



PENINSULA HEALTH

Information on

Intern

Resident

Registrar

Positions

For

2017

PENINSULA HEALTH

Peninsula Health is a major Metropolitan Health Service with over 900 beds across 12 sites on the Mornington Peninsula, one of the most scenic and historic tourism areas of Victoria. Major sites include Frankston Hospital, Rosebud Hospital, and Rehabilitation, Aged, and Palliative Care facilities at Golf Links Road, Frankston, Rosebud, and Mornington. The Health Service offers a full range of investigative services, including MRI and cardiac catheterisation laboratory. A new Emergency Department and three new wards opened in February 2015.

This brochure details the Intern, HMO and Registrar positions offered for the 2017 clinical year.

EXECUTIVE DIRECTOR MEDICAL SERVICES

The Executive Director Medical Services & Quality and Clinical Governance, Dr Fergus Kerr, has overall responsibility for professional medical matters within Peninsula Health.

MANAGER MEDICAL WORKFORCE

Mr Peter Naughton is the Manager of the Medical Workforce. Mr Peter Watts supports the Junior Medical Staff (JMS) at Peninsula Health. Mr Denis Mason supports the Senior Medical Staff (SMS) at Peninsula Health. The Unit undertakes:

- Human Resources support including recruitment and retention of approximately 700 medical staff (Consultants, Registrars, Residents and Interns) each year
- Allocation of Interns and Residents across the clinical programs on an annual and term basis
- Provision of support and assistance with the development of annual and term rosters
- Allocation of annual leave to Interns and Residents in the general program
- Coordination and monitoring of the performance management system for JMS
- JMS Orientation
- Support in monitoring HMO costs and assistance with budget preparation
- Coordination of JMS accreditation
- Medical student rotation support
- Oversight of library functions at Peninsula Health

DIRECTOR OF CLINICAL TRAINING, SUPERVISOR of INTERN TRAINING & MEDICAL DIRECTOR SIMULATION CENTRE

Dr Kathy McMahon is the Director of Clinical Training (DCT), Supervisor of Intern Training and Medical Director Simulation Centre. She is responsible for:

- Supervision of Intern Training
- Oversight of continuing education and professional development opportunities for Interns and Residents.
- Support in the recruitment and retention of Interns and Residents
- Support in development of orientation programmes in conjunction with the Medical Education Officer
- Provision of advice to Interns and Residents, along with the HMO Mentors and other support services
- Assistance with and support of the Intern and Resident accreditation process
- Medical Director duties at the Simulation and Clinical Skills Centre

MEDICAL EDUCATION OFFICER

The Medical Education Officers (MEO) is Ms Jade Watson. The Medical Education Officer co-ordinates:

- Weekly Intern Education sessions
- Resident Education Program
- International Medical Graduates (IMGs) education program including Australian Medical Council examination support
- Orientation Program development and implementation
- Co-ordination of the mentoring program for JMS
- Support and oversight of PHPrime, the junior medical staff learning management platform
- Preparation of on line resources to support JMS
- Monitoring of rotation evaluation for JMS
- Liaison with Clinical Directors for education support
- Assisting with cultural support for IMGs

PROJECT & MWU COORDINATOR

Ms Val Reid is the Project and MWU Coordinator and supports unit activities in addition to managing the MOB. She is also responsible for management reporting, projects and senior medical staff continuing medical education support.

HMO MENTORS

Interns at Peninsula Health are offered the opportunity to have the support of HMO Mentors in a purpose developed program. Mentors are drawn from across the health service workforce and have received special training to provide support to our Interns.

PENINSULA CLINICAL SCHOOL

Ms Janty Taylor is the site administrator of the Peninsula Clinical School and supports Dr Philippa Corby who oversees Monash medical student programs at Peninsula Health.

SIMULATION AND CLINICAL SKILLS CENTRE

Medical Director Dr Kathy McMahon and the Simulation Co-ordinator (Ms Joy Davis) oversee the Peninsula Health Simulation Centre.

All Peninsula Health medical staff are encouraged to attend education sessions at the Centre with department head support. The nature of the sessions leads to an increase in clinician hands-on experience managing ill patients and critical events in a safe simulated learning environment.

These are examples of education sessions currently provided to medical staff:

- Intern Simulation Sessions (Which articulate with the Australian Curriculum Framework)
- HMO Simulation Sessions
- Session in formal Registrar training programs, e.g. Emergency Registrar training, Anaesthetic Registrar training and Physician Trainees.
- Paediatric Life Support (APLS accredited), and Advanced Neonatal Resuscitation course.
- Unit specific simulated education e.g. regular Paediatric sessions and more.

Peninsula Health is dedicated to providing quality educational programs to support lifelong learning.

ANAESTHESIA

Director:	Dr Chris Bowden
Deputy Director:	Dr Tzung Ding
Supervisors of Training:	Dr Sam Leong & Dr Helen Kolawole
Director of Anaesthetic Research & Education:	A/Prof Terry Loughnan
Staff:	Dr Rogier Backx Dr John Copland Dr Tyron Crofts Dr Eric Gunasekera Dr Paul Hales Dr Helen Kolawole Dr Sam Leong Dr Julian Mahood Dr Andrew McLaughlin Dr Gary McKenzie Dr Louise Parker Dr Michael Patterson Dr Wai Tam Dr Ashley Webb
VMOs:	Dr Theo Adraktas Dr John Campbell Dr Mae Chen Dr Peter Clarke Dr Rebecca Dabars Dr Thomas Edgley Dr Andrew Green Dr David Henry Dr David Ip Dr Nirmala Jayasekera Dr Nam Le Dr Stuart Marshall Dr Jinny Marxsen Dr Tony Prendergast Dr Jim Shim Dr Chris Stokes Dr Jacqueline Sushames Dr Theresa Trinh Dr Tony Vulcan

The Department of Anaesthesia is staffed by the above staff and 17 Registrars, 13 Registrars in accredited training positions and 4 in non-accredited positions. The Consultant Anaesthetists provide Anaesthetic services to the hospital on a 24 hour basis.

The Department provides all forms of anaesthesia for elective and emergency surgery and obstetric care. Experience for Registrars is gained in general anaesthesia, regional blocks, spinal anaesthesia, paediatric anaesthesia, pain relief and thoracic anaesthesia. Registrars are supervised by Consultant Anaesthetists at all times. The level of supervision being that appropriate to experience and competency.

Quality Assurance programs are conducted within the Department and the Registrars have an opportunity to research and report on the various programs instituted. Reports are given at the Department meetings held towards the end of each anaesthetic rotation. Four weekly Morbidity and Mortality meetings are held in the Academic Centre at which Registrars present cases. Primary examination tutorials are held at Monash Medical Centre and accredited trainees are rostered for this. Secretarial support is provided to the Department and can be used for compilation of QA reports, or as needed.

