Prevocational Training Term Description: Women & Babies

Date of term description version	October 2023
Date term last accredited	March 2021

Term Details

Facility	Canberra Health Services				
Term name*	Women and Babies (Obstetrics and Gynaecology)				
Term specialty*	Obstetrics and Gynaecology				
Term location	The Canberra Hospital				
Classification of clinical experience in term* (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)
Is this a service term? 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
Term duration (weeks)*	12-14 weeks (depending on term dates)				
Term accredited for	PGY1 and PGY2			PGY2 Only	
Total number of prevocational training places	5	**Limitations/conditions** In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There are no limitation or conditions on this training term.	

Term Supervision

Term Supervisor (name and position) 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 Jenna Linehan (Staff Specialist) Dr Danica Vress (Staff Specialist) Dr Toni Tse (Staff Specialist)
Clinical team supervision	**Primary/Immediate Clinical Supervisor (name and position)** 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 Jenna Linehan (Staff Specialist) Dr Danica Vress (Staff Specialist) Dr Toni Tse (Staff Specialist)

	education, conduct EPAs and contribute to assessment.			
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Dr Emma O'Shea Dr Steve Adair Dr Omar Adham Dr Liz Gallagher Dr Roberto Orefice Dr Roopendra Banerji Prof. Stephen Robson Dr Farah Sethna Dr Anil Nair Dr Sumi Saha Rotating Registrars Rotating SRMOs		
	EPA Assessors 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.		
Clinical Team Structure* 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. The work is allocated evenly across the 3 O&G teams. The RMOs are also allocated to nights, and rotate between nights and their clinical ward team.		

Commencing the Term

Requirements for commencing the term* 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.	Basic Clinical Training. It would be appreciated if JMOs could prepare themselves for the O&G term by reviewing the key components of antenatal, post-natal and gynaecological history taking. We will also supply them our survival guide " Everything Obstetrics and Gynaecology 2023" which details the running of the wards as well as management of all the common clinical scenarios they will encounter. We also supply some pre reading on postnatal care, and for the RMOs free access to an online perineal suturing course which is ideally completed before the start of term. Note: Female urinary catheterisation will be learnt in theatre.
Orientation Include detail regarding the arrangements	There is a formal orientation program, organised by the Clinical Director of O&G, your term supervisor, and the senior registrar to

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. **The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term**	introduce the JMO to the O&G world. This usually takes place on the Monday of Week 1 and takes about half the day. Please ensure you turn up on time for this orientation. Following the orientation you will then start on the ward in the afternoon.

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	**The O&G Department provides care for:** • Around 3700 women a year in childbirth • Pregnant women with medical conditions unrelated to their pregnancy • Women who present with a wide range of issues, both medical and surgical • Women who present to: ➢ Emergency Department ➢ Walk-in patients to the Birthing Unit ➢ Early pregnancy Assessment Unit (EPAU) ➢ Maternity Assessment Unit (MAU) ➢ Maternal Foetal Medicine Department (MFM - subspecialty unit) • Comprehensive gynaecological services that includes: ➢ Early pregnancy care ➢ Colposcopy ➢ Gynae-oncology ➢ Uro-gynaecology ➢ General gynaecology ➢ Complex Pelvic Pain Consultants and Registrars provide consultation services to all units in the hospital, and PGY2+ who are on duty are expected to be involved with management as required. The Unit is involved in medical education with the ANU Medical Program. Year 4 medical students undertake clinical placements within the Obstetrics and Gynaecology department. The unit is actively involved in research, both in clinical and in basic science areas.
Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities	JMO responsibilities include: • Documenting both antenatal and postnatal ward rounds; Ward rounds start promptly at 7:30. • Follow up on post ward round jobs; • Preparing and finalising discharge summaries including medication reconciliation, prescriptions and any pathology forms required; • After the ward work is completed, the JMO can attend the maternal assessment unit (MAU) or Antenatal and gynae clinics to see patients.
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO survival Guide.

Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	For those on night shift or weekends, Birthing suite Handover is 08:00 and 20:00 on level 3.
Safety	**Occupational Violence** While rare, occupational violence is a risk in all departments. JMOs should: • Always maintain a clear exit path from the bedspace when seeing patients. • Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button). **Workplace OH&S** • Do not operate specialist equipment without training. **Pregnancy** PGY1/2 who are pregnant or trying to conceive should be aware of the following: • Where possible, ensure immunisations are up to date prior to conception. • Always follow precautions indicated for specific patients and apply precautions for patients with suspected but not yet confirmed infections. • Rigorous adherence to the 5 moments of hand hygiene is essential to maintain patient and clinician safety. • Be aware of blood borne viruses and report any needlestick injuries immediately to the Occupational Medicine Unit. • Take care with patients who may have communicable infections associated with congenital infection (e.g. varicella-zoster, CMV, parvovirus) and discuss with your supervisor options for reducing risk of infection. • Avoid collateral exposure to radiation (e.g. step out of the room for mobile X-ray and do not enter radiology rooms/angiography suite during scans). • Avoid drawing blood from patients who have recently had nuclear medicine scans (e.g. PET scans, MAG 3) - please contact radiology to determine what physical distancing measures are required as this is dependent on the type of scan/isotope used. • Be alert around patients who are delirious, confused or known to have previously engaged in violence. The Departments of Obstetrics and Gynaecology support Speaking Up For Safety of patients and staff.
Opportunities for Indigenous Health	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

Term Learning Objectives List the term-specific learning objectives*	**CLINICAL MANAGEMENT** By the completion of this term the JMO may expect to acquire the following knowledge: **Clinical** • Develop the ability to conduct a thorough antenatal, postnatal and gynaecological history and examination • Gain exposure to intrapartum care (PGY 2+ only) • Develop procedural skills in O&G including speculum examination, basic ultrasound (PGY 2+) and suturing (PGY 2+) • Understand the nature of pregnancy and the various complications that can present • To develop a comprehensive understanding of investigation and management of conditions that arise during pregnancy, as well as a normal pregnant and labouring woman • Develop confidence in the management of common gynaecological conditions. **Understand and be able to evaluate the clinical syndromes of:** • Early pregnancy bleeding • Post-operative care of gynaecological patients • Normal pregnancy • Antenatal bleeding, threatened premature labour or premature rupture of membranes • Hypertension in pregnancy • The process of normal labour • The process of Induction of labour • The potential complications of a variety of surgical procedures, and the consent process for those operations • Understand the appropriate use of drug therapy in pregnant women and lactating women • Understand the concept of a clinical care team and the role of other health professionals and the importance of functional assessment and social support systems in managing pregnancy and gynaecology • Gain knowledge of legal issues including consent, mental competence, guardianship legislation, enduring power of attorney, duty of care. **Procedural** • Become proficient in assessment of early pregnancy bleeding e.g. speculum examination (PGY 2+) • Gain exposure to labour Skills e.g. induction of labour, ARM, vaginal examination (PGY 2+) • Gain exposure to post-labour Skills e.g. repair of simple perineal tears (PGY 2+) • Basic obstetric ultrasound (PGY 2+) • Be exposed to gynaecological surgical assistance • Be exposed Caesarean section assistance • Be exposed to contraceptive device insertion

Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable	**General Mandatory Education** • All interns are expected to attend the mandatory Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for PGY1. • Mandatory RMO (PGY2) teaching is Thursdays from 1300-1400. This time is protected for PGY2 JMOs. • Non mandated, non protected JMO teaching also occurs at 1300 on Mondays as part of the 'Monday Shorts' teaching program. • Venue and topics are confirmed by email earlier in the day. • Other team members, including registrars or JMOs are to continue the clinical work required in the absence of the attending JMO to prevent delay from completion of their clinical shift due to attending teaching. **Grand Rounds:** All JMOs are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Registrar is required to present on behalf of the unit. **Term-Specific Training** • JMOs are closely supervised by registrars and specialist • Mandatory JMO departmental teaching is 08:30-09:00 on Mondays. All interns/ RMOs/ SRMOs are expected to attend and it will start promptly after morning handover (for night and birthing team) and Ward JMOs will round prior with their team, but leave ward rounds early to arrive in time. Each JMO is expected to present a case once in the term, and topics are allocated at the beginning of the term. • JMOs are welcome to attend all registrar teaching sessions when time permits (Thursday afternoons). **Educational Resources** A comprehensive range of reference material is held in the hospital library and is available on the Intranet. • Protocols and Clinical Pathways are available on all computers in the unit, covering both Gynaecology and Obstetric practices • Gynaecology/obstetric and subspecialty texts available for reference from Department/PA • Workshops (JMOs need to find cover for themselves when these workshops are held in-hours): • Perineal trauma (held 3-4 times per year) • PROMPT (multidisciplinary management of obstetric emergenices) • Fetal surveillance education program (need to apply for this) • JMOs are encouraged to read handouts of recent journal articles provided on topics of clinical relevance to this term. • GynZone- Online suturing platform providing education and courses in perineal repair (RMOs will be given access at the beginning of the term) **AMO Teaching**

