

Prevocational Training Term Description: Obstetrics & Gynaecology

Date of term description version	January 2024
Date term last accredited	April 2022

Term Details

Facility	North Canberra Hospital (NCH)				
Term name*	Obstetrics & Gynaecology				
Term specialty*	Obstetrics & Gynaecology				
Term location	Level 3 Marion Building				
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	4	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There is a requirement to maintain a <u>minimum</u> number of 3 PGY2 doctors required in this term at any one time		

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 Bhatiya Hannedege	
Clinical team supervision	Primary/Immediate Clinical Supervisors (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.	Dr Bhatiya Hannedege Staff Specialist Dr Murad Al-Aker Clinical Director Dr Uchefuna Menakaya, VMO Dr Roji Ahuja VMO Dr Sonia Hossain VMO Dr Ben Stephens VMO

		Dr Sim Hom Tam VMO The assigned day consultant is available to review tasks as needed.	
	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	<ul style="list-style-type: none"> • A registrar is assigned to review tasks as needed. • The Office of the Unit Director and Staff Specialist is located on the ward, and operates with an 'open door' policy, so they are available if there are any concerns or to provide additional support. • Ward 3S other clinical staff. 	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors and registrars must have completed EPA training to be an EPA assessor.	
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
	JMOs will work with a consultant or registrar. The work is allocated evenly among the team members. 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.	<p>The JMO staff are assumed to have general medical skills commensurate with a resident medical officer of their level.</p> <p>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.</p>
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.	<p>Start of term Orientation delivered by Medical Administration.</p> <p>Mandatory ward orientation with CNC of the department.</p> <p>Orientation is organised in the first week for Theatres which includes scrubbing and gloving techniques.</p> <p>Ward Orientation:</p> <ul style="list-style-type: none"> • 0730- Attend handover in Nancy's room- SR +/- Head of department • 0830 - Ward orientation, book well-baby check credentialing with Paediatrician. PGY will be required to be achieve proficiency in this task as judged by the paediatrician by the end of their first week. • 1300-1430 - Meet with Department director, review unit schedule, responsibilities, expectations, 1st port-of-call for support for each area, and triggers to call them.

- 1430-1530 Complete orientation - Birth Suite, Birth Centre, Gynae Clinic, Antenatal clinic, Theatres
- 1530-1600 Review

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

North Canberra Hospital (NCH) maternity serves predominantly for the north side of Canberra and surrounding NSW. Births average 1700 per year. Births focus on low to medium risk patients, with higher-risk patients generally attend Canberra Hospital Health Services (CHHS). This setting provides an ideal environment for a PGY to gain experience in the type of obstetric care that is undertaken in general practice shared-care arrangements. It also provides exposure to peripartum care of a standard that would provide an excellent introduction to specialty training. Antenatal clinics are run twice weekly, and the hospital also provides a community midwifery service. Obstetrics services are supported by a level 2 Nursery. Medical Staff trained in neonatal resuscitation routinely attend all elective and emergency caesarean sections. A term in obstetrics and gynaecology at a middle level hospital like NCH provides an almost unique opportunity for PGY's to become part of a multidisciplinary team providing care that is supportive, procedural and social. This in the backbone of general practice for trainees interested in women's health, but also provides a stepping stone for trainees who have an interest in the specialty and wish to proceed further. Few other specialties allow junior trainees to have direct, supervised procedural experience.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

Junior doctors can expect to undertake the following:

- Daily ward rounds
- Daily reviews of postoperative gynaecology patients (3S and 4W)
- Admissions and discharge processes for maternity and gynaecology patients and neonates
- Writing and considered review of drug charts, completion and checking of discharge summaries
- Monitoring of pathology and ultrasound results for all clinical areas including clinics.
- "Well baby checks", following training and assessment of competency by Paediatricians. All abnormal or uncertain results will be referred to the Paediatricians. Baby checks to be completed in advance in anticipation of a weekend discharge.
- Assistance of the 'on-call' registrar –this will result in experience including management of outpatient attendances in both birth (delivery) suite and emergency department – this would include procedures such as perineal suturing (conducted only under the direct supervision of a registrar or specialist following appropriate training).
- Assistance in theatre

	<ul style="list-style-type: none"> • Attendance at antenatal clinics (Monday PM- GDM/high risk clinic Wednesday PM/Thursday AM) • Attendance at Outpatient gynaecology clinics (Monday AM/Wednesday AM and Friday PM)
Work Routine Provide an overview of the work routine	<ul style="list-style-type: none"> • Junior doctors will accompany the assigned registrar and day consultant on the morning round. • Junior doctors will attend antenatal clinic two out of four weeks as supernumerary. They will be allocated their own patients and present them to either the registrar or consultant.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>Morning Handover Daily 0730 -0800 at Nancy's room Afternoon Handover Daily 1230 – 1300 at Birth Suite Evening Handover Daily 2030 - 2100 at Birth Suite</p> <p>To ensure continuity of patient care, the junior doctors handover relevant clinical details to the next junior doctor on shift and receive information from the junior doctor on the previous shift. The junior doctor must ensure that an effective handover occurs, not only to afterhours junior doctors but at the end of term, to the next rotating junior doctor.</p>
Opportunities for Indigenous Health	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.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives* Note: The listed education opportunities should address all learning objectives	CLINICAL MANAGEMENT By the completion of this term the JMO may expect to acquire the following knowledge: Clinical <ul style="list-style-type: none"> • 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.
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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