ANAESTHETIC REGISTRARS

The Department of Anaesthesia is accredited for anaesthetic training with the Australian and New Zealand College of Anaesthetists. The positions involve provision of anaesthesia both in hours and out of hours and provide a range of experience for both elective and non-elective surgery. Frankston Hospital is a busy general metropolitan hospital and provides a range of surgical services:

- Obstetrics
- Gynaecology
- Major Vascular Surgery
- General Surgery
- Orthopaedic Surgery
- ENT Surgery
- Specialist Paediatric Surgery
- Plastic Surgery
- Specialist Gynaecology Oncology
- Ophthalmology
- Urology
- Thoracic Surgery
- Therapeutic and diagnostic Endoscopy
- Cardiac pacemaker insertions
- Anaesthesia for radiological procedures in adults and children
- ECT in the Psychiatric Service

In addition to the above surgical procedures, the Anaesthetic Department also provides cover for labour ward epidurals, acute resuscitation in the Emergency Department, conducts regular daily rounds of patients for pain relief on the general wards and the Department also runs a Pre-Admission Anaesthetic Clinic for assessment and optimisation of patients prior to admission.

Training Program

- Mortality and Morbidity Meetings within the Department of Anaesthesia of the Health Service with Registrars' presentations.
- Divisional Academic Meetings of the Division of Anaesthesia.
- One on one instruction in Operating Theatre lists.
- One on one instruction in Delivery Suite.
- One on one instruction in the Endoscopy Suite.

EMERGENCY DEPARTMENT

Frankston and Rosebud

Director Peninsula

Emergency Services

Clinical Director:

Dr Shyaman Menon

Clinical Director RHED

Dr Helen Hewitt

Director of Emergency Training:

Dr Mohan Kamalanathan/Dr Aaron Robinson

Consultants:

Dr Meredith Adie

Dr Saad Al Nooman

Dr Sean Arendse

Dr Kate Bristow

Dr Dawn Chan

Dr Ifeanyi Chiezey

Dr Leong Goh

Dr Darsim Haji

Dr Helen Hewitt

Dr Martin Jackson (Lead Clinician in HITH)

Dr Maureen Koo

Dr Sherra Leonny

Dr Carl Luckoff

Dr Mahes Masilamany

Dr Jakub Matera

Dr Andrew Rosengarten

Dr Mark Smith

Dr Siba Sulaeman

Dr Andrew Tay

Dr Denise Van Vugt

The Emergency Department at Frankston Hospital is a busy department which sees approximately 60,000 patients per year. Of these almost 25% are children. A wide range of clinical problems is dealt with by the Department including multiple trauma and acute medical, surgical, gynaecological and psychiatric emergencies. Most of the patients seen in the Emergency Department have significant medical problems.

The Department has a full establishment, which includes 25 Emergency Physicians, 42 Registrars 10 HMOs and 7 Interns.

The Department is accredited by the Australasian College of Emergency Medicine for 2 years and completion of Paediatric component of ACEM training. Registrars are offered external rotations in Anaesthetics, Paediatrics and Intensive Care. We are also a Monash University Teaching Department.

The triage mix and workload is that of a major metropolitan emergency department. We see the entire trauma for the Health Service and at this stage the only trauma we send on to trauma centre or tertiary referral hospital are complex orthopaedics, neurosurgery, spinal cord injury and cases requiring cardiac bypass. All investigations, including CT and MRI, are available 24 hours a day.

Medical officers working in the department are supported by the in-house Registrars in Emergency Medicine, Medicine, Surgery, Paediatrics, Psychiatry, Gynaecology, Anaesthesia and Intensive Care as well 19 hour on the floor Specialist Emergency Medicine cover from 7am till 2am, as well as specialist consultants on call. Broad clinical experience is gained in a wide range of medical and surgical conditions and the opportunity exists to learn and perform several clinical procedures under supervision. A structured teaching program is also in place at both Registrar and HMO/Intern level.

Registrars have weekly teaching, including preparation for the Primary and FACEM exams for ACEM. They also include lecture/tutorial sessions as well as case reviews and individual case tuition provided by the consultants within the department and inpatient unit specialists. There are also monthly Simulation centre scenario and procedure training. Interns have monthly scenarios at the Peninsula Health Simulation centre combined with a fortnightly lecture series for both HMOs and Interns, presented by the Emergency Physicians and other specialist staff.

The Emergency Department undergoes continuous reviews and redevelopment to provide a more pleasant working environment and permits an expansion of acute medical services including increased procedural work and an increased critical care role. The Department has access to most of the latest technologies and equipment.

Emergency rotations are a sort after term by many and places are limited, but opportunities to learn and progress under the structured teaching program, with advancement to Junior Registrar and College trainee. Rotations may include Rosebud Hospital Emergency Department.

Rosebud Emergency Department is a smaller community ED servicing the Peninsula. Rosebud sees approximately 25,000 attendances per year, most patients being discharged back to the community. The summer season sees a significant population and presentation increase with the vacationers both local and overseas.

The Department has Consultant supervision from 8am till 6pm with on call SMS available afterhours. They have full support from Frankston Hospital and Emergency Department. Staffing is 6 Registrars, 5 HMO and 2 Interns, with most staff rotating to Frankston.

Rosters are set to cover the units appropriately and to ensure that staff members have adequate breaks between duties.

EMERGENCY DEPARTMENT INTERN

Duties

1. Provide acute medical care to Emergency Department patients and assist more senior doctors in complex cases.
2. Participate in educational and clinical audit activities organised by the Department of Emergency Medicine.
3. Other duties as determined by the Director of Emergency Medicine, or as directed by an Emergency Physician or Registrar.

Interns are inexperienced and therefore must work in the Emergency Department under the supervision of more senior doctors. Consultants are primarily responsible for their interns, who should actively seek the Consultants advice.

More mistakes are made by not asking than by not knowing. If in doubt, ask!

Clinical Privileges

1. All ECG's and x-rays ordered by an intern are to be reviewed by the Emergency Department Consultant or Registrar.
2. Interns must discuss all patients with the Emergency Department Consultant or Registrar *prior* to contacting a specialty registrar.
3. Interns are not to discharge from the Emergency Department ANY patient without the approval of the Emergency Department Registrar or Consultant.
4. Interns are not to undertake any procedure or to initiate any treatment unless:
 - (a) They have previously demonstrated competence in that particular area.
 - (b) They have discussed the case with the Emergency Department Consultant or Registrar.
5. Investigations ordered must comply with the Traffic Lights Policy of the hospital.
6. All surgical procedures performed by interns, including sutures, are to be reviewed by the Emergency Department Consultant or Registrar prior to the application of sterile dressings.
7. All plaster of paris splints and casts are to be reviewed by the Emergency Department Consultant or Registrar prior to the patient being discharged or transferred to a ward.

