

## Prevocational Training Term Description: Urology

<b>Date of term description version</b>	March 2024
<b>Date term last accredited</b>	March 2021

### Term Details

<b>Facility</b>	Canberra Health Services				
<b>Term name*</b>	Urology				
<b>Term specialty*</b>	Surgery				
<b>Term location</b>	The Canberra Hospital				
<b>Classification of clinical experience in term*</b> (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
<b>Is this a service term?</b> Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
<b>Term duration (weeks)*</b>	12-14 weeks				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	2	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		The CRMEC has not placed any restrictions or limitations on this term	

### Term Supervision

<b>Term Supervisor (name and position)</b> Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.		Dr Anton Mare
<b>Clinical team supervision</b>	<b>Primary/Immediate Clinical Supervisor (name and position)</b> Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide	Dr. Simon McCredie Dr. Hodo Haxhimolla Dr. Hin Fan (Rex) Chan Dr. Muhammad Kahloon

	education, conduct EPAs and contribute to assessment.	Dr Kieran Hart Dr Daniel Gilbourd		
	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars and Advanced Trainees are available to provide day-to-day supervision.		
	<b>EPA Assessors</b> Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.		
<b>Clinical Team Structure*</b> Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other	
	Each PGY doctor will be allocated to a clinical team. In this term: <ul style="list-style-type: none"> <li>• JMOs are allocated to the ward</li> <li>• There are two accredited and two unaccredited registrars with 2 JMOs on the ward</li> <li>• Registrars cover theatre, emergency and clinic responsibilities whereas ward based care is by the JMOs with support from registrars and consultants</li> </ul>			

## Commencing the Term

<b>Requirements for commencing the term*</b> If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	No specific extra skills related to this position are required.
<b>Orientation</b> Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term</b>	<p>JMOs should contact their term supervisor or Dr. Chan during the week before they start to organise an orientation to the unit.</p> <p>It is also strongly recommended that the incoming JMO seek a handover from the outgoing JMO prior to starting.</p>

## Overview of the Unit

**The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are**

### Role of the Unit

- 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 principles of management of Urological patients
- To teach medical students, nursing staff and allied health professionals the related aspects of urological surgeries.

**Clinical responsibilities and tasks of the prevocational doctor**

Provide an overview of the routine duties and responsibilities

### JMO Responsibilities

#### *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 30 minutes before theatre/clinic/X-ray meetings, which means an earlier start on Wednesday and Thursdays (0630 hrs).
- 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 must attend.
- JMOs are encouraged to make time to attend theatre and outpatient clinics.
- JMOs are also responsible for arranging admissions from outpatient clinic via surgical booking office when necessary.
- JMOs will manage preoperative bacteriuria screening and treatment according to the bacteriuria protocol.
- JMOs should 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.
- The JMO is responsible for ensuring each operative patient has their X-rays available in the theatre (note that these are often now available on DHR).
- JMOs need to attend end-of-day ward round within reasonable hours and handover any outstanding issues to the on-call urology registrar and to the evening Surg Pod 1 JMO.

#### *Consultant Specific Requests*

- Participation in surgical audit meetings.
- Maintain a record of patient complications.

	<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 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 urology.</li> <li>• Registrars must be kept up to date with all relevant results and patient progress/ clinical stages.</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>• Team handover or round 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 discharged 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>
<p><b>Work Routine</b>          Provide an overview of the work routine</p>	<p>Work routine and tasks are outlined in more detail in the Rover guide.</p>

<b>Clinical handover procedure</b> Provide an overview of the handover procedure and expectations in this training term	Afternoon handovers are generally done with a registrar to ensure all jobs outlined during the morning ward round have been completed. Any problems in completing more time critical jobs should be highlighted to the registrar early during the day. Location of the afternoon handover may vary (e.g. on the ward, in clinic) and will be advised by the registrar (usually the on-call registrar).
<b>Safety</b>	OH&S, occupational violence and safety in pregnancy are covered in the JMO Handbook.  The Urology department supports Speaking Up For Safety of patients and staff.
<b>Opportunities for Indigenous Health</b>	Aboriginal and Torres Strait islander peoples may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

## Education, Learning and Assessment

<b>Term Learning Objectives</b> List the term-specific learning objectives*	<ul style="list-style-type: none"> <li>• Managing common urological conditions in an emergency and inpatient setting</li> <li>• Becoming familiar with catheterisation of the urinary bladder, including the use of different types of catheters for certain situations (e.g., 3-way catheters for continuous bladder irrigation)</li> <li>• Introduction to surgical audit and its role in reviewing surgical practice</li> </ul>
Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable	<p><b>General Mandatory Education</b></p> <ul style="list-style-type: none"> <li>• All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for JMOs.</li> <li>• RMO teaching is Thursdays 1300-1400. This is protected time for RMOs.</li> <li>• Venue and topics are confirmed by email earlier in the day.</li> <li>• During protected teaching, another staff member on the ward should hold the JMO's pager to ensure the continued running of the ward.</li> </ul> <p><b>Grand Rounds</b></p> <p>All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Consultant/Registrar is required to present on behalf of the Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p><b>Term-Specific Training</b></p> <ul style="list-style-type: none"> <li>• Wound care Management courses: (2-hour and 1 day) held at Staff Development Unit at TCH.</li> </ul> <p><b>Educational Resources</b></p> <p>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></p> <p>There are clinical pathways available for:</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>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</b></p>	<p><b>EPA 1</b> Clinical Assessment</p>	<p><b>EPA 2</b> Recognition and care of the acutely unwell patient</p>	<p><b>EPA 3</b> Prescribing</p>	<p><b>EPA 4</b> Team communication – documentation, handover and referrals</p>

