from involvement with normal births, to witnessing more complex births, to being involved in a good collection of various gynaecological pathologies.

The term is supervised by a very active Obstetrician and Gynaecologist, who is readily available when needed by the JMO with respect to these patients.

Goulburn Base Hospital has a 10 bed maternity unit with approximately 300 births per year.

	<p>Goulburn Base Hospital has two operating theatres. Operating sessions are held either in the morning or afternoon; there is no specifically designated emergency list. The Obstetrics and Gynaecology JMO is expected to attend all operating sessions conducted by Dr Mahajan where possible.</p> <p>Operating Times: Monday morning Wednesday afternoon Elective caesarean sections (sometimes) – as per availability of theatre time</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 JMO in the Obstetric and Gynaecological surgical term is expected to have the skills one would normally associate with a JMO at PGY2 level. The JMO should be competent in venepuncture, intravenous cannulation, and cardiac resuscitation. The JMO should possess reasonable skills in physical examination, and should be able to diagnose and liaise with the VMO concerning management of common post operative complications.</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>A detailed orientation to Goulburn Base Hospital occurs on the first day of the Term. The information of which JMOs need to be aware is covered during this time in oral and power point presentations with associated handouts. The VMO supervisor and the Nurse Unit Manager of the Maternity Unit then provide a specific orientation about the work of the unit.</p>
<p>JMOs CLINICAL RESPONSIBILITIES AND TASKS:</p> <p><i>List routine duties and responsibilities including clinical handover</i></p>	<ol style="list-style-type: none"> 1. See all new patients admitted under Dr Mahajan as soon as is practicable, and document clinical findings and a plan of management in the patient's notes. 2. Attend all ward rounds conducted by Dr Mahajan and document any observed alterations in each patient's condition. Organise any investigations requested by the VMO, and follow up results. Implement any changes in management suggested by the VMO. 3. Perform the procedures required as part of the management of the patient such as urinary catheterisation or speculum examination (with supervision from a more senior doctor if inexperienced at a given procedure). 4. Notify the VMO of any new admissions, Ultrasound, X-ray or pathology results if abnormal, or any sudden deterioration in a patient's condition (rapid response call) 5. Assist during operating theatre sessions performed by Dr Mahajan wherever possible. 6. Communicate with patients and their relatives. 7. Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines. 8. Ensure that discharge summaries are completed in a concise and timely manner. 9. Ensure that each patient has an accurate list of their discharge medications at the time of discharge and appropriate follow up has organised. 10. Present a case on one occasion during the term at the Thursday Lunchtime Clinical Meeting (usually towards the end of term). 11. Attend as many formal education sessions as possible. 12. Undertake rostered overtime (on duty and on-call)

<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>Supervision is provided during normal hours directly by the consultant responsible for the patient. Questions with respect to patient management should be directed to the consultant under whose care the patient has been admitted, except after hours where supervision is provided by the consultant on call. An on-call roster and list of contact numbers is kept on all wards and in the ED, or may be obtained via the switchboard before 2200 hours.</p> <p>There is also a CMO in the Emergency Department who may be consulted for advice if required. The CMO is considered to have a direct supervisory role in the absence of any other senior and or directly relevant medical supervisor (eg late at night).</p> <p>The hospital medical administrator, may be contacted if there are difficulties.</p> <p>WARD ROUNDS</p> <p>Dr Mahajan conducts ward rounds each day, usually within hours, and JMOs are expected to be present at each of these. These rounds are usually at 0800 hrs except Monday morning (Monday operating list starts at 0800hrs)</p> <p>Rounds/Surgery No of AMO Rounds per week – 5</p> <p>No of AMO Rounds attended by JMOs – as many as time permits</p> <p>No of operating sessions per week – 2 to 3</p> <p>No of operating sessions attended by JMOs – as many as time permits</p> <p>AFTER HOURS: The term involves participation in an after-hours roster. Besides the relevant on-call VMO, or sometimes the patients AMOs, the CMOs in the ED are available to supervise.</p>
<p>STANDARD TERM OBJECTIVES: <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 ACFID. The term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<ol style="list-style-type: none"> 1. To develop competence in utilising the patient management and procedural skills listed above to assess obstetric patients and undertake normal deliveries and evaluate and manage effectively and safely, patients with common gynaecological diseases. 2. To develop an understanding of the complex interaction of physical, psychological, social and cultural factors that determines the specific clinical problems of an individual patient especially obstetrics patients. 3. To develop effective communication skills, both with patients and their relatives and with other health care professionals.
	<p>A . Patient Management</p> <ol style="list-style-type: none"> 1. Assessment of the obstetric/gynaecological patient using appropriate history taking and physical examination including speculum and pelvic examination. 2. Appropriate ordering of laboratory tests and subsequent interpretation of results. 3. Understand the principles of the approach to the normal birth and undertake a number of normal deliveries in the course of the term supervised by midwives or VMO. 4. Recognition and management of common post-operative complications such as bleeding, sepsis, DVT, delirium, respiratory problems such as atelectasis and paralytic ileus. 5. Understand the value and methods of working in a multi-disciplinary team. 6. Learn how to communicate effectively with patients and their relatives. <p>A. Practical Skills</p> <ol style="list-style-type: none"> 1. Urinary catheterisation. 2. Interpreting CTG results. 3. Speculum vaginal examinations eg in patients with threatened premature labour.