MEDICINE

Clinical Director of Medicine:	Dr Gary Braun
Director of Cardiology:	Dr Philip Carrillo
Director of General Medicine:	Dr Anmol Bassi
Director of Endocrinology:	Dr Kati Matthiesson
Director of Thoracic Medicine:	A/Professor David Langton
Director of Palliative Care	Dr Brian McDonald
Director of Cancer Services	Dr Romyne Holmes
Director of Physician Education:	Dr Bill Slater
Deputy Director of Medicine:	Dr Kim Wong

Heads of Units

Dr David Badov	Gastroenterology
A/Prof Ernie Butler	Neurology
Dr Kim Wong	Nephrology
Dr Peter Kelley	Infectious Diseases

Physicians:

Dr John Catalano	(Haematology)
Dr Askin Gunes	(Gastroenterology)
Dr Nicole Potasz	(Oncology)
Dr Nick Manolitsas	(Thoracic Medicine)
Dr Prakash Nayagam	(General Medicine)
Dr Bruce Maydom	(General Medicine)
Dr Kumari Konarathna	(General Medicine)
Dr Mahi Jasinarchchi	(Neurology)
Dr Sameer Kaul	(Respiratory / General Medicine)
Dr Chin Tan	(Endocrinology)
Dr Rebecca Reed	(Cardiology)
Dr Murray Taverner	(Chronic Pain)
Dr Ray Chan	(Chronic Pain)
Dr John Monagle	(Chronic Pain)
Dr Eric Thevathasan	(Rheumatology/Palliative Care)
Dr Jacqui Thomson	(Oncology)
Dr Greg Szto	(Cardiology)
Dr Arunothayaraj	(Cardiology)
Dr Mark Frielich	(Cardiology)
Dr Robert Lew	(Cardiology)
Dr Robert Herrmann	(Gastroenterology)
Dr Rodney Teperman	(Cardiology)
Dr Brian Wood	(Cardiology)
Dr Jayantha Rupasinghe	(Neurology)
Dr Kamran Kheryi	(Acute Care of the Elderly)
Dr Juan Aw	(Rheumatology)
Dr Robert Flanc	(Nephrology)
Dr Chanad Harangozo	(Infectious Diseases)
Dr Catherine Marshall	(Infectious Diseases)
Dr Sanjay Raghav	(Neurology)
Dr David Blakey	(Oncology)
Dr Vinod Ganju	(Oncology)
Dr Leon Fisher	(Gastroenterology)

Dr Aaron Thornton	(Gastroenterology)
Dr Debra Renouf	(Endocrinology)
Dr Philip Carrillo	(Cardiology)
Dr Michelle Gordon	(Endocrinology)
Dr Sanjeev Sewak	(Oncology)
Dr Lisa Lefkovitis	(Cardiology)
Dr Robert Lewis	(Palliative Care)
Dr Huy Tran	(Haematology)
Dr Yoland Antill	(Oncology)
Dr Jun Shen	(General Medicine)
Dr Chiu Sze Fung	(General Medicine)
Dr Sam Gardiya Punchhewa	(Neurology)
Dr Anita Vinton	(Neurology)
Dr Vinod Venkataraman	(Nephrology)
Dr Natasha Curtin	(Haematology)
Dr Emma Beardsley	(Oncology)
Dr Richard La Nauze	(Gastroenterology)
Dr Juan Mulder	(Respiratory/General Medicine)
Dr Patricia Walker	(Haematology)
Dr Jonathan Habersberger	(Cardiology)

Department of Cardiology and Coronary Care Unit

Frankston Hospital operates a fully equipped 14 bed Unit. A range of facilities is available including permanent and temporary pacing. The Unit is run on a day to day basis by appropriately trained nursing staff and supported by a Director of Cardiology and eleven Cardiology VMOs. Registrar and two HMO's rotate through the Unit and will gain experience and teaching in aspects of modern coronary care patient management.

The Coronary Care Unit is supported by the Department of Cardiology's investigative facilities which include transthoracic and transoesophageal echocardiography, stress ECG and stress echocardiography. The hospital has a cardiac angiography suite performing cardiac angiograms and percutaneous coronary interventions. HMO's with a specific interest in furthering their knowledge of diagnostic cardiology have an opportunity to undertake training in these various techniques.

Gastroenterology Unit

Specialised inpatient management and day procedural Gastroenterology activities are undertaken at Frankston Hospital. Over 2,000 endoscopic procedures including gastroscopy, colonoscopy and ERCP are done each year in a dedicated facility.

The Unit is staffed by five Gastroenterology VMO's. A specialist Gastroenterology Advanced Trainee, along with a registrar and one HMO rotate through the Unit.

Nephrology Services

Peninsula Health Renal Service (PHRS) provides secondary Nephrology service to residents of Mornington Peninsula. The in patient service includes management of patients with Nephrological conditions, acute dialysis service, in patient care for patients on haemodialysis and peritoneal dialysis, renal biopsy procedures, insertion and removal of central venous lines. The Renal Registrar is an accredited position for advanced training with RACP. There are on average 20-25 renal biopsies performed a year, 5-12 inpatients and about 10-15 CVL insertion per year. PHRS directly supervise Frankston and Rosebud satellite Haemodialysis dialysis service. The Alfred is the Renal Hub for PHRS. Home

Haemodialysis and Peritoneal Dialysis patients are being cared for by the Alfred and PHRS. Renal has an APT and a HMO who rotates through the unit.

Respiratory

The Respiratory unit is a busy department with not only complex inpatients but Outpatient Clinics, Bronchoscopy twice a week, Lung Function Testing and the Sleep Centre. Attendance at weekly unit meeting and MDT meetings weekly is a requirement of all respiratory staff. Two APT's provide teaching to a registrar and a HMO who rotate through the unit

MEDICAL HMO'S AND INTERNS

4 General Medicine Units

Advanced Trainees, BPT's, HMO's, Interns Look after a very broad range of acute medical conditions as well as the medical needs of surgical, orthopaedic and mental health patients.

CORONARY CARE UNIT HMO

MEDICAL REGISTRAR

(Accredited for Basic Training with RACP)

All positions are accredited by the Royal Australasian College of Physicians.

A separate handbook detailing Medical Registrar positions will be available to Residents and Registrars. Please contact Dr Bill Slater on 9784-7250 with regards to rotations in 2015.

THE MEDICAL UNITS

Currently there are 13 Medical Units, as follows:

- i. Cancer Services – Oncology, Haematology and Palliative Care
- ii. Cardiology
- iii. Endocrinology
- iv. Gastroenterology
- v. General Medicine (4 units)
- vi. Infectious Diseases
- vii. Nephrology
- viii. Neurology
- ix. Respiratory
- x. Acute Care of the Elderly (ACE)

Rotations to The Alfred, Frankston ICU, Mildura Base Hospital and Goulburn Valley Hospital are offered to BPT 2 & 3

As you rotate through the medical units, you will be provided with specific information on each role, the learning objectives, and contact phone numbers for your consultants and other useful information.