	Bed-side teaching is provided by all Consultants on their individual ward rounds. **Registrar Teaching** The unit has up to 12 Registrars. There is also teaching conducted by the Senior Registrars and the Maternal Fetal Medicine Fellow.			
During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)	**EPA 1** Clinical Assessment	**EPA 2** Recognition and care of the acutely unwell patient	**EPA 3** Prescribing	**EPA 4** Team communication – documentation, handover and referrals

Term/Unit Timetable and Indicative Duty Roster*

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
7.30 Ward Rounds 8.00 O&G Clinical Handover (Birthing and acute gynae teams only) 08:30-09:00 Departmental JMO teaching 1300 – Monday Shorts JMO Teaching Ward duties 4pm: Finish Nights RMO 8pm Handover 8pm-8am Clinical duties.	7.30 Ward Rounds 8.00 O&G Clinical Handover (Birthing and acute gynae teams only) Ward duties 12.15-13.00 High Risk Meeting 14.30-16.00 Intern teaching session Nights RMO 8pm Handover 8pm-8am Clinical duties.	7.30 Ward Rounds 8.00 O&G Clinical Handover (Birthing and acute gynae teams only) Ward duties 4pm: Finish Nights RMO 8pm Handover 8pm-8am Clinical duties.	7.30 Ward Rounds 8.00 O&G Clinical Handover (Birthing and acute gynae teams only) Ward duties 12.30-13.30 multi-disciplinary meeting 1300-1400 Mandatory RMO teaching 16.30 Wk 3 monthly obs M&M Meeting Week 2 Bimonthly Gynae M&M meeting Nights RMO 8pm Handover	7.30 Ward Rounds 8.00 O&G Clinical Handover (Birthing and acute gynae teams only) 08:30-09:00 Departmental JMO teaching Ward duties 4pm: Finish Nights RMO 8pm Handover 8pm-8am Clinical duties.	8.00-8.30 O&G Clinical Handover And as per After-hours roster 08:00-16:00 WARD RMO/ intern shift 08:00-20:30 DAY Birthing RMO/SRMO shift 20:00-08:30 Night Birthing RMO/SRMO shift	8.00-8.30 O&G Clinical Handover And as per After-hours roster 08:00-16:00 WARD RMO/ intern shift 08:00-20:30 DAY Birthing RMO/SRMO shift 20:00-08:30 Night Birthing RMO/SRMO shift

			8pm-8am Clinical duties.			

Patient Load Average Per Shift	10 – wards PGY1 and 2 Variable numbers – Acute services/PGY2 Discharge summaries shared between all JMOs	
Overtime	Rostered overtime hours/week	8 a fortnight
	Unrostered overtime hours/week	0-5
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: • Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) • Onsite supervision available after hours 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.	Interns: Currently no weekday afterhours work, but every second weekend interns are rostered to 1-2 ward afterhours shifts (8 hour shifts). Interns do not do Nights. If they work a full weekend they are given the Monday off. RMOs: RMOs work on a rotating roster which includes nights and weekends. Nights and worked 7 days on/ 7 days off. Weekend RMO shifts are usually ward shifts (8 hours), but may also be birthing/ acute shift (12 hours). There is at least 1 Registrar on site after hours, and an on call consultant who will be onsite in the mornings for wards rounds then as needed. There is usually also 1-2 SRMOs on site. The Ward RMO is responsible for managing the postnatal ward round and discharges, with high-risk patients being escalated to the Registrar on so they can be seen by the consultant or registrar. Well postnatal patients with no medical with spontaneous vaginal births remain under the care of the midwives and do not need to be routinely seen. There may also be postnatal patients on the antenatal ward. These are also the responsibility of the Ward RMO/intern. The antenatal and Gynae pts will be seen by the Consultant on call on the morning ward round. The ward JMO may be required to help with this round. Ward work (discharge summaries, tests be ordered etc) for these patients is shared between the ward JMO and acute/birthing JMO (balancing the work load of both). Weekend Birthing RMO/ SRMO will generally remain in close contact with the on call registrar throughout the day and help with birthing and antenatal and gynae ward rounds, will see the birthing postnatal patients and complete ward work and discharge summaries for the patients on birthing and (along with ward JMO) ward patients. They will also see MAU patients and assist in theatre and at instrumental births and perform perineal suturing under supervision, or alone if credentialled.	

List Other Relevant Documentation
Intern job description

RMO job description JMO Handbook O&G JMO survival Guide