

NSW Prevocational Training Term Description

A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME: Blacktown Mt. Druiitt Hospital

Training Term Based at	<i>If not at above location, please give off site facility name and location:</i> Blacktown Hospital
Offsite Term? <i>Includes affiliated private hospitals, general practices, community-based medical services</i>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, Collaborative Agreement to be attached</i>

B: TERM NAME: UROLOGY

Overview of Unit or Service	<p>Blacktown Hospital has Geriatric Medicine, Neurology, Respiratory, Gastroenterology, Cardiology, Endocrinology, Nephrology, Infectious Diseases and Medical Oncology Services. It also has General Paediatrics, Obstetrics and Gynaecology, General Surgery, Urology, Plastic Surgery and Orthopaedics.</p> <p>The Urology unit provides general urological services with particular interests in the management of stone disease involving laser fragmentation, ureteroscopy and percutaneous access.</p>
Term Duration (Weeks) <i>This is only required if term is less than 10 weeks long.</i>	10 – 11 weeks
HETI Term Identifier Number <i>HETI Assigned after accreditation decision</i>	009042
Date of Accreditation by HETI	2018

C: TERM CATEGORY	<table style="width: 100%; text-align: center;"> <tr> <td>Medicine</td><td><input type="checkbox"/></td> <td>Surgery</td><td><input checked="" type="checkbox"/></td> <td>Emergency</td><td><input type="checkbox"/></td> <td>Other</td><td><input type="checkbox"/></td> <td>_____</td> </tr> </table>	Medicine	<input type="checkbox"/>	Surgery	<input checked="" type="checkbox"/>	Emergency	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____
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Is the term a PGY1 or a PGY2 term?	<table style="width: 100%; text-align: center;"> <tr> <td>PGY1</td><td><input checked="" type="checkbox"/></td> <td>PGY2</td><td><input checked="" type="checkbox"/></td> </tr> </table> <p><i>Please note that a PGY2 ONLY accredited term may not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term</i></p>	PGY1	<input checked="" type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>
PGY1	<input checked="" type="checkbox"/>	PGY2	<input checked="" type="checkbox"/>		

D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees	<table style="width: 100%; text-align: center;"> <tr> <td>PGY1</td><td style="border: 1px solid black; width: 40px;">1</td> <td>PGY2</td><td style="border: 1px solid black; width: 40px;">0</td> <td>TOTAL NUMBER OF TRAINEES IN TERM</td><td style="border: 1px solid black; width: 40px;">1</td> </tr> </table>	PGY1	1	PGY2	0	TOTAL NUMBER OF TRAINEES IN TERM	1
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E: TERM SUPERVISION	
<p>Name and Position of Term Supervisor <i>Responsible for trainee term orientation and assessment</i></p>	<p>Dr Tania Hossack, Urologist (Term Supervisor, Urology)</p>
<p>Contact Plan with Trainee <i>Term Supervisor to provide a plan for contact with the junior doctor (PGY1 or PGY2 trainee) during the training term</i></p>	<p>General Contact: Term Supervisor/Consultant and Trainee contact will be 3 times a week during post-operative ward rounds, Outpatient Clinics, weekly theatre lists, and Minor Ops Clinics, monthly Mortality & Morbidity Meetings, and bedside teaching sessions. Additionally, contact is during Post-take rounds on days following On-take and also over the phone as required.</p> <p>Formal mid-term and end of term meetings between the trainee and term supervisor will be scheduled. The trainee is encouraged to meet with the term supervisor at any stage throughout the term to discuss issues as they arise.</p> <p>Orientation: Departmental orientation will occur in week 1 of each new term.</p> <p>Mid Term: Formal mid-term assessment meeting will occur between trainee and term supervisor in week 5 of the Term. At the meeting trainee progress will be discussed, opportunities for learning and professional development for the remainder of the term will be identified, and the trainee will have the opportunity to raise any areas of concern with the term supervisor.</p> <p>End of Term: Formal end of term assessment meeting will occur between trainee and term supervisor in week 10 of the Term. At this meeting the trainee's performance throughout the term will be evaluated, and the trainee will be given the opportunity to give feedback of their experience throughout the term.</p>
<p>Primary Clinical Supervisor (if not Term Supervisor) <i>Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+)</i></p>	<p>N/A</p>
<p>Immediate Supervisor with direct responsibility for day to day supervision (PGY3+)</p>	<p>Attending Medical Officers will provide daily supervision either on-site or via the telephone.</p> <p>Additional on-site daily supervision will be provided by the SET Trainee assigned to this team for the duration of the term.</p> <p>Contact details of clinical supervisors are displayed on the wards / available to the trainee via the hospital switch board.</p>
<p>Clinical Team Structure <i>Provide positions of all members of the clinical team who provide supervision and bedside teaching to prevocational trainees including AMO's and Registrars. Please also identify and describe how PGY1 & 2s will be distributed amongst the team/s.</i></p>	<p>Dr Tania Hossack Urologist (Term Supervisor)</p> <p>Dr David Ende Urologist</p> <p>Dr Howard Lau Urologist</p> <p>Dr Simon Bariol Urologist</p> <p>SET Trainee</p> <p>RMO</p>

