



**PGY2+ NALHN Obstetrics  
& Gynaecology (6 months)  
with Paediatrics (6 months)**

**Job Pack 2020**

as at 12 April 2019

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## About Obstetrics & Gynaecology with Paediatrics

### Introduction

Lyell McEwin Hospital is one of Adelaide's leading tertiary hospitals. We are seeking to appoint RMOs for a period of 12 months. These positions will comprise of 6 months Obstetrics & Gynaecology and 6 months Paediatrics.

The successful applicants will participate in Obstetrics & Gynaecology clinical duties and be responsible for managing the care of patients allocated to the Department of Obstetrics & Gynaecology, across Lyell McEwin and Modbury Hospitals, in consultation with the Registrars, Consultants, Nurses and Allied Health professionals. The Department has a team of 15 Consultants, 12 Registrars, 13 Resident Medical Officers and 1 Intern.

The Paediatric term offers a broad exposure to truly General Paediatrics, incorporating inpatient and outpatients care and exposure to Emergency Department presentations. We can offer direct experience working in a neonatal setting labour wards, postnatal ward and Special Care Nursery. NALHN delivers in close to 4000 infants annually and operates a Level 5+ Special Care Nursery, staffed by 2 Neonatologists.

This would be an ideal term for those wishing to pursue General Practice or starting a career in Paediatrics. The Paediatric Department is staffed by 11 Consultants, 15 Registrars and 5 Resident Medical Officers. The Department provides specialist Paediatric Infectious Diseases clinics, is directly linked to a Child Development Unit and is currently in the process of establishing a Northern Child Protection Service. We have a very close affiliation with the Women's and Children's Hospital.

Applicants who wish to apply to participate in the Diploma of Obstetrics and Gynaecology (DRANZCOG) are asked to detail this in their application. The number of DRANZCOG participants is capped at the WCHN and NALHN to ensure quality of the training opportunity, and therefore the determination of successful DRANZCOG participants will be made following the selection process, in accordance with overall performance through the selection process, and will be advised following successful appointment to the position.

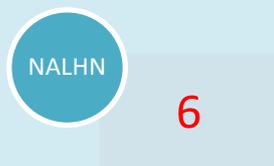
### Key dates

Applications open:	Monday 10 June 2019
Application close:	Monday 1 July 2019 (close at midnight)
Referee reports close:	Monday 15 July 2019
Shortlisting commences:	Monday 29 July 2019
Interviews:	Monday 19 August 2019
Round 1 results available to applicants:	Thursday 19 September (1 <sup>st</sup> preference matches only) Responses due 9:00 am Monday 23 September
Round 2 results available to applicants (excluding general training):	Thursday 26 September (2 <sup>nd</sup> or higher preference matches). Responses due 9:00 am Monday 30 September
Round 3 results available to applicants (excluding general training):	Thursday 3 October (3 <sup>rd</sup> or higher preference matches) Responses due 9:00 am Monday 24 September
Round 4 onwards (including general training):	Thursday 10 October (4 <sup>th</sup> or higher preference matches). Responses due 9:00 am Monday 14 October
Start date of employment:	Monday 3 February 2020

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## Number of positions across LHNs

### Number of the positions in 2018:



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## Northern Adelaide Local Health Network (NALHN)

### About NALHN

The implementation of the National Health Reform in 2011 saw the establishment of five Local Health Networks across SA intended to promote, maintain and restore the health of the communities they serve.

The Northern Adelaide Local Health Network (LHN) provides care for around 341,000 people living in the northern metropolitan area of Adelaide as well as providing a number of state-wide services, and services to those in regional areas. More than 3,800 skilled staff provide high quality patient care, education, research and health promoting services.

The Northern Adelaide Local Health Network (NALHN) provides a range of acute and sub-acute health services for people of all ages and covers 16 Statistical Local Areas and four Local Government Areas (one of which crosses the Central Adelaide Local Health Network) and includes the following:

- Lyell McEwin Hospital
- Modbury Hospital
- Sub-Acute
- GP Plus Health Care Centres and Super Clinics
- Aboriginal Health Care Services
- Mental Health Services (including two state-wide services – Forensics and Adult Older Persons)

NALHN offers a range of primary health care services across the northern metropolitan area of Adelaide, with a focus on providing preventive and health promoting programs in the community, and transition and hospital substitution and avoidance programs targeted at chronic disease and frail aged.