This outline will give you just a broad overview.

1. Cardiology

- Frankston Hospital operates a fully equipped 14 bed Unit.
- A range of facilities is available including permanent and temporary pacing.
- The Unit is staffed by a Director of Cardiology, eleven Cardiology VMOs, Registrar's and two HMO's
- The Coronary Care Unit is supported by the Department of Cardiology's investigative facilities.
- The hospital has a cardiac angiography suite performing cardiac angiograms and percutaneous coronary interventions

2. Endocrinology

- A unit that functions mostly by providing referral services to other medical and surgical units.
- A large number of clinics including for diabetes complications, diabetes stabilisation, gestational diabetes, young adults with diabetes and a separate endocrine clinic.
- Staffing One Advanced Registrar, One BPT registrar
- Serious endocrine emergencies would come in under endocrinology e.g.: DKA, Hyperosmolar, and Thyrotoxicosis. All newly diagnosed insulin requiring diabetics would come under endocrinology.

3. Gastroenterology

- Specialised inpatient management and day procedural Gastroenterology activities are undertaken at Frankston Hospital. Over 2,000 endoscopic procedures including gastroscopy, colonoscopy and ERCP are done each year in a dedicated facility.
- The Unit is staffed by five Gastroenterology VMO's. A specialist Gastroenterology Advanced Trainee, along with a registrar and one HMO rotate through the Unit.

4. General Medicine Units (4)

- Advanced Trainees, BPT's, HMO's, Interns Look after a very broad range of acute medical conditions as well as the medical needs of surgical, orthopaedic and mental health patients.

5. ACE (Acute Care of Elderly)

- This Unit predominantly cares for acute geriatrics.
- The patient load is usually 12-15 patients. They do tend to be older patients often with social issues in addition to medical ones.
- Staffing; One intern and a Registrar.
- The ACE Unit Home Ward is 5GN.

6. Neurology

- Ward rounds are 4 times per week.
- The unit is staffed by 2 registrars and 2 HMO.
- This unit admits all strokes, TIA's, epilepsy, meningitis/encephalitis, headaches. More unusual neurological conditions such as Motor neurone Disease, Parkinson's disease, MS etc. are also admitted to Neurology.

7. Cancer Services

- Staffing Oncology Advanced Trainee, Palliative Care Advanced Trainee, Oncology Registrar and a HMO
- Busy Oncology, Day Chemotherapy Ward
- Complex inpatients
- Separate Palliative Care inpatients unit at Golf Links Road

8. Respiratory Medicine

- The Respiratory unit deals with complex inpatient and Outpatient Clinics, Bronchoscopy twice a week, Lung Function Testing and the Sleep Centre.
- Attendance at weekly unit meeting and MDT meetings weekly is a requirement of all respiratory staff.
- Two APT's provide teaching to a registrar and a HMO who rotate through the unit

9. Renal Medicine

- The Renal Registrar is an accredited position for advanced training with RACP.
- There are on average 20-25 renal biopsies performed a year, 5-12 inpatients and about 10-15 CVL insertion per year.
- Peninsula Health Renal Service (PHRS) directly supervise Frankston and Rosebud satellite Haemodialysis dialysis service. The Alfred is the Renal Hub for PHRS.
- Home Haemodialysis and Peritoneal Dialysis patients are being cared for by the Alfred and PHRS.
- Renal has an APT and a HMO who rotates through the unit.

10. Infectious Diseases Unit

- Inpatient and referral Unit
- There are two ID registrars.
- Two Clinics per week

11. Rosebud Hospital

- Rosebud is a 72 bed public hospital located at the southern end of the Mornington Peninsula about 30 minutes' drive from Frankston Hospital.
- There is an Emergency Department, surgical and a 25 bed medical unit.
- There is a haemodialysis unit and chemotherapy unit.
- The medical unit is staffed by 2 medical registrar and 4 medical HMO's and one Intern.

12. Goulburn Valley Hospital

- GVH is a Base Hospital of 250 beds in Shepparton, in Northern Victoria. It is 2 hours' drive from Melbourne.
 - There are 4 General Medical Units.
 - We rotate 1 medical registrar to GVH for a 3/12 term
 - 4 of our medical registrars will rotate there each year.
- Primary schools are nearby, a 2 bedroom flat is available within the hospital grounds and it is a centre of dairy farms and orchards.

13. Mildura Base Hospital

- Mildura is located on the Murray River approximately 600km from Melbourne. It is a 146 bed level 1 tertiary teaching hospital providing a range of acute services, including ED, ICU, maternity, medicine and surgery.
- One registrar rotations to Mildura for a 3/12 term.
- Medicine has 40 beds with 4 Consultants, and a 5 bed ICU. The hospital is accredited for RACP Basic Physician Training
- The registrar will be expected to manage the medical and renal inpatients and the dialysis outpatients unit.
- The registrar will be part of the weekend cover 1:3 for general medicine.
- Accommodation is available and must be booked through the Department of Medicine Administration staff.

Duties for all staff

CARDIOLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

These positions are matched to PH by the Cardiology APT Education Unit based at St Vincent's Hospital. The positions are for 6 months and from 2015 will include on call for PCI.

GASTROENTEROLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

Please contact Dr David Badov, Head, Gastroenterology, telephone (03) 9781 4434 for details of this position.

ENDOCRINOLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

Please contact Dr Kati Matthiesson on KMatthiesson@phcn.vic.gov.au for details of this position.

RESPIRATORY ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

Please contact A/Prof David Langton on 9784 7058 for details on these positions

RENAL ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

Please contact Dr Kim Wong on 9784 7859 for details on this position.

ONCOLOGY ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

Please contact Dr Romayne Holmes on RHolmes@phcn.vic.gov.au regarding this position.

GENERAL MEDICINE ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

There are 3 positions available for 2017 and for more information please contact Dr Anmol Bassi on 9784 8495.

INTENSIVE CARE UNIT

Frankston Hospital operates a 13 bed Intensive Care Unit to service the needs of Frankston and the Mornington Peninsula. We provide the full range of intensive therapies offered by a level 3 unit. These include airway protection, mechanical ventilation, invasive hemodynamic monitoring, circulatory support measures, dialysis and hemoperfusion. Probably the greatest asset of any intensive care unit, however, is its staff, who can provide both intensive nursing care and intensive medical care. Frequently these are a greater reason for transfer to ICU than the need for a special machine.

The medical staffing includes 5 consultants, 6 accredited registrar positions, 4 Registrar positions and one Resident PGY2 post.

Patients in need of postoperative ICU are booked. Discussion with the Unit medical staff is mandatory. Emergency patients take precedence over elective cases until surgery has been

commenced. Referrals for assessment by ICU staff should be accompanied by an appropriate referral note in the progress notes.

