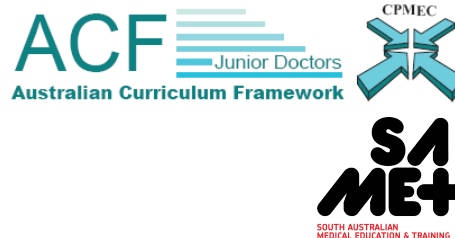


# Lyell McEwin Hospital

## Term Description



Term Descriptions are designed to provide important information to junior doctors 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 junior doctor.

<b>FACILITY</b>	<b>Lyell McEwin Hospital</b>
<b>TERM NAME</b>	<b>Obstetrics and Gynaecology (PGY2)</b>
<b>TERM SUPERVISOR</b>	<b>Dr. Carmel Cocchiaro</b>
<b>CLINICAL TEAM</b> <i>Include contact details of all relevant team members</i>	<p>Dr Martin Ritossa, Divisional Director (Medical) &amp; Head of Gynaecology Page: 6304 Email: <a href="mailto:Martin.Ritossa@sa.gov.au">Martin.Ritossa@sa.gov.au</a></p> <p>Dr Simon Kane, Head of Obstetrics Page: 6075 Email: <a href="mailto:Simon.Kane@sa.gov.au">Simon.Kane@sa.gov.au</a></p> <p>Dr Jeremy Chipchase, O&amp;G Consultant Page: 6305 Email: <a href="mailto:Jeremy.Chipchase@sa.gov.au">Jeremy.Chipchase@sa.gov.au</a></p> <p>Dr Alphonse Roex, O&amp;G Consultant / Clinical Academic Page: 6044 Email: <a href="mailto:Alhponse.Roex@sa.gov.au">Alhponse.Roex@sa.gov.au</a></p> <p>Prof Gus Dekker, O&amp;G Consultant / Clinical Academic Page: 6074 Email: <a href="mailto:Gus.Dekker@sa.gov.au">Gus.Dekker@sa.gov.au</a></p> <p>Dr Alex Hubczenko, O&amp;G Consultant Page: 6026 Email: <a href="mailto:Alex.Hubczenko@sa.gov.au">Alex.Hubczenko@sa.gov.au</a></p> <p>Dr Anupam Parange, O&amp;G Consultant Page: 6131 Email: <a href="mailto:Anupam.Parange@sa.gov.au">Anupam.Parange@sa.gov.au</a></p> <p>Dr Anna Limgenco, O&amp;G Consultant Page: 6141 Email: <a href="mailto:Anna.Limgenco@sa.gov.au">Anna.Limgenco@sa.gov.au</a></p> <p>Dr Alison Munt, O&amp;G Consultant Page: 47386 Email: <a href="mailto:Alison.Munt@sa.gov.au">Alison.Munt@sa.gov.au</a></p> <p>Dr Carmel Cocchiaro, O&amp;G Consultant Page: 6460 Email: <a href="mailto:Carmel.Cocchiaro@sa.gov.au">Carmel.Cocchiaro@sa.gov.au</a></p> <p>Dr Kate Walsh, O&amp;G Consultant Page: 6159 Email: <a href="mailto:Kate.Walsh@sa.gov.au">Kate.Walsh@sa.gov.au</a></p> <p>Dr Anna Bof, O&amp;G Consultant Page: Contact through LMHS Switch (818 29000)</p> <p>Dr Wye Yee Herbert and Dr Jane Baird, Family Advisory Unit</p>

	Page: Contact through LMHS Switch (818 29000) Emails: <a href="mailto:Wyeyee.Herbert@shinesa.org.au">Wyeyee.Herbert@shinesa.org.au</a> and <a href="mailto:Jane.Baird@sa.gov.au">Jane.Baird@sa.gov.au</a>										
<b>ACCREDITED TERM FOR</b>	<table border="1" data-bbox="480 241 1417 367"> <thead> <tr> <th data-bbox="480 241 683 304"></th> <th data-bbox="683 241 919 304">NUMBER</th> <th data-bbox="919 241 1177 304">CORE/ELECTIVE</th> <th data-bbox="1177 241 1417 304">DURATION</th> </tr> </thead> <tbody> <tr> <td data-bbox="480 304 683 367">PGY2</td> <td data-bbox="683 304 919 367">5*</td> <td data-bbox="919 304 1177 367">ELECTIVE</td> <td data-bbox="1177 304 1417 367">24 / 12 WEEKS</td> </tr> </tbody> </table> <p data-bbox="480 398 1479 533"> <b>* including 1 x PGY2 from TQEH</b>            Accredited for Obstetrics placement predominately PGY2 &amp; 3            Terms 6 months, occasionally 12 months, some requests for GP trainees 3 months.         </p>				NUMBER	CORE/ELECTIVE	DURATION	PGY2	5*	ELECTIVE	24 / 12 WEEKS
	NUMBER	CORE/ELECTIVE	DURATION								
PGY2	5*	ELECTIVE	24 / 12 WEEKS								
<b>OVERVIEW OF UNIT OR SERVICE</b> <i>Include outline of the role of the unit, range of clinical services provided, case mix etc.</i>	<p data-bbox="480 629 1479 763">           During this term you will gain clinical and procedural experience in the areas of management of pregnant women &amp; gynaecology. This is achieved through the outpatient antenatal and gynaecology clinics, labour ward and ward duty sessions.         </p> <p data-bbox="480 795 1479 1077">           There are currently 13 RMO positions rotating through one week each of:           <ul style="list-style-type: none"> <li>• Clinics (antenatal &amp; gynaecology)</li> <li>• Labour ward</li> <li>• Ward duties (i.e. post natal and antenatal ward) and discharge summaries</li> <li>• Theatre &amp; LSCS</li> <li>• Nights</li> </ul>           After the night duty rotation there are a number of days off.         </p> <p data-bbox="480 1108 1479 1211">           Although 3 month terms have been offered, 6 month rotations are the ideal length in order to gain sufficient competence and confidence in obstetrics and gynaecology.         </p> <p data-bbox="480 1243 1479 1310">           The Department of Obstetrics &amp; Gynaecology provides tertiary specialist clinical services in the areas of :         </p> <ul style="list-style-type: none"> <li>• Gynaecological inpatient procedures - approximately 2000 / year</li> <li>• Gynaecology surgery</li> <li>• Endoscopic surgery</li> <li>• Colposcopy &amp; IUCD insertions</li> <li>• Urodynamic sessions</li> <li>• General gynaecology clinics</li> <li>• Emergency gynaecology surgery procedures</li> </ul> <p data-bbox="480 1624 1479 1691">           In addition -           <ul style="list-style-type: none"> <li>• Births - in excess of 3000 deliveries per annum</li> </ul> </p> <p data-bbox="480 1724 1479 1892">           The unit works closely with Medical Imaging Department and Department of Emergency Medicine. It actively participates in the undergraduate gynaecology and surgical curriculum of the University of Adelaide and supports a number of postgraduate research students undertaking study in the area of women's reproductive health.         </p> <p data-bbox="480 1926 1479 2094">           Clientele : Female : teenagers - elderly presenting with variety of reproductive problems ie-menorrhagia, postmenopausal bleeding, urinary incontinence, infertility, dysmenorrhoea, abnormal pap smears, pelvic floor prolapse. Acute gynaecological presentations in Emergency Medicine ie pelvic pain, pelvic infection (PID/STI). Acute presentations to Women's         </p>										

