Student Internship in Benign Gynaecology Medicine

OVERVIEW

Duration of elective programme: 6 weeks

INTRODUCTION

The division of benign gynaecology consists of 3 individual subspecialities: General Gynaecology, Urogynaecology and Minimally Invasive Surgery. Thus, it is a great opportunity for the student to be able to immerse in this comprehensive environment of gynaecology.

The objectives of this programme are to help the students to learn more effectively by equipping them with various learning skills. The emphasis is on helping the student to learn, rather than just dispensing knowledge to them. Specifically, this programme aims to achieve the following goals:

1. To teach students how to search and gather, analyze and appreciate scientific facts and the relevant evidences and arguments.

2. To equip students with the ability to think critically, analyze the evidences and clinical findings so that they can employ these skills to resolve problems that they will face later in their working life.

LEARNING OBJECTIVES

At the end of 6 weeks, the intern is expected to complete the essential reading* to this programme so as to gain the required basic gynaecological knowledge. He/she is expected to demonstrate basic clinical knowledge in the following:

*Obstetrics and Gynaecology - an evidence-based text for MRCOG

*David Luesley and Philip Baker

The student is to read the following chapters:

Part One - General

- Evidence-based medicine and medical informatics
- The general principles of surgery

Part Three - Gynaecology

SECTION A - Reproductive medicine

- Contraception, sterilization and termination of pregnancy
- Disorders of menstruation

SECTION B - Pelvic floor and lower urinary tract

- Assessment of lower urinary tract function
- Urinary incontinence
- Urogenital prolapse
General Gynaecology
Gynaecological problems:
The intern will be expected to demonstrate knowledge of the aetiology, signs, symptoms, investigation and treatment of common gynaecological problems. These gynaecological conditions provide the opportunity for him/her to demonstrate his/her understanding of the importance of audit, clinical governance and of taking informed consent.

Early pregnancy care:
The intern will be expected to have a good understanding of early pregnancy and pregnancy loss. This will include the diagnosis, investigations, management and psychological support in miscarriage and ectopic pregnancy. It will be expected of him/her to be able to demonstrate his/her abilities to communicate the relevant information to the patient. It will be essential for the intern to have knowledge of the use of ultrasound in both the diagnosis and management.

Post-operative care:
The intern will be required to demonstrate an understanding of various aspects of postoperative care – immediate, short-term and long-term. This will include his ability to assess a postoperative patient, know the diagnosis and demonstrate his/her ability to deal with problems. He/she must know how to prevent common postoperative problems and will be expected to be able to discuss all aspects of surgery, complications and follow-up with patients and relatives.

Urogynaecology
The intern should know the structure of the bladder and pelvic floor and their innervation. He/she should understand the mechanisms of continence and micturition. He/she should understand how congenital anomalies, pregnancy and childbirth, disease, infection and oestrogen deficiency affect these mechanisms and the impact of drugs on bladder function.

The intern is expected to understand the management of urinary and faecal incontinence, benign bladder conditions and urogenital prolapse. It is expected of the intern to demonstrate an understanding of the anatomy, pathophysiology, epidemiology, aetiology and investigation of these conditions.

Minimally invasive surgery
Consent taking Skills:
The intern is expected to demonstrate an understanding of the issues surrounding informed consent. This includes knowledge of the complication rates, risks and likely success rates of common gynaecological operations.

Surgical procedures:
The intern will be expected to demonstrate detailed knowledge of the basic surgical procedures performed by a Registrar – including diagnostic laparoscopy, hysteroscopy, gynaecological laparotomy for ovarian cysts, ectopic pregnancy and hysterectomy, and vaginal surgery for prolapse, incontinence and vaginal hysterectomy. He/she should have good knowledge of the principles of safe surgery, surgical instruments and sutures, and of the management of common complications of surgery. The principles of surgical teamworking, risk management and reduction are also important.
CLINICAL COMPETENCIES
At the end of 6 weeks, the intern should achieve the clinical competency similar to that expected of a house-officer. He/she is to demonstrate his/her ability to provide clinical support to the benign gynaecological team.

- The intern is expected to fulfill his administrative role as stated in the “A guide to NUH O&G - survival handbook for the house-officer”.
- He/she will demonstrate clinical competencies in carrying these basic gynaecological procedures (*Details of each procedures is attached to the end of this programme):

Basic procedures (Benign gynae team)
- General O&G:
  - History taking and physical examination
  - Speculum examination
  - Vaginal examination
  - Cervical smear/thin prep
  - Pipelle aspiration
  - Removal of IUCD
  - Female urinary catheterization
  - Basic wound care/dressing
  - Removal of drains
- Urogynaecology
  - Bladder scan
  - Removal of vaginal pack
  - Bladder irrigation
- Minimally invasive surgery
  - Insertion of uterine manipulator in OT
  - Assist in uterine anteversion in OT

- The intern is expected to demonstrate clinical competencies in post-operative care of a surgical gynaecological patient. This includes haemodynamic evaluation, fluid balance, and pain management; identify complications and basic wound care.
- The intern is expected to demonstrate detailed basic knowledge of the basic surgical procedures and competent in assisting in these procedures as performed by a Registrar in obstetrics and gynaecology.
- The intern is expected to demonstrate clinical professionalism and attitude at all time. He/she should maintain strict confidentiality

Other duties:
The intern is expected to initiate and carry through a project under the supervision of the consultant; or he/she can be involved and contribute in part of a major project.
- Research: case report, case series, or involve in part of major project
- Audit
- Setting up or tidying up admin workflow eg. MTPT/med TOP
- Newsletter: quarterly: contribute article, photo-taking, admin works
- Setting up or tidying up the guideline/SOP
MISCELLANEOUS REQUIREMENT
The intern is also expected to:

- Communicate effectively to patients regarding their gynaecological problems and the intended management plan.
- Maintain comprehensive legible records.
- Conduct all interactions with the patient, family and colleagues with honesty and integrity.
- Provide patient-centered care.
- Demonstrate accountability to patients, and the profession.
- Maintain strict confidentiality of information regarding the medical condition of the patient.
- Partner with health care managers and health care providers to coordinate care of the gynecological patient.