The Intensive Care Unit is staffed by fairly senior HMO's, who would be expected to advise on the management of a difficult patient. ICU prefers to be involved early in the management of a sick patient, rather than trying to salvage a patient who is moribund.

ICU REGISTRAR

The Unit employs 5 advanced trainees and 1 ED registrar who work 0830-2100 hours, 2030-0900 hours on alternating rosters. On each shift there is also a resident from Anaesthesia, General Medicine or sometimes Surgery. Rotations are for a minimum of three months.

Appropriate training activities will be provided. The nature of ICU demands a high level of interaction between consultants and junior staff and thus will provide good supervision. ICU provides an excellent opportunity to develop procedural skills, a deeper understanding of pharmacology and a broad understanding of disease and resuscitation.

Suggested Daily Ward Routine

0800-0900	Examine all patients thoroughly prior to the morning round Check results of all investigations available Check x-rays
0900-1230	ICU Consultant ward round.
12.30-16.30	organise any investigations required Liaise with any other medical staff required Insert any relevant lines Organise ward TPN prescriptions Follow up ICU discharges Complete discharge summaries Speak to relatives Take patients to radiology where required
1630-1800	Evening ward round Tidy up loose ends Prepare any talks/presentations Relevant reading Prepare paperwork for tests, requests, IV orders, and drug data for following day

Objectives for ICU Junior Medical Staff

The Intensive Care term offers many opportunities to broaden your understanding of medicine. Whilst it is common to think of Intensive Care in terms of procedures and new technology, it is the broader understanding of the natural history of disease processes and the physiology of the human body, together with an opportunity to deepen your knowledge of pharmacology which will be of lasting benefit. During your term I would hope that you can achieve understanding in most of the following areas:

Cardiology

- the natural history and expected complications of myocardial infarction
- the recognition, causes and treatment of common tachyarrhythmias
- the recognition, causes and treatment of common bradyarrhythmias
- management of cardiogenic shock

- management of thrombolytic therapy
- anticoagulant therapy
- the principles of hemodynamic monitoring
- the use of inotropic and vasodilator drugs
- echocardiography

Renal

- fluid and electrolyte therapies and disturbances
- acid/base disturbances
- prevention of acute renal failure
- features and conservative management of acute renal failure
- drug therapy in renal failure
- dialysis

Respiratory

- assessment of respiratory status
- post operative respiratory care
- interpretation of arterial blood gases
- oxygen therapy
- bronchodilator therapy
- the artificial airways - ETT - and tracheostomy
- positive pressure ventilation
- non-invasive respiratory support
- chest trauma

GI

- transfusion therapy - blood and blood products
- feeding - enteral and parenteral
- upper GI bleeding - causes and treatment
- lower GI bleeding - causes and treatment
- imaging the abdominal contents
- hepatic failure
- abdominal trauma

Neurology

- the assessment of the comatose patient
- sedation, analgesia and paralysis
- anticonvulsant therapy
- meningitis
- intracranial haemorrhage
- the CT brain
- poisonings and overdoses

Miscellaneous

- septicaemia
- antibiotic therapy
- obstetric emergencies
- diabetic emergencies
- anaphylaxis
-

ICU Advanced Trainee

1. The Registrar position is a 12 month rotation suitable for an advanced trainee with at least four years experience post registration, who has an interest in Intensive Care Medicine. Previous ICU experience is mandatory. The position is particularly suitable for a high quality candidate studying and sitting for trainee examinations. The post is accredited for Anaesthetic training, for Physician training and for training in Emergency Medicine.
2. Duties will include:
 - Assuming the responsibility for management of ICU patients, particularly providing the continuity of care between consultants.
 - Supervision of ICU HMO's particularly with respect to the follow-up of investigative results.
 - Teaching of and supervising the HMO's performance of bedside procedures, including endotracheal intubation, central venous catheterisation, intercostal catheter insertion and arterial line insertion.
 - Supervise and assist with the performance of and training of HMO's for and during cardiac arrest procedures.
 - Take prime responsibility for informing the family members of progress of their relative and dealing with their concerns.
 - Follow-up the progress of all patients discharged from the ICU for the first 24 hours post discharge, or until they are stable.
 - Supervise the administration of parenteral nutrition on the wards.
 - Collate and report the ICU database.
3. Opportunities exist for the Registrar to attend conferences and training sessions depending on their level of experience and progress in terms of examinations

REHABILITATION, PALLIATIVE and AGED CARE

Senior Medical Staff

Clinical Directors:	Dr Brian McDonald Dr Christopher Baguley Dr Peter Lynch	Palliative Care Rehabilitation Aged Care
Consultants:	Dr Aisling Griffin Dr Anjali Khushu Dr Daniela Pasagic Dr David Lyall Dr James Ting Dr Juleen Lim Dr Kamran Kheryi	Palliative Care Aged Care Rehabilitation Aged Care Rehabilitation Rehabilitation Aged Care

Dr Kapil Gupta	Rehabilitation
Dr Kim Tew	Aged Care
Dr Mary Lou Leach	Rehabilitation
Dr Melanie Benson	Palliative Care
Dr Rajesh Singh	Aged Care
Dr Sam Kumar	Aged Care
Dr Stephen Denton	Aged Care
Dr Stephen Loi	Aged Care
Dr Vishnu Sharma	Aged Care

Interns & Resident

Hours of Duty

Monday to Thursday: 0830 – 1700, Fridays: 0800 – 1700 with one rostered afternoon off per week (finishing at 1200pm). There are on-call week nights and weekends with some variation to the start and finish times. Attendance on public holidays is not required, except when on call.

Rehabilitation, Aged Care and Palliative Care under the auspices of Peninsula Health is managed by the RoMANCCC Cluster (Rosebud Hospital, Mental Health, Allied Health, Nursing and Community and Continuing Care). Inpatient services are provided at three campuses; Aged Care in Separation Street, Mornington, Rehabilitation in Golf Links Road and Rosebud and Palliative Care in Golf Links Road, with a total bed number of 195 beds. A new aged care site at Mornington commenced operations in 2007. Community Rehabilitation Centres for daytime service are situated in Frankston, Rosebud. Specialist Clinics include Falls, Neuro-Rehabilitation Amputee/Prosthetics Service, and Continence. Movement Disorder and Cognition and Dementia Assessment Clinics complement the CCC program. Mount Eliza Aged Care Assessment Service (MEACAS) is situated at the Jacksons Road site.

Admissions are made in the categories of Rehabilitation (Fast Stream and Orthogeriatrics), and Evaluation and Management (Aged Care Assessment).

Rehabilitation admissions include stroke patients, post fracture or post orthopaedic surgery, amputees, multiple sclerosis, post vascular or general surgery with complications or deconditioning, COAD, cardiac failure, arthritis, etc. Elderly patients with fractures are admitted under Orthogeriatrics.