	<p>Assessemnt Unit due to complications of early pregnancy.</p> <p>Opportunities available for exposure to high-risk pregnancy antenatal care (not a requirement of the gynaecology core rotation)</p>																								
<p><b>REQUIREMENTS FOR COMMENCING THE TERM:</b> <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>It is expected that the RMO will have an understanding of the principles of obstetrics and gynaecology consistent with the level attained at the completion of internship.</p> <p>RMOs wishing to sit their Diploma RANZCOG need to prospectively apply to the RANZCOG once they have been notified by the hospital of being successful in obtaining a 6 month position. The approval from RANZCOG needs to be obtained before commencing the position.</p>																								
<p><b>ORIENTATION</b> <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 junior doctor.</i></p>	<p>Orientation to the Department of Obstetrics &amp; Gynaecology with oversight by Term Supervisor. On the first day of the term PGY2s are generally given a physical orientation tour by the senior registrar.</p> <p>Orientation Resources include :</p> <ul style="list-style-type: none"> <li>• Departmental handbook</li> <li>• Local policies, protocols and guidelines available electronically &amp; print copies inpatient &amp; outpatient areas</li> <li>• Orientation to the local clinical emergency procedures</li> <li>• Workshop with the OACIS clinican liaison officer (Irene Schluter)</li> <li>• Statement of general clinical duties and standard required of JMO (inclusive in Unit Term Description)</li> <li>• Statement of the learning responsibilities of junior doctors</li> <li>• Statement of assessment procedures (inclusive in Unit Term Description)</li> <li>• Personal support procedures / mechanisms</li> </ul>																								
<p><b>JUNIOR DOCTOR'S CLINICAL RESPONSIBILITIES AND TASKS</b> <i>List routine duties and responsibilities including clinical handover</i></p>	<p>Attend morning formal handover at 0800 hrs sharp (if night RMO attend handover 2000 hrs sharp).</p> <p>Rostered Hours – 13 positions rotating</p> <table border="0" data-bbox="480 1518 1437 1738"> <tr> <td>BAUH</td> <td>0800 - 2100 (2 x half hour breaks)</td> <td>total 12.00 hours</td> </tr> <tr> <td>AM Shift (only)</td> <td>0800 - 1230 (0 breaks)</td> <td>total 04.50 hours</td> </tr> <tr> <td>PM Shift (only)</td> <td>1300 - 1700 (0 breaks)</td> <td>total 04.00 hours</td> </tr> <tr> <td>Day Shift</td> <td>0800 - 1700 (1 x half hour break)</td> <td>total 08.50 hours</td> </tr> <tr> <td>LSCS</td> <td>0800 - 1300 (0 breaks)</td> <td>total 05.00 hours</td> </tr> <tr> <td>Emerg B</td> <td>1230 - 2130 (1 x half hour break)</td> <td>total 08.50 hours</td> </tr> <tr> <td>Evening Shift (only)</td> <td>1700 - 2100 (0 breaks)</td> <td>total 04.00 hours</td> </tr> <tr> <td>Night Shift</td> <td>2000 - 0900 (2 x half hour breaks)</td> <td>total 12.00 hours</td> </tr> </table> <p>The RMO is required to provide the day-to-day management of inpatients and outpatients under the care of the Department of Obstetrics and Gynaecology and in partnership with other junior medical officers in the Department. The RMO will be under the direct supervision of the Department's Registrars, Consultants and Residents and the RMO is encouraged to maintain close liaison with their senior colleagues at all times.</p> <p>Specific responsibilities are:</p>	BAUH	0800 - 2100 (2 x half hour breaks)	total 12.00 hours	AM Shift (only)	0800 - 1230 (0 breaks)	total 04.50 hours	PM Shift (only)	1300 - 1700 (0 breaks)	total 04.00 hours	Day Shift	0800 - 1700 (1 x half hour break)	total 08.50 hours	LSCS	0800 - 1300 (0 breaks)	total 05.00 hours	Emerg B	1230 - 2130 (1 x half hour break)	total 08.50 hours	Evening Shift (only)	1700 - 2100 (0 breaks)	total 04.00 hours	Night Shift	2000 - 0900 (2 x half hour breaks)	total 12.00 hours
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Night Shift	2000 - 0900 (2 x half hour breaks)	total 12.00 hours																							

