

Prevocational Training Term Description: Obstetrics and Gynaecology

Date of term description version	April 2024
Date term last accredited	May 2020

Term Details					
Facility	Goulburn Base Hospital				
Term name*	Obstetrics and Gynaecology				
Term specialty*	Obstetrics and Gynaecology				
Term location					
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)*	One term (12-14 weeks)				
Term accredited for	PGY1 and PGY2		PGY2 Only		
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	This term is not accredited for afterhours work, except the on-call theatre cover roster.		

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 Swati Mahajan
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 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.	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors in this term who have undertaken EPAs training can assess EPAs
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
	The O&G team consists of the VMO O&G consultant and the O&G RMO.	

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. The JMO in the Obstetrics and Gynecology surgical term is expected to have the skills one would normally associate with a JMO at PGY2 level. The JMO should be competent in venipuncture, 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.
Orientation 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. The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term	Prior to commencing the rotation, the JMO will attend two days of orientation conducted by various Departments of Goulburn Base Hospital. The orientation program includes a half day introduction which outlines patient flows and geographical location and orientation of wards, equipment, facilities etc. The JMO will also receive an introduction to administration and IT systems. The JMO will be provided with time to do Mandatory Training as well. A separate orientation for the O&G term will be conducted within the first two days. It will be conducted either by the VMO O&G Consultant or NUM of the O&G ward.

Overview of the Unit

<p>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</p>	<p>Goulburn Base Hospital has a 10 bed maternity unit with approximately 300 births per year. 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 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.</p> <p>The term is supervised by a speciality Obstetrician and Gynaecologist, who is readily available when needed by the JMO with respect to these patients. The unit is also supported by a GP Obstetrician – Dr R. McConnell. 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>Clinical responsibilities and tasks of the prevocational doctor Provide an overview of the routine duties and responsibilities</p>	<ul style="list-style-type: none"> • 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- power chart. • Attend all ward rounds conducted by Dr Mahajan and document any observed alterations in each patient's condition. Organize any investigations requested by the VMO, and follow up results. Implement any changes in management suggested by the VMO. • Perform the procedures required as part of the management of the patient such as urinary catheterization or speculum examination (with supervision from a more senior doctor if inexperienced at a given procedure). • 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) • Assist during operating theatre sessions performed by Dr Mahajan wherever possible. • Communicate with patients and their relatives. • Ensure medication charts are kept up to date and accurate in accordance with current NSW Department of Health guidelines. • Ensure that discharge summaries are completed in a concise and timely manner. • Ensure that each patient has an accurate list of their discharge medications at the time of discharge and appropriate follow up has organised. • Present a case on one occasion during the term at the Thursday Lunchtime Clinical Meeting (usually towards the end of term).
<p>Work Routine Provide an overview of the work routine</p>	<ol style="list-style-type: none"> (1) Attend ward round under the supervision of Dr Mahajan (2) Attend high risk antenatal clinic (3) Attend theatre to assist Dr Mahajan (4) Conduct normal ward duties e.g. reviewing patients, discharging patients, admitting patients and requesting for consults. All will be done under the supervision of Dr Mahajan.

<p>Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term</p>	<p>(1) Obtain handover from the ward and the night O&G consultant at 0800. (2) Provide O&G handover to the night O&G consultant at 1600.</p>
<p>Opportunities for Indigenous Health</p>	<p>Aboriginal and Torres Strait islander patients may present 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. The JMOs will have opportunities to have education on Indigenous Health including</p> <ul style="list-style-type: none"> (a) 1 session in weekly teaching (b) 1 grand rounds on Indigenous Health (c) Mandatory Training on Indigenous Health

Commented [EH1]: Update this text if it is not appropriate or add more details if you know more about exposure to Indigenous Health in this term

