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|  | **SHO** | **SpR** |
| **Antenatal ward round** | n/a | 08:00 – Attend the antenatal ward round and collect the patient handover sheet from the midwives. They will identify which patients require review.After completion of the antenatal ward round, the registrar should handover to the labour ward team and escalate any concerns or outstanding jobs. |
| **Jasmine cover**09:00 – 17:00 | 09:00 – Attend the Jasmine unit for planned patient reviews and assessment of acute gynaecology ultrasound scans. | n/a |
| **Gynae cover**08:00 – 20:00 | 08:00 – Receive the gynaecology ward handover and bleep from labour ward.Undertake postnatal ward round on Worcester.08:30 - Attend Jasmine and meet gynaecology consultant to conduct acute gynaecology ward round.Review remaining gynaecology inpatients (for example, post-operative patients) and complete ward jobs.The rest of the day is spent triaging and reviewing A&E referrals.Note: If staffing is limited, the gynaecology SHO will also cover the Jasmine unit. | 08:00 – Receive the gynaecology ward handover and bleep from labour ward.Then go to admissions on the day (AOD) to consent the patients undergoing surgical management of miscarriage. These are performed on CEPOD and will likely occur between 08:30-10:00.The gynaecology SpR receives the ward and GP referrals.The rest of the day is spent reviewing A&E referrals, ward referrals, gynaecology inpatients and supporting the jasmine SHO.Note: If staffing is limited, the gynaecology SpR may also cover the day assessment unit (DAU). |
| **Gynae theatres**08:00 – 17:00 | 08:00 – Review and consent patients (if appropriate) | 08:00 – Review and consent patients (if appropriate) |
| **Labour ward cover** 08:00 – 20:00  | 08:00 – Labour ward handoverParticipate in delivery suite ward round before reviewing postnatal women on Thames side and transitional care.The rest of the day is spent reviewing patients in triage, assisting in caesarean sections and supporting the labour ward team.  | 08:00 – Labour ward handoverParticipate in delivery suite ward round.The rest of the day is spent managing the labour ward and reviewing patients in triage and antenatal ward. |
| **Clinic**09:00 – 17:00 | Not routinely allocated.If allocated, the SHO will be supranumerary.  | 09:00 – Attend clinic.Gynaecology clinics are documented on CRS and require a dictated letter for each patient.Obstetric clinics are documented in the hand-held obstetric notes with a short summary on CRS.If the consultant is not present, the clinic will be run by an ST5+ doctor with an allocated consultant for advice. |
| **Elective caesarean section**08:00 – 17:00 | 08:00 – Review and consent patients (if appropriate)TTOs (if required) should be completed for all patients following an elective caesarean section. | 08:00 – Review and consent patients.TTOs (if required) should be completed for all patients following an elective caesarean section. |
| **Nights** | 20:00 – Labour ward and gynaecology handoverParticipate in delivery suite ward round.The rest of the night is spent managing the labour ward together with acute obstetrics and gynaecology referrals. | 20:00 – Labour ward and gynaecology handoverParticipate in delivery suite ward round.The rest of the night is spent managing the labour ward together with acute obstetrics and gynaecology referrals. |