	<ul style="list-style-type: none"> <li>• Contribute to Handover 0800hr sharp weekdays</li> <li>• Participate in daily ward rounds including the presentation of patients</li> <li>• Attend pre-admission and gynaecology clinics as required</li> <li>• Participate in weekly divisional meetings, tutorials &amp; teaching sessions</li> <li>• Assist in elective &amp; emergency gynaecology theatre as required</li> <li>• Assist registrars in the preparation of audits for Quality Assurance in Gynaecology</li> <li>• Antenatal Clinics</li> <li>• Labour Ward sessions</li> <li>• Assist with antenatal and post natal care</li> <li>• Assist at C-Sections</li> </ul>
<p><b>SUPERVISION</b>  <i>Identify staff members with responsibility for Junior Doctor Supervision and the mechanisms for contacting them, including after hours. Contact details provided should be specific for that Term.</i></p>	<p><b>IN HOURS</b>  Registrar allocated to specific Gynaecology Consultant who patient is admitted under. Documentation relating to Registrar roster / clinic responsibilities available in all inpatient and clinic areas. Page numbers are clearly displayed. In the event that the RMO is unable to contact the Registrar of the unit, the RMO should page the O&amp;G Registrar rostered for Emergency or the Labour Ward Registrar. Generic pager numbers for these two duty positions are clearly displayed. Further lines of contact are the consultant of the unit directly or the duty O&amp;G consultant for the day.</p> <p><b>AFTER HOURS</b>  Night Shifts and weekend work is supervised by Registrars with a consultant on-call.</p>
<p><b>STANDARD TERM OBJECTIVES</b>  <i>The Term Supervisor should identify the knowledge, skills and experience that the junior doctor should expect to acquire during the Term. This should include reference to the ACFJD. The Term objectives should be used as a basis of the mid and end of Term assessments.</i></p>	<p>The RMO is expected to organise and meet with his/her Term Supervisor to discuss personal learning objectives. In addition to this, the learning objectives that can be achieved during the obstetric and gynaecology rotation include the following:</p> <p><b>CLINICAL MANAGEMENT</b></p> <ul style="list-style-type: none"> <li>• Appropriate clinical skills including history, physical examination &amp; assessment relevant to obstetric and gynaecology problems &amp; early pregnancy problems in order to make a provisional diagnosis</li> <li>• Use of appropriate investigations to exclude &amp; support diagnoses</li> <li>• Understanding the appropriate use of various imaging and laboratory investigations</li> <li>• Able to organise, synthesise and act on information gained from patient and other sources to exhibit sound clinical judgement and decision making</li> <li>• Identifies and can justify the patient management options for common clinical problems and conditions</li> <li>• Effective admission &amp; discharge planning for elective surgical patients</li> <li>• Pre-admission clinic - Attend, complete paperwork for elective gynaecology cases</li> <li>• Arrange requisite investigations &amp; follow up results. Venepuncture &amp; insert IV cannulae as required</li> </ul>

	<ul style="list-style-type: none"> <li>• Peri-operative management of surgical patients including the management of fluid, electrolyte and nutritional requirements, post-operative pain relief, antibiotics, DVT prophylaxis</li> <li>• Able to perform simple procedures competently, understanding the indications for and risks of the procedures undertaken</li> <li>• Understand, anticipate and prevent common post-surgical complications</li> <li>• Able to act effectively in emergency situations</li> <li>• Prepare for Handover with guidance from senior staff</li> <li>• Review all obstetric and gynaecology inpatients on daily basis under guidance of registrars &amp; consultants</li> <li>• Complete obstetric and gynaecology discharge summaries in a timely fashion, for review by registrar</li> <li>• Surgical assisting skills &amp; basic suturing skills</li> </ul>
	<p><b>COMMUNICATION</b></p> <ul style="list-style-type: none"> <li>• Communication skills with peers, allied health professionals , patients and carers (verbal &amp; non-verbal)</li> <li>• Ability to establish rapport and be empathetic with patients</li> <li>• Documentation standards which are authentic, timely, structured relevant &amp; legible</li> <li>• Able to use information technology to access key information, clinical practice guidelines &amp; evidence based medicine</li> <li>• Presents cases effectively to senior medical staff &amp; other health professionals</li> <li>• Competency with ward based clinical &amp; administrative procedures</li> <li>• Contributes effectively within a team of health care personnel</li> <li>• Aware of responsibilities associated with handover</li> </ul>
	<p><b>PROFESSIONALISM</b></p> <ul style="list-style-type: none"> <li>• Demonstrates non-discriminatory approach to patient care</li> <li>• Behaves in ways which acknowledge social, economic &amp; political factors in patient illness</li> <li>• Maintains appropriate standard of professional practice &amp; works within personal capabilities</li> <li>• Development of prioritisation and effective time management strategies</li> <li>• Prioritises workload to maximise patient outcomes and health service function.</li> <li>• Actively seeks opportunities to learn from clinical practice</li> <li>• Commitment to self-assessment and continuing medical education</li> <li>• Willing to be involved in the teaching of others including undergraduate medical students on rotation in the department</li> <li>• Able to demonstrate the principles of self-care and aware of duty of care for colleagues</li> </ul>

## 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.

Refer to attached sample RMO roster to see variations on each day.