Clinical leadership of care systems is central to the current national and state wide health reforms. NALHN care delivery is configured within clinical divisions that are patient-focused, clinically led groupings of services. Clinical Divisions are responsible for managing service delivery activities across NALHN campuses and units, bringing together empowered experts to directly make relevant decisions.

## What you can expect from NALHN

Provide a short overview of the role, what should employees expect?

### **Obstetrics & Gynaecology:**

Attend morning formal handover at 0800 hrs sharp (if night RMO attend handover 2000 hrs sharp).

Rostered Hours – 13 positions rotating

BAUH 0800 - 2100 (2 x 30 min breaks) = 12 hrs

AM Shift (only) 0800 - 1230 (0 breaks) = 4.5 hrs

PM Shift (only) 1300 - 1700 (0 breaks) = 4.0 hrs

Day Shift 0800 - 1700 (30 min break) = 8.5 hrs

LSCS 0800 - 1300 (0 breaks) = 5.0 hrs

Emerg B 1230 - 2130 (30 min break) = 8.5 hrs

Evening Shift 1700 - 2100 (0 breaks) = 4.0 hrs

Night Shift 2000 - 0900 (2 x 30 min breaks) = 12 hrs

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 and Consultants and the RMO is encouraged to maintain close liaison with their senior colleagues at all times.

Specific responsibilities are:

- Contribute to Handover 0800hr sharp weekdays
- Participate in daily ward rounds including the presentation of patients
- Attend pre-admission and gynaecology clinics as required
- Participate in weekly divisional meetings, tutorials and teaching sessions.
- Assist in elective and emergency gynaecology theatre as required.
- Assist Registrars in the preparation of audits for Quality Assurance in Obstetrics & Gynaecology.
- Antenatal clinics
- Labour Ward sessions
- Assist with antenatal and post-natal care
- Assist at C- Sections

### **Paediatrics:**

Attend a morning formal hand-over at 0800 hours every day including weekends.

Shift Legend:

Shift	shift description	Times	Hours
SD	Special care Day	0800 - 1630	8
CD	Children's Ward Day	0800 - 1630	8

EVE	Evening	1400 - 2230	8
NDC	Discharge Checks	0800 - 1630	8
ED	Emergency	1400 - 2230	8
SC	Discharge Checks (W/end)	0800 - 1630	8
LC	Long Cover (w/end)	0800 - 2100	12
ND2	Special Care Evening	1400 - 2230	8
MN	Modbury Nights	2230 - 0830	8.5
R(MN)	Reserve Modbury Nights		
(R)	Reserve Modbury		

The RMO provides day to day management for inpatients as well as ED patients in partnership with Registrars in a supported environment. It is encouraged that they maintain a close liaison with their senior colleagues. They will be under direct supervision of the Paediatric Registrars as well as the Paediatric Consultants.

**Specific responsibilities:**

Neonatal:

- Participation in the daily ward rounds
- Presentation of history, finding ,results and management
- Attending deliveries (preterm, LSCS, instrumental) and resuscitation of babies with Registrar support
- Newborn checks- a full examination after delivery.
- Ordering of discharge medications at least 24 hours prior to discharge
- Review and sign pathology results- abnormal results need to be discussed with seniors
- Discharge summaries to be completed within 48 hours of discharge

Paediatrics:

- Assist Registrar in ED
- Plotting of percentiles of all inpatients, checking immunization status and arrange catch up immunization where required.
- Presentation of history, finding ,results and management
- Ordering of discharge medications at least 24 hours prior to discharge
- Review and sign pathology results- abnormal results need to be discussed with seniors
- Discharge summaries to be completed within 48 hours of discharge