	<p>4. Suturing wounds/ surgical knot tying.</p> <p>5. Perform Pap smear test</p>
	<p>COMMUNICATION:</p> <ul style="list-style-type: none"> • Appreciate the value of working as team and the JMO's role in it. • Enhance the skills in building effective relationships with patients, families and staff thereby enabling effective communication. • Learn how to create clinical documentation which well sets out the medical details necessary for effective decision making about clinical care.
	<p>PROFESSIONALISM:</p> <ul style="list-style-type: none"> • To learn to assist in providing obstetric and gynaecological services through working in a multidisciplinary team which collectively provides these services. • To acquire knowledge and skills in managing normal births and in the approach to managing complicated births and standard gynaecological conditions. • To develop skills in continued self-directed learning and in the use of IT in relation to clinical practice. • To develop understanding of the practice of quality assurance through data interpretation.

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							
	08:00 – 12:30 Operating Theatre	08:00 – Ward Round	08:00 – Ward Round	08:00 – Ward Round	08:00 - Ward Round		
	12:30 – ward Round			11:00 - 12:00 Postnatal clinic	09:00 – 1300 High risk Antenatal clinic		
		09:00 – 1300 Antenatal clinic	11:00-12:00 Teaching/case discussion				
PM			13:00 – 17:00 Operating Theatre	13:00 – 14:00 Grand Rounds	14:00 – 1600 High risk Antenatal clinic		
	14:00 – 16:00 Formal Training						

PATIENT LOAD:

Average number of patients looked after by the JMO per day

5 – 10

OVERTIME

Average hours per week


ROSTERED: 6 hours per week

UNROSTERED: 4 hours per week.

<p>EDUCATION:</p> <p><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></p>	<p>A comprehensive formal education program has been set up for JMOs seconded to Goulburn Base Hospital. There is an expectation that JMOs will make every effort to attend as many of these educational activities as possible. The weekly schedule of these educational activities is shown in the timetable.</p> <p>The Monday afternoon tutorials are held in the JMO tutorial room, or as specified on the tutorial timetable, at 2.00pm till 4.00pm. This entails reviewing CD's of teaching supplied from The Canberra Hospital, under the direction of the DPET, and Face to Face Teaching.</p> <p>The Area Librarian generally gives one tutorial each term on the topic of <i>"Using The Internet and CIAP Medical Databases"</i>.</p> <p>On Thursdays at 1.00pm, a Lunchtime Grand Rounds is held in the Staff Education Centre. Sandwiches and coffee are provided every week. Both local speakers and invited guests present talks on a diverse range of topics of interest to medical practitioners.</p> <p>The hospital has 8 medical students from ANU who are here for the whole year and JMOs are encouraged to actively participate in their education where possible.</p> <p>In addition to the activities mentioned above, tutorials conducted by VMOs are often organised on an ad hoc basis.</p>
	<p>Educational Resources :</p> <p>The library contains a collection of texts, journals and videos, a photocopier and computer with printer. The library may be accessed 24 hours via a key held at reception. There is a TV/VCR in the Ros Noakes Room and computer with printer located in the open area outside the Ros Noakes Room. There is also a digital still camera kept in ED which may be borrowed for educational purposes. The hospital subscribes to Up-To-Date which can be accessed on all computers in the hospital.</p> <p>AMO Teaching : Dr Swati Mahajan</p>
<p>ASSESSMENT AND FEEDBACK:</p> <p><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></p>	<p>The term supervisor will provide formal assessment and feedback, at mid-term and at the end of term, using the Australian Medical Council's prescribed appraisal/assessment forms. In completing these forms, the Term Supervisor may consult with other members of the team (nurses and other professional staff).</p>
<p>ADDITIONAL INFORMATION:</p>	<p>We hope you have an enjoyable and rewarding stay in Goulburn.</p>

Term Supervisor Signature:

Date:



 Swati Mahajan

01/11/2017