	SAT	SUN	MON	TUE	WED	THU	FRI
AM	Possible ward round post theatre patients	8.00 Ward Round	8.00 Handover and Ward Round	8.00 Handover and Professorial Ward Round	8.00 Handover and Ward Round  Divisional Grand Round Meeting	8.00 Handover and Ward Round	8.00 Handover and Ward Round  PGY2 Obstetric Tutorial
			Theatre	Theatre or Women's Assessment Unit (emergency)	Theatre	Ward	Antenatal Clinic
PM	Weekends - 1 in 7  Nights - 1 in 7 followed by a week off		Ward	Ward	LSCS list		Ward Supervisor Informal meeting
				Gynae. Clinic		Ward / Admin / Audit	

### PATIENT LOAD:

*Average number of patients looked after by the junior doctor per day*

Variable depends on the day of the week  
4-6 gynaecology patients as well as up to 8 LSCS patients

### OVERTIME

*Average hours per week*

#### ROSTERED

38.00hrs

#### UNROSTERED

Minimal. May be called upon if exceptionally busy in Obstetrics

### EDUCATION

*Detail education opportunities and resources available to the junior doctor during the Term. Formal education opportunities should also be included in the unit timetable.*

The RMO is expected to meet with his/her Term Supervisor to discuss opportunities to achieve stated learning objectives. Training and learning opportunities are provided during:

- Registrar ward rounds
- Consultant ward rounds
- Weekly unit meeting
- Weekly Grand Round meeting for Division of O&G
- Weekly PGY2 /3 (RMO) tutorial but suitable for PGY1 (RMO)
- Bi-weekly Multidiscipline high-risk Obstetric meeting (clinical meeting but also ample opportunity for teaching during clinical discussion of obstetric patients with medical problems)
- Fortnightly consultant tutorials
- Weekly Medical Grand Round for the hospital
- Weekly RMO Education Session (protected time)
- Outpatient sessions

	<ul style="list-style-type: none"> <li>• Operating Theatre sessions</li> <li>• 3 monthly gynaecology complication audit</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• LMH Library</li> <li>• Intranet /Internet access to Library &amp; data bases</li> <li>• Extensive personal library of Professor /Head of Division O &amp; G</li> <li>• Access the South Australian Peri-natal Guidelines</li> <li>• Facilities &amp; support from LMH Postgraduate Medical Education Unit</li> </ul>
<p><b>ASSESSMENT AND FEEDBACK</b></p> <p><i>Detail arrangements for formal assessment and feedback provided to junior doctor during and at the end of the Term. Specifically, a mid-term assessment must be scheduled to provide the junior doctor with the opportunity to address any shortcomings prior to the end-of-term assessment.</i></p>	<p>The division of Obstetrics and Gynaecology offers an “Open door policy” which the Term Supervisor, Head of Gynaecology &amp; Head of Women's &amp; Children's Division support and are available should the RMO have concerns / require additional support during the term.</p> <p>A formal assessment of the RMO’s performance will be carried out at the end of the term by the supervisor in consultation with other staff in the department. Blank assessment forms will be emailed to you by the Medical Education Unit or outside the Medical Management Facilitator’s office.</p> <p>It is the responsibility of the RMO to ensure that the end-of-term assessment is completed and returned to the Medical Management Facilitator. Reminders are emailed out 4 weeks prior to the end of term by the Medical Management Facilitator.</p>
<p><b>ADDITIONAL INFORMATION</b></p>	

\*\*\*\*\*ATTACH RELEVANT CHECKLIST FOR ACFJDs TO THIS TERM DESCRIPTION\*\*\*\*\*

## SAMPLE DEPT O&G RMO ROSTER 2016

WEEK 1	RMO 1	RMO 2	RMO 3	RMO 4	RMO 5	RMO 6	RMO 7	RMO 8	RMO 9	RMO 10	RMO 11	RMO 12	RMO 13	INTERN
<b>Sat</b> 23rd Aug		BAUH		Ward Emerg							off	Nights		
<b>Sun</b> 24th Aug			BAUH		Ward Emerg						off	Nights		
<b>Mon</b> 25th Aug	M-ANC M-PAC	M-Triage M-GYN	M-OT M-Triage	BAUH BAUH BAUH	Off Off	Emerg Emerg	ANC Off	LSCS Off	Ward Ward		off	Emerg B Emerg B	Triage Triage	OT OT
<b>Tues</b> 26th Aug	M-Triage M-Triage	M-ANC M-Off	Off Off	Emerg Emerg	LSCS Off	Triage Triage	GYN (K) Off	ANC Off	BAUH BAUH BAUH		off	Ward Ward	Emerg B Emerg B	Ward Ward
<b>Wed</b> 27th Aug	Off Off	M-Triage M-Triage	M-ANC M-Gyn	GYN (Roe) Off	Emerg Emerg	Off Off	Ward Ward	ANC Gyn (Rit)	Emerg B Emerg B		off	Triage Triage	BAUH BAUH BAUH	LSCS Off
<b>Thurs</b> 28th Aug	M-ANC M-Off	Off Off	M-Triage M-Triage	ANC Gyn (C/M)	Emerg B Emerg B	Emerg Emerg	BAUH BAUH BAUH	Triage Traige	Off		off	LSCS Off	Ward Ward	PAC/Ward Emerg
<b>Fri</b> 29th Aug	LMH - OT LMH - OT	M-Triage M-Triage	M-Off M-Off	Off Off	ANC Mirena	Ward Ward	Emerg Emerg	BAUH BAUH BAUH	Triage Triage		off	Emerg B Emerg B	LSCS Off	PAC/Ward Emerg
<b>Notes:</b>														