	<p>Participate in all the teaching sessions and journal clubs Assist Registrar in Friday Presentation at Department meeting</p> <p>BLS skills – through LMH hospital wide orientation</p> <p>Neonatal resuscitation training – online module followed by 2hour practical session. Successful candidates receive a certificate of competence</p> <p>RMOs are expected to be proficient in communication and professional skills. It is expected that they are meticulous and detailed in their documentation</p>
<p>What are the key outcomes of the program?</p>	<p><b>Obstetrics &amp; Gynaecology:</b> The aim of this rotation is to familiarise junior doctors with the health issues affecting women throughout their lives. We would hope that by the end of the rotation a Resident Medical Officer would be confident dealing with most gynaecological presentations to General Practice as well as feeling safe with the routine management of antenatal care.</p> <p><b>Paediatrics:</b> The RMO should develop skills in:</p> <ul style="list-style-type: none"> <li>• History and examination</li> <li>• Problem formulation – synthesise information ranking problems and regularly re-evaluates the patients problem list as part of clinical reasoning</li> <li>• Investigation – selection of investigations, interpretation of investigations and providing succinct information when ordering investigations</li> <li>• Assessment – Recognizes abnormal physiology and clinical manifestations of critical illness and recognizes and effectively assesses the acutely ill patient</li> <li>• Management options – Identifies and can justify the patient management options</li> <li>• Discharge planning – Identifies the elements of effective discharge planning</li> </ul> <p><b>Communication:</b> Because of the sensitive nature of our patients communication is an essential quality. The RMO should develop skills in the following areas:</p> <ul style="list-style-type: none"> <li>• Context – Arranges and appropriate environment for communication e.g. private, no interruptions</li> <li>• Meeting with families or carers – Identifies the impact of the family dynamics on effective communication, ensure relevant family/carers are included appropriately in meeting and decision-making</li> <li>• Health records – Uses the health record to ensure continuity of care</li> <li>• Handover – Describe the importance and features of handover that ensure patient safety and continuity of care and performs effective handover e.g. team member to team member, hospital to GP to ensure patient safety and continuity of care</li> </ul>

	<p><u>Professionalism:</u></p> <ul style="list-style-type: none"> <li>• Professional responsibility – Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role</li> <li>• Health promotions – Advocates for healthy lifestyles and explains environmental and lifestyle risks to health</li> <li>• Culture, Society and health care – Behaves in ways which acknowledge the social, economic and political factors in patient illness</li> <li>• Electronic systems – Complies with policies regarding information technology e.g. passwords, email and internet</li> </ul>
<p>Are contracts renewed every 12 months?</p>	<p>No, the application process is conducted every 12 months via SA MET.</p>
<p>What are the hours of work and overtime?</p>	<p><b>Obstetrics &amp; Gynaecology:</b>  Average hours per week: 38.00 hours per week  Rostered: 38.00 hours per week  Non-Rostered: Rarely in times to cover unplanned circumstances</p> <p><b>Paediatrics:</b>  Average hours per week: 38 hours per week  Rostered: 38.00 hours per week  Non-Rostered: None unless unavoidable circumstances</p>
<p>What education is provided?</p>	<p><b>Obstetrics &amp; Gynaecology:</b>  The RMO is expected to meet with his/her Term Supervisor to discuss opportunities to achieve stated learning objectives.</p> <p>Training and learning opportunities are provided during:</p> <ul style="list-style-type: none"> <li>• Registrar ward rounds</li> <li>• Consultant ward rounds</li> <li>• Weekly unit meeting</li> <li>• Weekly Grand Round meeting for Division of Obstetrics and Gynaecology</li> <li>• Weekly PGY2/3 (RMO) tutorial</li> <li>• Bi-weekly Multidiscipline high-risk Obstetric meeting (clinical meeting but also ample opportunity for teaching during clinical discussion of obstetric patients with medical problems during the daily hand-over)</li> <li>• Fortnightly consultant tutorials</li> <li>• Weekly Medical Grand Round for the hospital</li> <li>• Outpatient sessions</li> <li>• Operating Theatre sessions</li> <li>• 3 monthly gynaecology complication audit</li> <li>• Fetal Surveillance Education Program (FSEP) and Obstetric Emergency (PROMPT) Training.</li> </ul>