Communication learning objectives:

- To be able to communicate effectively with patients and their relatives regardless of their backgrounds, clinical condition or level of anxiety. This is particularly important, as it is often the first opportunity for JMOs to have direct experience with patients in prolonged pain and with high levels anxiety.
- To communicate effectively with all hospital staff facilitating a team approach to patient care. Clinical obstetrics, in particular, calls for close attention to the multidisciplinary team.

Professionalism learning objectives:

- To show enthusiasm and initiative for learning and research.
- To be willing to teach and assist other staff.
- To be punctual, reliable and honest and to behave in an ethical manner to patients and other staff.
- To be prompt and efficient in the management of work and with good prioritisation of tasks.

	<ul style="list-style-type: none"> To show a sense of commitment to the unit, patient care and other members of the team. 			
<p>Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.</p> <p>Formal education opportunities should also be included in the unit timetable and should address the learning objectives for the term</p>	<p>JMOs are encouraged to attend as many educational events as possible.</p> <p>The following general education is available:</p> <ul style="list-style-type: none"> BLS training will take place in Week 1 or 2 of the term. Tuesday afternoon teaching. This is protected teaching. Wednesday lunchtime Grand rounds. <p>The following O&G-specific education is delivered in this term:</p> <ul style="list-style-type: none"> Tuesday Morning (1000-1100) RMO teaching O&G Multidisciplinary Education Session : Every Tuesday (1300-1400) at Nancy’s room- Topics- Basic gynaecology & obstetrics related topics, discussions on guidelines/policies Lecture Every other week Wednesdays (1600-1700)at Nancy’s room presented by a Registrar, a senior registrar or a consultant- Obstetrics & Gynaecology related new developments, researches and audits 			
<p>During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)</p>	<p style="text-align: center;">EPA 1</p> <p style="text-align: center;">Clinical Assessment</p>	<p style="text-align: center;">EPA 2</p> <p style="text-align: center;">Recognition and care of the acutely unwell patient</p>	<p style="text-align: center;">EPA 3</p> <p style="text-align: center;">Prescribing</p>	<p style="text-align: center;">EPA 4</p> <p style="text-align: center;">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, evening shifts or weekend shifts attach four weeks of rosters for the whole junior doctor team **Day shift: 0730-1600. Evening shift:1200-2200, Weekend:0730-1600**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0730 Handover 0800 Registrar/ Consultant Ward round 0900 Outpatient Clinic	0730 Handover 0800 Registrar/ Consultant Ward round 1000-1100 Education Session	0730 Handover 0800 Registrar/ Consultant Ward round 0900 Outpatient Clinic	0730 Handover 0800 Registrar/ Consultant Ward round 0900 Antenatal Clinic	0730 Handover 0800- Registrar/ Consultant Ward round	0730 Handover 0800- Registrar/ Consultant Ward round	0730 Handover 0800- Registrar/ Consultant Ward round
1230-1300 Handover 1300-1700: High risk ANC (GDM)	1230-1300- Handover 1300-1500 Education Program 1300-1400 Multidisciplinary Education Session	1230-1300 Handover 1200 – 1300 Grand Rounds 1300- Antenatal Clinic 1600- 1700: Teaching/Lecture	230-1300 Handover	1230-1300 Handover 1300 Outpatient Clinic	1600 Handover	1600 Handover
2030- 2100 Handover	2030- 2100 Handover	2030- 2100 Handover	2030- 2100 Handover	2030- 2100 Handover		

Patient Load Average Per Shift	15-25	
Overtime	Rostered overtime hours/week	5.65 hours per week
	Unrostered overtime hours/week	4 hours per fortnight which can change due to seasonal changes or activity.
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.	<p>The RMO rostered to O&G participates in evening and weekend rostered hours. During this time there is an O&G registrar available onsite 24/7/365 who are the immediate supervisor the O&G RMOs. In addition to the Registrar there is also rostered O&G Consultant available via switch at all times.</p> <p>Each RMO will be rostered to 1 in 4 weeks on evening and weekend rostering; a total of 15 evening shifts and 6 weekend shifts.</p> <p>When rostered to work on Saturday and Sunday shift (0730 – 1600) the RMO will have the Monday off as an RDO, roster extract below.</p>	

List Other Relevant Documentation

RMO job description
 Scope of Practice