WEEK 2	RMO 1	RMO 2	RMO 3	RMO 4	RMO 5	RMO 6	RMO 7	RMO 8	RMO 9	RMO 10	RMO 11	RMO 12	RMO 13	INTERN
<b>Sat</b> 30th Aug						Ward Emerg					Off	BAUH		
<b>Sun</b> 31st Aug	BAUH										Off		Ward Emerg	
<b>Mon</b> 1st Sept	M-ANC M-PAC	M-Triage M-GYN	M-RO M-RO	Emerg B Emerg B	LSCS Off	BAUH BAUH	Off Off	Emerg Emerg		Off	Ward Ward	Triage Triage	ANC Off	OT OT
<b>Tues</b> 2nd Sept	M-Triage M-Triage	M-ANC M-Gyn	M-Gyn M-Off	Emerg Emerg	BAUH BAUH BAUH	Triage Triage	LSCS Off	GYN (K) Off		Off	Emerg B Emerg B	Off Off	Off Off	Ward Ward
<b>Wed</b> 3rd Sept	Off Off	M-Triage M-Triage	M-ANC M-Gyn	Ward Ward	Triage Triage	Emerg Emerg	GYN (Roe) Gyn (Rit)	ANC Off		Off	BAUH BAUH BAUH	Off Off	Emerg B Emerg B	LSCS Off
<b>Thurs</b> 4th Sept	M-ANC M-Gyn	Off Off	M-Triage M-Triage	LSCS GYN (C/M)	Emerg B Emerg B	Emerg Emerg	Off Off	Triage Triage		Off	Ward Ward	BAUH BAUH BAUH	ANC Off	PAC/Ward Emerg
<b>Fri</b> 5th Sept	M-Triage M-Triage	LMH - OT LMH - OT	M-Gyn M-Off	Off Off	ANC Off	LSCS Off	Emerg Emerg	Ward Ward		Off	Triage Triage	Emerg B Emerg B	BAUH BAUH	PAC/Ward Emerg
<b>Notes:</b>														



## SAMPLE DEPT O&G RMO ROSTER 2016

WEEK 3	RMO 1	RMO 2	RMO 3	RMO 4	RMO 5	RMO 6	RMO 7	RMO 8	RMO 9	RMO 10	RMO 11	RMO 12	RMO 13	INTERN
<b>Sat</b> 6th Sept		BAUH		Ward Emerg		RO					off	Nights		
<b>Sun</b> 7th Sept			BAUH		Ward Emerg						off	Nights		
<b>Mon</b> 8th Sept	M-ANC M-PAC	M-Triage M-GYN	M-OT M-Triage	BAUH BAUH BAUH	Off Off	Emerg	ANC Triage	LSCS Off	Ward		off		Triage Off Emerg B	OT OT
<b>Tues</b> 9th Sept	M-Triage M-Triage	M-ANC M-Off	Off Off	GYN (K) Off	LSCS Off	BAUH BAUH	Emerg Emerg	ANC Off	Triage Triage		off	Ward Ward		Ward Emerg B Emerg B
<b>Wed</b> 10th Sept	Off Off	M-Triage M-Triage	M-ANC M-Gyn	GYN (Roe) Off	Emerg Emerg	Off	BAUH BAUH	ANC Gyn (Rit)		Emerg B Emerg B		off	Triage Triage	Ward Ward LSCS Off
<b>Thurs</b> 11th Sept	M-ANC M-Off	Off Off	M-Triage M-Triage	Triage Triage		Emerg Emerg B Emerg B	Ward Ward	ANC Gyn (C/M)	Off		off	LSCS Off	BAUH BAUH BAUH	PAC/Ward Emerg
<b>Fri</b> 12th Sept	LMH - OT LMH - OT	M-Triage M-Triage	M-Off M-Off	Triage Triage	ANC Off	Ward	RO	BAUH BAUH	Emerg Emerg		off		LSCS Mirena Emerg B Emerg B	PAC/Ward Emerg
<b>Notes:</b>														