	<p>Resources:</p> <ul style="list-style-type: none"> <li>• LMH Library</li> <li>• Intranet /Internet access to Library &amp; data bases</li> <li>• Access the South Australian Perinatal Guidelines</li> <li>• Facilities &amp; support from LMH Postgraduate Medical Education Unit</li> </ul> <p><b>Paediatrics:</b>  Daily Teaching during ward rounds (Teaching on the Run)  Mondays - Fortnightly paediatric and Neonatal journal clubs  Wednesday - MDT Neonatal unit  Friday presentation - Paediatric meeting  Alternate Fridays - Paediatric x-ray meeting</p>
<p>Indicate how the supervision will be provided, will this vary from rotation to rotation?</p>	<p><b>Obstetrics &amp; Gynaecology:</b></p> <p><b><u>In Hours:</u></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><u>After Hours:</u></b>  Night Shifts and weekend work is supervised by Registrars with a consultant on-call.</p> <p><b>Paediatrics:</b>  RMOs work in various areas of the department and their immediate supervisor is an FRACP paediatric trainee of the area as well as the rostered consultant. They should not hesitate in contacting their seniors at any time if there are any concerns. Informal feedback may be sought any time from their colleagues, Registrars, consultants or nursing Staff.</p> <p><b>Mid-term assessment</b> is encouraged – this enables a review of progress so far, with areas that need improvement being identified and plans established as to how this can be achieved.</p> <p><b>End of term assessment.</b> 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. It provides an opportunity for the supervisor to discuss the RMO’s learning objectives and how well they have been met. It also provides an opportunity to review the term description and to provide constructive feedback on it and it’s mapping to the Australian Curriculum Framework for junior doctors. RMOs are emailed the forms by the PMEU or they are available on OTIS. They are mandatory. Paper</p>

	<p>copies are to be returned to the PMEU.</p> <p>It is the responsibility of the RMO to ensure that the assessments are completed and returned to the Postgraduate Medical Education Unit (PMEU). Reminders are emailed out 2 weeks prior to the end of term by the PMEU.</p> <p>RMOs are encouraged to complete a <b>JMO appraisal</b> form (JAFA) of their experience on this rotation. The forms are emailed by the PMEU or are available online via OTIS</p>
<p>What other supports is provided?</p>	<p><b>Obstetrics &amp; Gynaecology:</b></p> <p>The Division of Obstetrics and Gynaecology offers an “Open door policy” which the Term Supervisor, Heads of Obstetrics and Gynaecology &amp; Head of Women &amp; Children's Division support and are available should the RMO have concerns/require additional support during the term.</p> <p>A mid-term assessment is strongly encouraged and forms will be sent to the RMO by the Postgraduate Medical Education Unit (PMEU) a few weeks before the middle of the rotation. This is an important process for monitoring the RMO’s progress and to determine if any improvements could be made.</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, and is mandatory. Forms will be emailed to you by the PMEU or Medical Management Facilitator.</p> <p>It is the responsibility of the RMO to ensure that the end-of-term assessment is completed and returned to the PMEU or Medical Management Facilitator. Reminders are emailed out 4 weeks prior to the end of term by the Medical Management Facilitator.</p> <p>RMOs are encouraged to complete an Appraisal of their rotation, using the JMO Appraisal form (JAFA), emailed to them by the PMEU. No names are to be included on the document so all responses are confidential.</p> <p><b>Paediatrics:</b></p> <p>Mentor supervisor – Paediatrician allocated to each RMO at the time of rotation.</p>
<p>Will the TMO supervise interns/others in their role?</p>	<p><b>Obstetrics &amp; Gynaecology:</b></p> <p>They will be expected to supervise medical students and interns as part of a wider team.</p> <p><b>Paediatrics:</b></p> <p>Paediatric RMOs will supervise Medical Students doing their paediatric/neonatal posting.</p>

What pathways are there after the year is completed?

**Obstetrics & Gynaecology:**

This is a perfect start to an Obstetrics and Gynaecology career and would be the stepping stone to a Service Registrar position. It is also ideally suited to someone with a long term plan for GP and rural GP with the options of completing the DRANZGOG and CWH.

**Paediatrics:**

Ability to apply for Paediatric/ General Practice training for those interested in these career pathways.

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## About the selection panel

The selection panel will comprise of one paediatric Medical Staff member, one Obstetrics & Gynaecology Staff member and one Human Resources staff member from NALHN.