Evaluation and Management admissions include patients with multiple complex medical problems who need assessment, management and rehabilitation and more specialised care for patients with dementia and behaviours of concern (eg: tendency to wander).

HMO Medical Staff:

- 4 Registrars in Aged Care (Geriatric Medicine) – 3 at The Mornington Centre, one at ACE unit at Frankston Hospital
- 3 Registrars in Rehabilitation Medicine
- 1 Registrar in Palliative Care
- 5 Second/Third year HMO's
- 2 Interns (one position in Rehabilitation, one in Aged Care)

HMO's are responsible for clerking and primary care of patients under the supervision/assistance of Registrars and Senior Medical Staff. Experience gained in

Geriatric Medicine and Rehabilitation Care will help in future training for general practice/specialist training programs.

The program is expanding the specialist inpatient clinical service with weekly consultative rounds in Diabetes Mellitus, Continence, Falls, Cognition and Wound Management. In addition there is a comprehensive clinical induction program and placements at the specialty clinics (eg Falls, Memory Clinic, Movement Disorder, Continence) with Senior Medical Staff. There is also the opportunity to participate in community based assessments with the Aged Care Assessment Service and to accompany and observe home assessment by the ward's Occupational Therapist.

Every Friday morning, Senior Staff and HMO's meet for an hour for a morbidity and mortality review meeting, where clinical cases, deaths or complications that occurred during the week are discussed. The HMOs are actively encouraged to participate and contribute in clinical discussions. HMOs also present a compulsory Mini Clinical audit during their rotation and participate in journal Club education sessions. Friday morning is also the time when seriously ill patients are discussed in preparation for the weekend on call. There is also a specific education session for HMO's which include lectures by Senior Medical Staff

HMO's are encouraged to attend the lunchtime lectures and Grand Rounds at Frankston Hospital.

The program is fully accredited for training in Geriatric Medicine and Rehabilitation Medicine.

WOMEN'S HEALTH (OBS & GYN)

Clinical Director: Associate Professor Amar Trivedi

Staff Specialists O & G: Dr Jolyon Ford
Dr Bipin Gupta
Dr Stanislav Vashevnik
Dr Swapna Rajoo

Consultants (VMOs) Dr Geoffrey Baker
Dr Melwyn D'Mello
Dr Andrew Griffiths
Mr Keith How
Dr Petra Porter

Approximately 2700 mothers are delivered each year at Frankston Hospital, which is accredited by the Royal Australian and New Zealand College of Obstetricians &

Gynaecologists for Membership and Diploma training. Teaching programs for postgraduate and undergraduate students are in place and Specialists from the Hospital act as Visiting Examiners at Monash University and as RANZCOG.

There is an emphasis on both the quality of care to patients and a high standard of teaching to HMO's. Risk Management programs are established and there are regular Obstetric Risk Management, Gynaecology Risk Management, Gynaecology Pathology Conferences and Unit Meetings in which HMO participation is encouraged.

Video-clinical multimedia and Internet resources are available through the library. Facilities there are excellent. Second and third year appointments to this Department allow those interested in this aspect of General Practice to develop relevant skills.

All the Specialist members of the Department take responsibility for all Obstetric and Gynaecological patients in turn according to rostered days of duty.

General Practitioners and a panel of General Practitioner Obstetricians encourage HMO training and provide a nucleus of opportunity for successful postgraduates to join a General Practice and after Accreditation to have a continuing association with the Hospital.

Training in this speciality and preparation for the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists is found to be very rewarding to those who have an interest in the Speciality; whether they wish to participate actively in this field in their professional career or for those who wish to complete their medical education before developing other skills.

O&G HOSPITAL MEDICAL OFFICER

(Accredited for DRANZOG &MRNZCOG)

Area of work

Hospital wards, Operating Suite, Emergency Department and Outpatients Department.

Duties

- Ensure that all patients under the care of the HMO are visited at least once daily.
- All instructions regarding treatment of patients are to be legibly written on treatment sheets and instructions clearly given to nursing staff.
- All women seen are to have a full history, examination and progress report recorded in the medical record. Each entry in the medical record is to be signed and dated.
- To arrange for the discharge of patients which will include:
 - (a) Completion of an electronic discharge summary
 - (b) Completion of discharge prescriptions
 - (c) Involvement in the discharge planning process.
- Other duties as allocated by the Director, Women's Health.

HMO's gain experience in operative obstetrics under the guidance of Midwives, Registrars and Specialists. There are antenatal clinics, and specialist antenatal clinics have been developed for "chemically dependent women" and "young mothers". Experience is also obtained in Gynaecological Surgery and in providing care for women in the wards and operating theatres.

HMO's are also called to see Gynaecological emergencies in the Emergency Department. In this Department experience will be gained with supervision by the Registrar and/or Specialist.

O&G REGISTRARS

Duties

- Perform clinical duties, including inpatient, outpatient and on call services as determined by the Director Women's Health or Unit Heads.
- Advise and supervise HMO's and other non-specialist medical staff attached to the Department.
- Ensure that high professional standards are maintained.
- Participate in and contribute to Quality Improvement programs.
- All instructions regarding treatment of patients are to be legibly written on treatment sheets and instructions clearly given to nursing staff.
- All cases seen are to have a full history, examination and progress report recorded in the patient's medical history. Each entry in the medical record is to be signed and dated.
- Ensure appropriate communication with referring doctors and other Hospitals/Networks.
- To perform Obstetric & Gynaecology procedures and operations under supervision of the Duty Consultant in O&G.
- Participate in and contribute to undergraduate and postgraduate teaching programs.
- Other duties as allocated by the Director, Women's Health.

PAEDIATRICS

Clinical Unit Head: Dr Kathy McMahon

Paediatricians: Dr Peter Francis
Dr Hugh Kelso
Dr Anne O'Neill
Dr Ylva Anderson
Dr Simon Blair
Dr Vanessa Gabriel
Dr Sian Hughes

PAEDIATRIC HOSPITAL MEDICAL OFFICER

1. Paediatric Ward

The major responsibility of the HMO's involves being part of the Paediatric Team to provide care for the paediatric patients. The HMO will work alongside the Paediatric Registrar. Ward rounds are conducted each morning.

It is essential that HMO's keep a record in the Unit Record of decisions taken at Ward Rounds and Care Discussions. HMO's are also encouraged to make notes on the Ward Round of any tasks they have been allocated, so that they can be followed up promptly.

The HMO is responsible for admitting and discharging all Paediatric patients under the Paediatricians. Discharge summaries must be completed before a patient is discharged from the ward and must include comprehensively the full range of the diaries relevant to that patient.

A key element to becoming a good doctor is to learn excellent communication skills, HMO's need to keep families informed of the problem of their child and to provide relevant informed advice on the child's condition.