WEEK 4	RMO 1	RMO 2	RMO 3	RMO 4	RMO 5	RMO 6	RMO 7	RMO 8	RMO 9	RMO 10	RMO 11	RMO 12	RMO 13	INTERN
<b>Sat</b> 13th Sept		BAUH	RO			RO		RO	RO				Ward Emerg	
<b>Sun</b> 14th Sept			RO			BAUH						Ward Emerg		
<b>Mon</b> 15th Sept	M-ANC M-PAC	M-Triage M-GYN	M-OT M-Triage	Triage Triage	LSCS Off	Off	BAUH BAUH	Emerg B Emerg B		Off	Emerg Emerg	Ward Ward	ANC Off	OT OT
<b>Tues</b> 16th Sept	M-Triage M-Triage	M-ANC M-Gyn	M-Gyn M-Off	Triage Triage	BAUH BAUH	Emerg Emerg	LSCS Off	Emerg B Emerg B		Off	Gyn (K) Off	Off Off	Off Off	Ward Ward
<b>Wed</b> 17th Sept	M-OT Off	M-Triage M-Triage	M-ANC M-Gyn	Ward Ward	Triage Triage	Emerg Emerg	GYN (Roe) Gyn (Rit)	ANC Off		Off	BAUH BAUH	Off Off	Emerg B Emerg B	LSCS Off
<b>Thurs</b> 18th Sept	M-ANC M-Gyn	Off Off	M-Triage M-Triage	Triage Triage		Anc Emerg B Emerg B	Emerg Emerg	LSCS GYN (C/M)		Off	Ward Ward	BAUH BAUH	Off Off	PAC/Ward Emerg
<b>Fri</b> 19th Sept	LMH - OT LMH - OT	M-Triage M-Triage	M-Gyn M-Off	Ward Ward	ANC Off	LSCS Off	Emerg Emerg	Off Off		Off	Triage Triage	Emerg B Emerg B	BAUH BAUH	PAC/Ward Emerg
<b>Notes:</b>														

# National Term Description Obs & Gynae (LMH - PGY2)

## CLINICAL MANAGEMENT

### Safe Patient Care

#### Systems

- Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- Uses mechanisms that minimise error e.g. checklists, clinical pathways
- Participates in continuous quality improvement e.g. clinical audit

#### Risk & Prevention

- Identifies the main sources of error & risk in the workplace
- Recognises and acts on personal factors which may contribute to patient and staff risk
- Explains and reports potential risks to patients & staff

#### Adverse Events & Near Misses

- Describes examples of the harm caused by errors & system failures
- Documents & reports adverse events in accordance with local incident reporting systems
- Recognises & manages adverse events & near misses (ADV)

#### Public Health

- Informs authorities of each case of a 'notifiable disease'
- Acts in accordance with the management plan for a disease outbreak
- Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)

#### Infection Control

- Practices correct hand-washing and aseptic techniques
- Uses methods to minimise transmission of infection between patients
- Rationally prescribes antibiotic/antiviral therapy for common conditions

#### Radiation Safety

- Minimise the risk to patient or self associated with exposure to radiological investigations or procedures
- Rationally requests radiological investigations and procedures
- Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)

#### Medication Safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes & administers medications safely
- Routinely reports medication errors & near misses in accordance with local requirements

### Patent Assessment

#### Patent Identification

- Follows the stages of a verification process to ensure the correct identification of a patient
- Complies with the organisation's procedures for avoiding patient misidentification
- Confirms with others the correct identification of a patient

#### History & Examination

- Recognises how patients present with common acute and chronic problems and conditions
- Elicits symptoms & signs relevant to the presenting problem or condition
- Undertakes and can justify clinically relevant patient assessments

#### Problem Formulation

- Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses
- Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions

- Regularly re-evaluates the patient problem list as part of the clinical reasoning process

#### Investigations

- Selects, requests and can justify investigations in the context of particular patient presentation
- Follows up and interprets investigation results appropriately to guide patient management
- Identifies and provides relevant and succinct information when ordering investigations

#### Referral & Consultation

- Identifies & provides relevant & succinct information
- Applies the criteria for referral or consultation relevant to a particular problem or condition
- Collaborate with other health professionals in patient assessment

### Emergencies

#### Assessment

- Recognises the abnormal physiology & clinical manifestations of critical illness
- Recognises & effectively assesses acutely ill, deteriorating or dying patients
- Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

#### Prioritisation

- Describes the principles of triage
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET
- Provides clinical care in order of medical priority

#### Basic Life Support

- Implements basic airway management, ventilatory & circulatory support
- Effectively uses semi-automatic and automatic defibrillators

#### Advanced Life Support

- Identifies the indications for advanced airway management
- Recognises malignant arrhythmias, uses resuscitation/drug protocols & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

#### Acute Patient Transfer

- Identifies factors that need to be addressed for patient transfer
- Identifies and manages risks prior to and during patient transfer (ADV)

### Patent Management

#### Management Options

- Identifies and can justify the patient management options for common problems and conditions
- Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician

#### Therapeutics

- When prescribing, takes account of the actions and interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy (ADV)

#### Pain Management

- Specifies and can justify the hierarchy of therapies and options for pain control
- Prescribes pain therapies to match the patient's analgesia requirements (ADV)
- Evaluates the pain management plan to ensure it is clinically relevant (ADV)

#### Fluid, Electrolyte & Blood Product Management

- Identifies the indications for and risks of fluid & electrolyte therapy and use of blood products
- Recognises and manages the clinical consequences of fluid & electrolyte imbalance in a patient
- Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte and blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)

#### Subacute Care

- Identifies appropriate subacute care services for a patient
- Identifies patients suitable for aged care, rehabilitation or palliative care programs

#### Ambulatory & Community Care

- Identifies and arranges ambulatory and community care services appropriate for each patient

#### Discharge Planning

- Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary
- Follows organisational guidelines to ensure smooth discharge
- Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)

#### End of Life Care

- Arranges appropriate support for dying patients

### Skills & Procedures

#### Decision-making

- Explains the indications and contraindications for common procedures
- Selects appropriate procedures with involvement of senior clinicians and the patient

#### Informed Consent

- Applies the principles of informed consent in day to day clinical practice
- Identifies the circumstances that require informed consent to be obtained by a more senior clinician
- Provides a full explanation of procedures to patients