F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

This section may include:

- Courses (e.g. life support, resuscitation)
- Procedural skills
- e-Learning requirements

If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.

- Registration with the Medical Board of Australia (for PGY2s Only).
- Attendance at general hospital orientation and term specific orientation.
- Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill.
- Ability to record in the clinical notes: relevant history of illness, physical examination, a provisional diagnosis and issues list, investigations required and a management plan.
- Ability to communicate clearly with other staff, patients and relatives.
- Able to independently perform: venepuncture, arterial blood gas analysis, blood cultures, intravenous cannulation, basic electrocardiogram interpretation
- Ability to call a Medical Emergency Team based on criteria
- Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps.

G: TERM LEARNING OPPORTUNITIES

Please list top 5 learning opportunities/objectives	1	The assessment and management of a wide range of acute and elective urological conditions.
	2	A knowledge of imaging, in particular the strengths and weaknesses of imaging techniques for urological anatomy and pathology.
	3	Experience of operative techniques including suturing, wound drainage, surgical assisting and urethral catheterisation. Management of acute post-operative complications including blood loss, acute septicaemia.
	4	At the end of the term we would expect the JMO would be able to diagnose and manage the following conditions: Hypotension Septicaemia Ureteric Colic Bladder outflow obstruction Obstructive uropathy.
	5	Develop skills for the interpretation of common investigations/procedures and the indications for these.