2. Special Care Nursery

The HMO is expected to participate in the care of the patients in the Special Care Nursery and assist the Registrar in procedures and providing paediatric care. It is essential that all babies are examined regularly. Pathology and radiology results are to be followed up each afternoon and requests written for the following day.

The HMO is responsible for the admission of all patients to the Special Care Nursery as well as the discharge summaries and completion of the physical examination for the Child Health Record. Parents are to be kept informed of their baby's progress while they are in the Special Care Nursery.

3. Delivery Suite and Midwifery

The HMO along with the Registrar may be called to the Delivery Suite for a sick newborn and be expected to assist with resuscitation. It is essential that HMO's become confident in the principles and practice of neonatal resuscitation. At the beginning of the rotation HMO's will participate in a teaching seminar covering practical aspects of Basic Neonatal Resuscitation. HMO's must ensure that in their first weeks, they attend deliveries with their Registrar or Consultant unless they have had previous inpatient experiences in neonatal care. It is helpful for the HMO to keep themselves informed of likely neonatal problems in the Delivery Suite and to liaise with the Obstetric team and keep the Paediatricians informed as to potential problems.

4. Midwifery

There may be the need for babies to be checked in the Midwifery area at the request of the nursing staff or other doctors and these babies can be discussed as necessary with the Registrar.

5. Theatre

The HMO and/or Registrar may be called to attend theatre for emergency deliveries and should contact the Paediatrician on call if it is anticipated that there could be problems at the time of delivery or subsequently, for example, significant foetal distress, prematurity or twins.

6. Emergency Department

Many patients are seen in the Emergency Department and the Paediatric HMO will be called to assess the children who may be candidates for admission or need a paediatric opinion. These children should be discussed with the Registrar.

7. Procedures after Hours

There is Registrar cover over night and weekends and the HMO may be involved in procedures such as insertion of intravenous drips, taking of blood and performing lumbar punctures with guidance.

8. Teaching

The HMO is expected to participate in Journal Club, Care Presentations, Systemic Review/Cochrane, X-Ray Meeting, Transfer Meeting, M&M Meeting, Tuesday afternoon teaching and Grand Rounds. Teaching and presentations will occur weekly, per paediatric planner,

9. Histories

Documentation of all patients admitted to the Paediatric Ward or Special Care Nursery is vitally important and full histories and examination should be written in the hospital record. Daily progress notes should be entered during the ward rounds and the results of investigations entered and followed up as soon as possible.

10. Discharge Summaries

Discharge planning should be commenced on admission and completed on the day prior to discharge. The summaries need to be comprehensive and GPs should be rung or contacted if necessary to keep them informed of their patient's condition and discharge.

11. Supervision

One of the Paediatricians will be appointed as a HMO supervisor so that there is the option of discussion with that supervisor if there are any concerns or problems with the Paediatric rotation.

12. Outpatients

Paediatrics run 4 general paediatric clinics, 3 rapid review clinics, one paediatric diabetic clinic and 2 developmental behavioural clinics. HMOS will be allocated to clinics during the term and under close supervision review and manage children.

MENTAL HEALTH

Clinical Director Mental Health Service: A/Prof Sean Jespersen (Clinical Director of Hospital-based and Community Services)

Operations Director Mental Health Service: Sharon Sherwood

Clinical Director Aged Persons Mental Health: A/Prof Dhiren Singh (Aged)

Head of Hospital Mental Health Program: Dr Nicky Zigouris

Psychiatrists:

- Dr Denis O'Loughlin
- Dr Michael Lee
- Dr Binita Sharma
- Dr Cecilia Etulain
- Dr Carmel Peavey
- Dr Melyse Jung
- Dr Kristy McIntyre
- Dr Lucinda Thorley
- Dr Carmen Yeung
- Dr Tessa Reimers
- Dr Geeta Rudra
- Dr Stephen Xu
- Dr Jane Nguyen
- Dr Jaideep Thoduguli
- Dr Jennifer Hodgson

PSYCHIATRY INTERN, HOSPITAL MEDICAL OFFICERS & REGISTRARS

(Registrar positions accredited for FRANZCP)

14 Registrar or Senior HMO positions suitable for FRANZCP basic or Advanced trainees or International Medical specialists working towards Fellowship. These are based across the hospital; ED, In Patient, Consultation Liaison services, Youth Mental Health, Y-PARC service community based services and external forensic and child and adolescent services, A-PARC which is the Adult community based service and a Community Care Unit.

2 Junior HMO positions suitable for HMO's interested in getting more experience in Psychiatry prior to joining the accredited College training programme. These are based on the inpatient service and the incumbents also participate in the Junior Medical Staff Afterhours Roster. Intern position based on the adult or aged inpatient unit.

Hours

HMO's and interns hours are 0830 to 1700 Monday to Friday, Registrars 0800-1730 Monday to Friday. A half day off is part of our current roster. You will also be required to participate in the after-hours on-call roster. All registrars are provided with a full day release off per week to attend Masters of Psychological Medicine program. HMOs and interns are rostered off for half a day per week with the exception of HMOs on rotation to 2West who will alternate AM & PM shifts.

Clinical Responsibilities

There are four Adult teams; Port Phillip, Northern Bayside, Westernport, Frankston and Aged Psychiatry. The four adult psychiatry teams are responsible for the provision of a comprehensive acute psychiatry and continuing care service for a section of the service's catchment area on the Peninsula.

The catchment area for Peninsula Health Psychiatric Service is the previously defined Shires of Flinders, Hastings and Mornington and the Cities of Frankston and Chelsea.

Aged Psychiatry is responsible for the provision of a comprehensive inpatient and community psychiatric service for all people over the age of 65 living on the Peninsula and people with pre-senile dementia with psychiatric problems. There is a newly developed Intensive Community Treatment service within the aged psychiatry service.

Inpatient and Consultation- Liaison services are based at Frankston Hospital.

Clinical Supervision and Teaching

We are committed to ensuring all HMOs and interns as well as the training registrars have access to a comprehensive teaching programme in addition to ongoing clinical supervision.

Team Meetings

Your team will hold a number of communication meetings as well as a weekly team meeting.

Community Treatment

Some positions will be based at the Peninsula Community Mental Health Service (PCMHS). You will assess or review patients referred via your clinical team intake. If the patient is suitable for care by their general practitioner or another agency you should plan to refer the patient on. Patients who we continue to follow-up should be those who have a special need for the services which only we can provide, eg intensive community support etc. These patients will usually present some particular problems such as poor compliance, persisting symptomatology etc.

You will find that you will be jointly managing most of these patients with a case manager who may be a nurse or allied health professional. You must ensure that you confer closely with the patient's case manager.

Your team will provide a mechanism for regular review of your outpatients and management plans. If you have any concerns about your patients you should address them to your consultant or other senior colleague if she or he is not available.

The teams have provision for Acute management for intensive input, Primary Mental Health for liaison with GP's and Early Psychosis for young people with First episode Psychosis.