### Term/Unit Timetable and Indicative Duty Roster\* JMO is not expected to attend clinic or OT

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor are expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>7.00 Ward Round</b>  Week 1 AM – OT Dr McCredie/ Dr Gilbourd PM – OT Dr McCredie - Clinic Dr Gilbourd  Week 2 AM – OT Dr Hart PM – Clinic Dr Hart  Week 3 AM – OT Dr McCredie/Dr Hart PM – OT Dr McCredie/Dr Hart  1300 – Monday Shorts JMO Teaching  Week 4 AM – OT Dr Hart PM – OT Dr Gilbourd – Clinic Dr Hart	<b>7.00 Ward Round</b>  Week 1 AM-OT Dr Kahloon-Clinic Registrar PM-OT Dr Kahloon – Clinic  Week 2 AM-OT Dr Chan – Clinic Registrar PM Clinic Registrar  Week 3 AM and PM– OT Dr Chan  <b>14.30-16.00 Intern teaching</b>  Week 4 AM-OT Dr Chan -Clinic Dr Kahloon PM-OT Dr Chan-Clinic Dr Kahloon	<b>6.30 Ward Round</b>  <b>7.00 X-ray meeting</b>  Week 1 AM-OT Dr Haxhimolla PM-OT Dr Haxhimolla  Week 2 AM-Clinic Registrar PM-Clinic Registrar  Week 3 AM-OT Dr Haxhimolla  PM-OT Dr Haxhimolla - Clinic Dr Chan  Week 4 AM-OT Dr Kahloon PM-OT Dr Kahloon - Clinic Dr Chan	<b>6.30 Ward Round</b>  <b>7.00 Uro-oncology MDT</b>  Week 1 AM- Clinic Dr Haxhimolla PM-OT Dr Chan - Clinic, Reg  Week 2 AM and PM-OT Dr Kahloon  <b>13.00-14.00 RMO teaching</b>  Week 3 AM and PM-OT Urologist  Week 4 AM-OT Dr Mare	<b>7.00 Ward Round</b>  Week 1 AM-OT Dr McCredie  Week 2 AM-OT Dr Gilbourd -Clinic Registrar PM-OT Dr Gilbourd  Week 3 AM-Clinic Registrar, OT Dr Gilbourd PM-Clinic registrar  Week 4 AM-Clinic Dr Gilbourd	<b>Overtime as per Surg Pod 1 roster</b>	<b>Overtime as per Surg Pod 1 roster</b>



ACT Health



			PM-OT Dr Mare			
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<b>Patient Load</b> Average Per Shift	12-20 patients	
<b>Overtime</b>	Rostered overtime hours/week	8
	Unrostered overtime hours/week	6
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	<p>All JMOs are expected to work on the after-hours roster. <b>This term forms part of Surgical Pod 1 which encompasses:</b></p> <ul style="list-style-type: none"> <li>• <b>General Surgery 1;</b></li> <li>• <b>General Surgery 2;</b></li> <li>• <b>General Surgery 3;</b></li> <li>• <b>Emergency General Surgery unit;</b></li> <li>• <b>Cardiothoracic Surgery;</b></li> <li>• <b>Urology; and</b></li> <li>• <b>Relief positions.</b></li> </ul> <p>Whilst in a Pod you will have your regular direct term supervisor as outlined by this term description as well as an over-riding Pod supervisor, (the Prevocational Medical Education Officer (PMEO)), to facilitate the co-ordination of the working unit.</p> <p>Within your Pod you may have one or more weeks of evening shifts and a week of night shifts. For the evening shift you will receive handover from all JMOs within Surgical Pod 1. As an evening PGY1/2 you may be called to commence work earlier in the day should the patient load require it.</p> <p>A week of night shifts may also occur during your term. Following this you will be allocated 3 days off, 1 rostered ADO, 1 day off, 2 days on call and then return to your normal roster. Alternatively, arrangements can be made to allow for leave provided adequate notice is provided (often prior to the start of term).</p> <p>JMOs will also be expected to do approximately three to five Surg Pod 1 weekend/public holiday shifts throughout the term.</p> <ul style="list-style-type: none"> <li>• Note: The rostering of the routine JMOs (SP 1 and SP 2.1) and an extra (SP 2.2A&amp;D) on Saturdays is different to the rest of the after-hours rostering for Surg Pod 2. SP1 covers SP1 units as usual, SP 2.1 will cover all SP2 units and SP 2.2 will be responsible for all admissions and discharges for both SP1 and SP2.</li> <li>• On Sundays, the SP1 and SP2 will cover their respective units (without an extra, as is currently the case).</li> </ul> <p>By working after hours shifts, you will be part of a team providing 24-hour care for patients within your Pod. You will also be more aware of the specialist and</p>	

registrar plans as you will be working in a small unit of specialties on a day-to-day basis. You will participate in a more focused handover and utilise relevant discharge/case mix 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.

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 specialty's teaching programme. All interns are expected to attend mandatory intern teaching (required for completing internship) held every Tuesday afternoon and the same for RMOs on Thursday afternoon.

After Hours Support/Supervision is provided by the ward medical registrar (M1) and, if necessary, the on-call specialty physicians.

You may wish to also review the Surgical Pod 1 term description.

### List Other Relevant Documentation

Intern job description  
RMO job description  
JMO Handbook