## Eligibility

- > Completed a medical degree
- > Have general registration in the Medical board of Australia
- > Have completed one intern year
- > Be available for a 12-month full-time contract commencing on 3<sup>rd</sup> February, 2020

## Skills and knowledge required for the role

### **Obstetrics & Gynaecology:**

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.

RMOs wishing to sit their Diploma in Obstetrics & Gynaecology (DRANZCOG) need to prospectively apply to the RANZCOG once they have been notified by the hospital of being successful in obtaining a 12 month position. The approval from RANZCOG needs to be obtained before commencing the term.

### **Paediatrics:**

- Excellent communication and interpersonal skills
- Ability to work along a multidisciplinary team
- Basic understanding of paediatric and neonatal conditions and their management

Basic Life Support (BLS) skills are required for commencement of this term.

Neonatal resuscitation training will be provided within the first weeks of commencement on this rotation. This training is provided through clinical skills training sessions. Successful candidates through this program will receive certification of competence.

It's expected that the RMO have proficient communication and professional skills. We place particular importance and attention on their ability to write discharge summaries, GP letters and provide meticulous details in case note documentation.

## Selection Process

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### Our approach to selection

At a minimum the selection process will involve assessing your:

- > Curriculum Vitae
- > Cover Letter
- > Referee reports
- > Appropriate completion and submission of required documentation and
- > An interview

### Your application

Please provide the following information with your application:

1. 3 referee reports (ensure the three referee reports are completed by your nominated referees in the required timeframe)
2. Curriculum Vitae
3. Cover Letter

### Curriculum vitae

In your Curriculum Vitae you are required to carefully document any professional development you have undertaken including academic and clinical achievements, quality improvements and research.

Please also include any Obstetric & Gynaecology and/or Paediatric experience in Australia or overseas.

### Cover letter

You have been asked to provide a cover letter in your application. Your cover letter should address some or all of the following points:

- > Employment interests and goals
- > Reason for application
- > Why NALHN
- > Achievements relevant to the positions
- > Any other information that highlights your abilities and demonstrates you to be the one for the position
- > Interest in Diploma in Obstetrics & Gynaecology (DRANZCOG)
- > Interest in Certificate in Women's Health (CWH)

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## Other application questions

### Obstetrics & Gynaecology:

Please provide an example of how you've used a 'shared decision making' model of patient care?

Ideal response should include to:

- Listening to the patient
- Finding out from the patient what is important to them and their questions
- Helping the patient understand the information and what their choices are  
Finding common ground on preferences and treatment

### Paediatrics:

1. Describe what attributes you possess that make you an ideal candidate for this position.
2. What are some of the barriers to improving children's health?
3. Describe what the features are of a high performing RMO and outline your plans for self-improvement?

All questions can be answered in one page (250 words).

You are an RMO in a busy emergency department. You review a 2 year old girl with history of recurrent cough and fever for the last 4 weeks. You plan to observe them in the ED with a trial of fluids. The nurse comes to you an hour later states that family are not happy with the current management.

How would you respond to this situation?

## Interview

**How will applicants get notified of their interview?** The Women & Children's Division Medical management Facilitator will send an email invitation to interview via the email provided in SAMET application

**When will applicants be notified of their interview?** As soon as shortlisted

**Will applicants who do not get shortlisted for an interview be notified?** Yes

**How should an applicant prepare for their interview?** Nil specific

**What should applicants expect for their interview?** Expect a minimum of four questions from the Panel, based on clinical and non-clinical based questions.

**Will this be a panel interview?** Yes

**Who is the contact person for feedback on interviews?** [Anastasia.Tjombanakis@sa.gov.au](mailto:Anastasia.Tjombanakis@sa.gov.au)

## Contacts

Medical Management Facilitator

Name: Anastasia Tjombanakis  
Telephone: (08) 8182 9042  
Email: [Anastasia.Tjombanakis@sa.gov.au](mailto:Anastasia.Tjombanakis@sa.gov.au)

## Role Description

[View the Role Description here](#)

## Still got questions?

Some websites that may assist you:

*SA Health Salaried Medical Officers Enterprise Agreement 2017* [here](#)

*Australian Health Practitioner Regulation Agency (AHPRA) registration standards* [here](#)