#### Preparation & Anaesthesia

- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia (ADV)
- Arranges appropriate equipment & describes its use

#### Procedures

- Provides appropriate analgesia and/or premedication
- Arranges appropriate support staff & defines their roles

#### Post-procedure

- Monitors the patient & provides appropriate aftercare
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment

## PROFESSIONALISM

### Doctor & Society

#### Access to Healthcare

- Identifies how physical or cognitive disability can limit patients' access to healthcare services
- Provides access to culturally appropriate healthcare
- Demonstrates a non-discriminatory approach to patient care

#### Culture, Society & Healthcare

- Behaves in ways which acknowledge the social, economic & political factors in patient illness
- Behaves in ways which acknowledge the impact of culture, ethnicity & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

#### Indigenous Patients

- Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

#### Professional Standards

- Complies with the legal requirements of being a doctor e.g. maintaining registration
- Adheres to professional standards
- Respects patient privacy & confidentiality

#### Medicine & the Law

- Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- Completes appropriate medico-legal documentation
- Liaises with legal & statutory authorities, including mandatory reporting where applicable (ADV)

#### Health Promotions

- Advocates for healthy lifestyles and explains environmental & lifestyle risks to health
- Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- Evaluates the positive and negative aspects of health screening and prevention when making healthcare decisions (ADV)

#### Healthcare Resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)

### Professional Behaviour

#### Professional Responsibility

- Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- Maintains an appropriate standard of professional practice & works within personal capabilities
- Reflects on personal experiences, actions & decision-making
- Acts as a role model of professional behaviour

#### Time Management

- Prioritises workload to maximise patient outcomes and health service function
- Demonstrates punctuality

#### Personal Well-being

- Is aware of and optimises personal health & well-being
- Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
- Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

#### Ethical Practice

- Behaves in ways which acknowledge the ethical complexity of practice & follow professional & ethical codes
- Consults colleagues about ethical concerns
- Accepts responsibility for ethical decisions

#### Practitioner in Difficulty

- Identifies the support services available
- Recognises the signs of a colleague in difficulty
- Refers appropriately & responds with empathy

#### Doctors as Leaders

- Shows an ability to work well with and lead others
- Exhibits the qualities of a good leader and takes the leadership role when required (ADV)

#### Professional Development

- Explores and is open to a variety of career options
- Participates in a variety of continuing education opportunities

### Teaching, Learning & Supervision

#### Self-directed Learning

- Identifies and addresses personal learning objectives
- Establishes and uses current evidence based resources to support own learning
- Seeks opportunities to reflect on and learn from clinical practice
- Seeks and responds to feedback on learning
- Participates in research and quality improvement activities where possible

#### Teaching

- Plans, develops and conducts teaching sessions for peers and juniors
- Uses varied approaches to teaching small and large groups
- Incorporates teaching into clinical work
- Evaluates and responds to feedback on own teaching

### Supervision

- Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model
- Adapts level of supervision to the learner's competence and confidence

### Assessment & Feedback

- Provides constructive, timely and specific feedback based on observation of performance
- Participates in feedback and assessment processes
- Provides constructive guidance or refers to an appropriate support to address problems (ADV)

## COMMUNICATION

### Patient Interaction

#### Context

- Arranges an appropriate environment for communication, e.g. private, no interruptions
- Uses principles of good communication to ensure effective healthcare relationships
- Uses effective strategies to deal with the difficult or vulnerable patient

#### Respect

- Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
- Maintains privacy & confidentiality
- Provides clear & honest information to patients & respects their treatment choices

#### Providing Information

- Applies the principles of good communication (e.g. verbal and non verbal) and communicates with patients and carers in ways they understand
- Uses interpreters for non English speaking backgrounds when appropriate
- Involves patients in discussions and decisions about their care

#### Meetings with Families or Carers

- Identifies the impact of family dynamics on effective communication
- Ensures relevant family/carers are included appropriately in meetings and decision-making
- Respects the role of families in patient health care

#### Breaking Bad News

- Identifies symptoms and signs of loss and bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

#### Open Disclosure

- Explains and participates in implementing the principles of open disclosure
- Ensures patients and carers are supported & cared for after an adverse event

#### Complaints

- Acts to minimise or prevent the factors that would otherwise lead to complaints
- Uses local protocols to respond to complaints
- Adopts behaviours such as good communication designed to prevent complaints

### Managing Information

#### Written

- Complies with organisational policies regarding timely and accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription and administration

#### Electronic

- Uses electronic patient information & decision-support systems recognizing his/her strengths and limitations
- Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia
- Complies with policies regarding information technology e.g. passwords, e-mail & internet

### Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Facilitates appropriate coding & classification by accurate documentation

### Evidence-based Practice

- Describes the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making (ADV)
- Critically appraises evidence & information (ADV)

### Handover

- Describe the importance and features of handover that ensure patient safety and continuity of care
- Performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care

### Working in Teams

#### Team Structure

- Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient
- Includes the patient & carers in the team decision making process where possible
- Identifies that team leaders can be from different health professions and respects their roles
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of team members

#### Team Dynamics

- Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital
- Demonstrates an ability to work with others and resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change

#### Teams in Action

- Identifies and adopts a variety of roles within a team (ADV)

#### Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

## CLINICAL PROBLEMS & CONDITIONS

### Circulatory

- Cardiac arrhythmias
- Chest pain
- Electrolyte disturbances
- Hypertension
- Heart failure
- Ischaemic heart disease
- Leg ulcers
- Limb ischaemia
- Thromboembolytic disease