<h2 style="color: red;">Education, Learning and Assessment</h2>	
<p>Term Learning Objectives List the term-specific learning objectives*</p>	<p>Learning Objectives are mapped according to Prevocational Outcome Statement by Australian Medical Council</p> <p>Domain 1: Practitioner</p> <ul style="list-style-type: none"> • To develop skills in assessing obstetric/gynaecological patient using appropriate history taking and physical examination including speculum and pelvic examination to facilitate normal deliveries and evaluate and to manage effectively and safely, patients with common gynaecological diseases. • 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. • To understand the value and methods of working in a multi-disciplinary team, developing effective communication skills, both with patients and their relatives and with other health care professionals. • To develop skills in appropriate ordering of laboratory tests and subsequent interpretation of results. • To understand the principles of the approach to the normal birth and undertake several normal deliveries in the course of the term supervised by midwives or VMO. • To recognize and manage common post-operative complications such as bleeding, sepsis, DVT, delirium, respiratory problems such as atelectasis and paralytic ileus. • To develop skills in the following procedures: <ul style="list-style-type: none"> ○ Urinary catheterisation ○ Interpreting CI Gresults ○ Speculum vaginal examinations eg in patients with threatened premature labour ○ Suturing wounds/ surgical knot tying ○ Perform Cervical screening test

	<p>Domain 2: Professional and Leader</p> <ul style="list-style-type: none"> (1) Develop ability to manage time and workload demands. (2) Develop ability to work collaboratively with other healthcare professionals. <p>Domain 3: Health Advocate</p> <ul style="list-style-type: none"> (1) Develop skills to perform basic health promotions including but not limited to eating healthily, maintain healthy lifestyle, smoking and alcohol cessation. (2) Develop understanding on how to apply who-of-person-care including physical, emotional, social, economic, cultural, spiritual and geography location factors. In particular, in this rural rotation, JMOs are expected to learn on how rurality will affect our day to day clinical decision making. (3) Develop an understanding of Indigenous health and apply knowledge of Aboriginal and Torres Strait Islander people's culture and past events that might affect our day to day clinical decision making. <p>Domain 4</p> <ul style="list-style-type: none"> (1) Develop an ability of critically appraise the scientific literature. This is the main objective of the journal club. (2) JMOs will be given the opportunity to be involved in clinical audits if they are interested. At the time of writing, this is not a mandatory requirement. 			
<p>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term.</p> <p>Formal education opportunities should also be included in the unit timetable</p>	<p>O&G RMO will have clinical teaching from 1400 to 1600 on Monday evening with the O&G consultant.</p> <p>Besides that they will have</p> <ul style="list-style-type: none"> (1) Formal Teaching <ul style="list-style-type: none"> (a) Time – Wednesday 1330 to 1500. Time can vary depending on the presenters. (b) Place – Thomas Marsden Room (c) Expectation – JMOs are expected to attend this education session which is protected time (paediatric registrar will carry your pager). (2) Thursday Grand Rounds <ul style="list-style-type: none"> (a) Time – 1pm on Thursdays (b) Place – Teams Meeting (c) Expectations – JMOs are expected to attend this session and present in 1 grand round during their rotation under the supervision of VMO. In addition, there will be local and outside speakers to provide good educational opportunities for the JMOs. 			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p>EPA 1 Clinical Assessment</p>	<p>EPA 2 Recognition and care of the acutely unwell patient</p>	<p>EPA 3 Prescribing</p>	<p>EPA 4 Team communication – documentation, handover and referrals</p>

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
8.00-12.30 Operating Theatre 12.30 Ward Round 14.00-16.00 Teaching	8.00-12.00 Antenatal clinic 12.30 Ward Round	8.00-12.00 High risk Antenatal clinic 12.00 Ward Round 12.30-16.30 Operating Theatre	8.00 Ward Round 10.00-11.00 Teaching/case discussion 11.00-12.00 Postnatal clinic 13.00-14.00 Grand Rounds	8.00-12.00 High risk Antenatal clinic 12.00 Ward Round		

Patient Load Average Per Shift	5-10	
Overtime	Rostered overtime hours/week	10 hours on average
	Unrostered overtime hours/week	0
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> • 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.	O&G RMO is expected to do 1 in 5 surgical theatre on-call. Otherwise, there is no weekend or weekday after hours shifts. This term is not accredited for after hours rosters, excepting on-call theatre cover as per below.	

List Other Relevant Documentation
Intern job description RMO job description Rover Guide