Workshop/conference to attend
The intern is expected to attend all workshop or conferences organized by the division.
PROGRAMME STRUCTURE
The student will discuss the curriculum, expectation and schedule with his/her supervisor. The intern is expected to meet up with his/her supervisor at least once a week to discuss any pertinent issues encountered during the rotation. He/she will submit a work record to the division at the end of the posting.

All matters regarding the Benign Gynaecology programme will be under the supervision of Dr Vanaja, Senior Consultant, Department of Obstetrics & Gynaecology
Alternative contact person:
Dr. Ng Ying Woo, Associate Consultant
Dr. Anupriya Agarwal, Associate Consultant

DAILY SCHEDULE
(This schedule serves only as a guide. The daily schedule will be drawn by the supervisor in discussion with the intern prior to the start of the programme)

Total sessions over 3 weeks: 30

10/30 sessions within these 3 weeks will be fixed programmes.

- Urogynaecology clinic (mon, tue, fri : morning): 2 sessions
- Hysteroscopy clinic(tue pm): 1 session
- ASTC simulation training (mon pm): 1 sessions (all students to attend)
- Day Surgery (every mon/thurs am): 3 sessions
- Prof EL Yong’s tutorial (2nd week): 1 session
- A/Prof YC Wong’s tutorial (2nd week) : 1 session
- Orientation (1 session)
- Mid posting evaluation (1st batch): 3rd week Fri pm and Admin clearance (2nd batch): 6th week Fri pm

Suggested number of sessions:

- Project: 3 sessions
- G clinic: 3 sessions
- OT: 6 sessions
- Ward Management: 5 sessions
- Admin(meet mentor): 2 sessions

** The intern is expected to achieve at least 90% attendance in the daily morning meeting.
** Night calls: There will be one intern on call everyday. Thus, the total number of calls will be divided equally among the SIP cohort.
ADMINISTRATIVE REQUIREMENT

Excerpts from the “A guide to NUH O&G – survival handbook for house-officer”. The following has been modified as to the requirement for the medical student internship programme.

WARD 48 DAILY ROUND

Mondays to Fridays – rounds should start around 8.45 am. (After the daily morning meeting)
The intern is to write notes during such rounds, together with the house-officer. He/she should enter the following information:

- “Date and time”: on the left-hand corner
- “Ward Round with ‘name of Consultant, Registrar and Medical Officer”.
- Daily entry into the case-notes:
  - S: subjective complaint by patient
  - O: Objective assessment: eg. BP, HR, Temp, drain/urine output, abdomen examination, VE etc
  - A: Assessment/diagnosis
  - P: Plan
  - Please write the Gestational Age at the left-hand corner for obstetric cases.
  - Relevant blood investigation results should be written at the right hand side of the page.
- At the end of the notes, he/she should sign his/her name and write his/her name legibly or stamp his/her name.

At the end of the ward rounds, the intern has to do his work in the following order of priority, together with the house officer:

- Inter-departmental referrals.
- Discharges.
- Clerk the new cases – same-day admissions and those admitted for the following day’s surgery.
- In all cases, HO must check that everything is in order for surgery. Surgeons should be notified of abnormal results or unexpected events.

All operated cases to be seen by intern/house officers within 1 hr of arriving in the ward from the OT.

OT listing for emergency case in the ward:

- Fill up the consent form
- Check out who is the surgeon for the operation
- Fill up the EOT chit: write the name of the surgeon: ensure the nurse faxes the EOT chit
- Call the OT registrar and inform him/her of the case
- Check the required blood investigation eg GXM, FBC etc

** The intern will follow the house-officer and assist in his/her duties during the night call.
OT ROTATION

1. OT starts at 8.30am unless otherwise indicated.

2. Look through the case notes and note these details:
   a. Indication for the operation
   b. Arrange for and print out the Frozen Section form
   c. Drug allergy or medical problem
   d. Tumour markers etc

3. Scrub up if necessary. Catheterize patient after she is under anesthesia.

4. Day surgery cases:
   a. Print out the following forms:
      i. Operation note (blue paper)
      ii. Day Surgery discharge form
      iii. MC
      iv. Medication
      v. Histology request form

5. Major operation notes:
   a. Check findings with surgeons if unsure
   b. See “OT procedures” for description
   c. Check with surgeon regarding post-operative instructions
   d. Enquire about surcharge, if necessary. Should the surcharge be shared between 2 surgeons, fill up the PFS charge form.
   e. Print out the histology +/- cytology forms

6. Enter the operation details into the OT book (located outside OT 4/5).

7. elMR: eg IV pethidine 75mg/IV maxolon in each pint of fluid. IV dextrose saline 2 pints-dextrose 5% 4 pints. Subcutaneous fraxiparine 0.3ml once daily to start at ..... etc