### Critical Care / Emergency

- Child abuse
- Domestic violence
- Elder abuse
- Injury prevention
- Minor trauma
- Multiple trauma
- Non-accidental injury
- Postoperative care
- Shock

### Dermatological

- Skin conditions
- Skin malignancies

### Endocrine

- Diabetes: new cases & complications

### Gastrointestinal

- Abdominal pain
- Constipation
- Diarrhoea
- Gastrointestinal bleeding
- Jaundice
- Liver disease
- Nausea and Vomiting

### General

- Cognitive or physical disability
- Functional decline or impairment
- Genetically determined conditions

### Haemopoietic

- Anaemia

### Immunology

- Anaphylaxis

### Infectious Diseases

- Non-specific febrile illness
- Septicaemia
- Sexually Transmitted Infections

### Mental State

- Disturbed or aggressive patient

### Musculoskeletal

- Joint disorders

### Neurological

- Delirium
- Falls, especially in the elderly
- Headache
- Loss of consciousness
- Seizure disorders
- Spinal disease
- Stroke / TIA
- Subarachnoid haemorrhage
- Syncope

### Nutrition / Metabolic

- Weight gain
- Weight loss

### Obstetric

- Pain and bleeding in pregnancy

### Oncology

- Neoplasia

### Oral Disease

- Oral Infections
- Toothache

### Pharmacology / Toxicology

- Envenomation
- Poisoning

### Psychiatric / Drug & Alcohol

- Addiction (smoking, alcohol, drug)
- Anxiety
- Deliberate self-harm
- Dementia
- Depression
- Psychosis
- Substance abuse

### Renal / Urogynaecological

- Abnormal menstruation
- Contraception
- Dysuria &/or frequent micturition
- Pyelonephritis and UTIs
- Reduced urinary output
- Renal failure
- Urinary Incontinence

### Respiratory

- Asthma
- Breathlessness
- Chronic Obstructive Pulmonary Disease
- Cough
- Obstructive sleep apnoea
- Pleural diseases
- Pneumonia / respiratory infection
- Upper airway obstruction

## SKILLS & PROCEDURES

### General

#### Diagnostic

- Blood culture
- Blood Sugar Testing
- Wound swab

#### Injections

- Intramuscular injections
- Joint aspiration or injection (ADV)
- Subcutaneous injections

#### Interpretation of results

- Nuclear Medicine
- Pathology
- Radiology

#### Intravenous

- Intravenous cannulation
- Intravenous drug administration
- Intravenous fluid & electrolyte therapy
- Intravenous infusion set up
- Venepuncture

#### Measurement

- Blood pressure
- Pulse oximetry

#### Respiratory

- Bag & Mask ventilation
- LMA and ETT placement (ADV)
- Nebuliser/inhaler therapy
- Oxygen therapy

### Therapeutics/Prophylaxis

- Analgesia
- Antibiotic
- Anticoagulant
- Bronchodilators
- Insulin
- Steroids

### Cardiopulmonary

- 12 lead electrocardiogram recording and interpretation
- Arterial blood gas sampling and interpretation
- Central venous line insertion (ADV)
- Peak flow measurement
- Pleural effusion/pneumothorax aspiration
- Spirometry

### Child Health

- Apgar score estimation (ADV)
- Infant respiratory distress assessment
- Infant/child dehydration assessment
- Neonatal and Paediatric Resuscitation (ADV)
- Newborn examination

### Ear, Nose & Throat

- Anterior rhinoscopy
- Anterior nasal pack insertion
- Auroscopy/otoscopy
- External auditory canal irrigation
- External auditory canal ear wick insertion (ADV)
- Throat swab

### Gastrointestinal

- Abdominal paracentesis (ADV)
- Anoscopy/proctoscopy (ADV)
- Nasogastric tube insertion
- Rectal examination

### Mental Health

- Alcohol withdrawal scale use
- Application of Mental Health Schedule
- Mini-mental state examination
- Psychiatric Mental State Examination
- Suicide risk assessment

### Neurological

- Assessment of Neck stiffness
- Focal neurological sign identification
- Glasgow Coma Scale (GCS) scoring
- Lumbar puncture (ADV)
- Papilloedema identification (ADV)

### Ophthalmic

- Eye drop administration
- Eye bandage application
- Eye irrigation
- Eyelid eversion
- Corneal foreign body removal
- Direct ophthalmoscopy
- Intraocular pressure estimation (ADV)
- Slit lamp examination (ADV)
- Visual acuity assessment
- Visual field assessment

### Surgical

- Assisting in the operating theatre
- Complex wound suturing (ADV)
- Local anaesthesia
- Scrub, gown & glove
- Simple skin lesion excision
- Surgical knots & simple wound suturing
- Suture removal

### Trauma

- Cervical collar application
- In-line immobilisation of cervical spine
- Intercostal catheter insertion (ADV)
- Joint relocation
- Peripheral neurovascular assessment
- Plaster cast/splint limb immobilisation
- Pressure haemostasis
- Primary trauma survey
- Secondary trauma survey (ADV)
- Volume resuscitation

### Urogenital

- Bladder catheterisation (M&F)
- Bladder Scan
- Urethral swab
- Urine dipstick interpretation

### Women's Health

- Diagnosis of Pregnancy
- Endocervical swab / PAP smear
- Foetal heart sound detection
- Gynaecological pelvic examination
- Palpation of the pregnant abdomen
- Speculum examination
- Urine pregnancy testing