H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

Please list expectations	<p>Throughout the course of this term it is expected that trainees will develop the following skills:</p> <ul style="list-style-type: none"> • Proficiency in assessing patients with both acute and chronic problems relevant to urology • To develop an understanding of the common urology operations • To develop basic surgical skills, eg. suturing of wounds • Detailed preoperative assessment of the surgical patient. • Assess the postoperative patient with regard to fluid / electrolyte therapy, pain management, fever, venous thrombosis, haemorrhage etc. • Critically investigate and interpret results as they relate to surgical patients. • Understand the integrated role of surgery and medicine. <p>In addition, the trainee is expected to familiarise themselves with the indications for and interpretation of common investigations/procedures including:</p> <ul style="list-style-type: none"> • Abdominal X-rays, CT scans and ultrasounds, cholangiograms, barium enemas, upper gastrointestinal contrast studies. • Basic haematological, biochemical and microbiological tests. • Venous doppler studies • Thyroid function tests and imaging
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	<p>Other clinical expectations of the trainee include:</p> <ul style="list-style-type: none"> • Daily assessment of all inpatients on the Consultant/Registrar led ward round in order to review patient condition and progress. Subsequent implementation of management plans as instructed by the Consultant / Registrar. • Organisation of investigations according to protocol and direction. • Follow-up, review and documentation of all investigations. The Consultant/Registrar should be promptly notified of abnormal investigation results. • Completion of daily progress notes (including documentation of decisions / treatment plans made on the daily ward round). • Liaise with Registrar / Consultant about all new admissions, any significant change in a patient's condition, and any patient potentially requiring transfer to another unit. • Develop proficiency in the performance of routine procedures such as venepuncture, arterial puncture, IV line insertion, bladder catheterisation. • Develop proficiency in assessment of patients whose conditions have departed from their usual status and to call for assistance if necessary. • Ability to recognise, manage and appropriately refer to more senior medical staff those patients who are seriously ill. This includes activation of Medical Emergency Team calls under appropriate circumstances. • Attend to calls by nursing staff to review patients as required. • Develop skills in dealing with patients and relatives in a professional and compassionate manner. • Demonstrate proficiency in the assessment of patients so as to be able to determine their suitability for discharge, with consideration of the multidisciplinary issues associated with readiness for discharge. • Aware of proper requirements for completion of Death Certificates and Cremation Certificates. (Refer to the Death Certificate folder, available in every ward and in the RMO's Common Room) • To undertake any other duties as requested by the Medical Workforce Unit. <p>Organisational expectations of the trainee include:</p> <ul style="list-style-type: none"> • To be responsible whilst at work to take reasonable care of fellow employees, patients, visitors, clients and volunteers, and to abide with the Western Sydney Local Health District policy and instructions in relation to Occupational Health Safety and Risk through personal involvement. • To follow the employer's reasonable instructions concerning health and safety in the workplace. • Use of universal precautions to avoid exposure to blood, and body fluids and the management of sharps. • To participate in Occupational Health Safety and Risk education and training. • To report any workplace hazards. • Assist in the OH&S Risk Management process, by being actively involved in the identification, assessment and control of hazards and associated risks in the workplace. • To observe the Western Sydney Local Health District Code of Conduct. • To abide by the smoke free environment policy of Western Sydney Local Health District Protected Disclosure Policy and Procedure. • To strictly observe the Western Sydney Local Health District policy of confidentiality of patient information. 		
<p>Patient Load (average per shift)</p>	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; width: 50%;"> <p>Patient Load per trainee</p> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">15</div> </td> <td style="text-align: center; width: 50%;"> <p>Patient load total for team</p> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">15</div> </td> </tr> </table>	<p>Patient Load per trainee</p> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">15</div>	<p>Patient load total for team</p> <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">15</div>
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<p>After hours Roster</p> <p><i>Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours</i></p>	<p>After-hours Cover is shared amongst all Interns and RMOs, providing 1 weekday shift per fortnight, and 1 weekend shift in every 6 weeks.</p> <p>After-hours supervision is via on site Medical and Surgical Registrars and on-call Consultants. There is a medical handover that occurs at the beginning of afternoon shift and also at the beginning of night shift to hand over patients to staff on the next shift. Attendance at this handover is compulsory.</p> <p>Blacktown Hospital is also staffed by on-site registrars in ICU, Anaesthetics, Emergency Medicine, Orthopaedics, Paediatrics and Obstetrics & Gynaecology after hours.</p>
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I: SIGN OFF <i>Terms will not be considered unless this section is completed.</i>	
<p>Revision date and by who <i>(Name and Position)</i></p>	<p>27/04/2018 Dr Daryl-Anne Elias Medical Administration Trainee – Blacktown Mount Druitt Hospital</p>
<p>Endorsement by Term Supervisor <i>(Name, Date and Signature)</i></p>	<p>Dr Tania Hossack</p>
<p>Endorsement by GCTC Chair (or representative) <i>(Name, Date and Signature)</i></p>	<p>Prof Mark McLean</p>