Inpatient Duties

Admissions are allocated via clinical teams. The junior doctor is responsible for the patients' ongoing care and should ensure that all admission assessments are completed, arrange and follow up on physical health issues, document all clinical decisions about the patient, maintain all documentation including the Clinical Assessment Summary, which must be completed at the point of discharge, and the treatment plan which must be completed on admission. You should review your patient with the consultant within 24 hours of admission and on a daily basis as required.

You should obtain further information from other sources such as relatives. It may be important to seize the opportunity to speak to them at the point of admission as they may not be available at other times.

Review of Inpatients

You should review your patients, at least briefly, daily and monitor progress, response to medication, side effects etc. Progress notes should be made in the case notes at the time of review and also should reflect separate discussions with the consultant about patient care.

Family Services

Particularly in the case of first admissions, but at other times too, all families should be offered an appointment within the first week of a patient's admission. The patient's consent should be sought. Family information sessions are run by the service. More intensive family intervention may be arranged where appropriate.

Discharge

Planning for discharge should commence early in the patient's admission and a discharge plan should be formulated by you and included in the management summary form.

At the point of discharge you should complete a discharge summary and ensure that it is forwarded to people involved in on-going management of the patient, particularly the General Practitioner.

AGED PSYCHIATRY

The Role of the Medical Officer

- To be the main agent for inpatient referral, assessment, admission, management and discharge planning under the supervision of the Registrar and Consultant.
- To acquire practical experience in comprehensive biopsychosocial assessment and management of elderly patients with common psychiatric problems.
- To increase awareness of the developmental processes of late life in order to encourage a general understanding of the biological and psychosocial issues of ageing.
- To enhance knowledge and understanding of the community resources available to meeting the needs of the elderly.
- To learn the appropriate use of interpretation of medical, psychological and neurodiagnostic investigations relevant to the assessment and management of mental illness to the elderly.

- To understand the principles of assessment and management of psychiatric emergencies in the elderly including suicide risk and delirium.
- To learn about the application of psychotherapy to the elderly including supportive, cognitive behavioural, group and family therapy.
- To be aware of strategies to meet the needs of carers.
- To understand the principles of rehabilitation, environmental adaptation and preventative measures.
- To learn about the impact of ageing on early onset psychiatric disorders such as schizophrenia, bipolar disorder and personality disorder.
- To learn about common social stressors such as retirement, bereavement, elder abuse and exploitation, role changes, isolation.
- To learn the appropriate use of psychotropic drugs in the elderly.
- To learn about guardianship, administration orders, testamentary capacity, informed consent and aspects of mental health legislation.
- To learn about the interface between psychiatric services for the elderly, GPs, adult mental health services, geriatric medical service and community aged service.
- To learn about demographic changes in western society and its social economic and environmental consequences.

The Role of the Registrar

- To be involved with domiciliary assessment and management for about half the time.
- To supervise the Medical Officer under the general supervision of the Consultant.
- To fulfil certain learning objectives as mutually decided with the Consultant, which meet criteria for the VPTC training programs.

In both the above positions there may be other duties to complete as directed by the Consultant.

ROSEBUD HOSPITAL

Operations Director, Rosebud Hospital – Ms Alison Watts

1. MEDICINE - HOSPITAL MEDICAL OFFICER

Four Residents and Two Interns rotate to this unit each term.

PATIENTS ADMITTED UNDER THE HOSPITAL DOCTOR'S BED CARD

- Admit and regularly review patients.
- Ensure all documentation is correct and up to date, including drug charts, referral letters and forms to enable transfer to other facilities.
- Attend ward rounds and team meetings as required.
- To ensure that the progress notes pertaining to the ward round conducted by the Consultant on-call, and Registrar, are accurately recorded at the time of the round.
- Death Certificates must be completed in a timely fashion after discussion with the Senior Medical Officer on duty.
- Attend and record ward rounds conducted by Visiting Staff Consultants ie. Palliative Care, Aged Care Physicians, Psychiatry personnel.
- Refer appropriate patients to the Hospital in the Home (HITH) program and prepare the required Discharge Summary and Medication requirements for this program.

GENERAL

- Provide assistance in ward emergencies.
- IV cannulation when requested.
- Admissions of GP patients when requested.
- Complete discharge summaries and death certificates when required.
- Communicate with family or other carers as appropriate.
- When rostered on night duty assist in the ED as requested.

MOTHER/BABY UNIT PATIENTS (Rear Demountable Building)

- Admit new patients to MBU on Monday afternoons and to Sleep Clinic Friday afternoons, document findings on mothers and babies as necessary.
- Liaise with midwives as necessary.
- Review patients as necessary and organise that discharge medications are written and discharge summaries completed prior to patient's discharge on Fridays.

SURGERY

Director: Mr Bob Spychal

Visiting Specialists: Peninsula Health has a dedicated Surgical and Anesthesia Service. Services are delivered at Frankston Hospital, in the Main Theatre and Radiology Subtraction Angiography Unit, as well as at Rosebud Hospital.

The specialist surgical services provided are General Surgery, Orthopedics, Plastics, Vascular, Pediatric Surgery, Gynecology & Obstetrics, Cardiothoracic, Ear Nose & Throat (ENT)/FacioMaxillary and Urology.

Surgical Units:

Mr Bob Spychal

Head of Upper GI Unit

Mr P Evans
Mr C Pilgrim
Mr A Andrabi

Mr Stewart Skinner

Head of Colorectal Unit

Mr R McIntyre
Mr E Torey
Mr T Beneragama
Mr M Fisher
Mr C Saransuriya

Mr Jonathan Serpell

Head of Breast & Endocrine Unit

Mr R Ferguson
Ms B Brown
Ms J Chitty
Mr Tristan Leech

Ms Patricia Terrill

Head of Plastic & Reconstructive Surgery Unit

Mr D Hunter-Smith
Ms M Rostek
Mr D Ross
Mr M Lee
Mr M Findlay
Mr D Thomas
Ms C Munteanu
Mr F Lin
Mr David Syme
Mr Andrew Simm
Ms Neela Janakiramanan
Mr Sunia Vudiniabola (Faciomaxillary Surgeon)
Mr Sam Verco (Faciomaxillary Surgeon)

Mr John Rehfisch
Head of Orthopaedic Unit

Mr N Broughton
Mr P Hamilton
Mr R Wuttke
Mr I Young
Mr B Crick
Mr R Large
Mr S Joseph
Mr T Partsalis
Mr K Winters

Mr Adrian Pick
Head of Thoracic Unit

Mr Wai-Leng Chue
Head of Vascular Unit

Mr C Last
Mr G Somjen
Mr YM Kuan
Mr Y Lahham
Mr J Jedynek

Mr Robert Stunden
Head of Paediatric Surgery Unit

Mr Paul Anderson
Head of Urology Unit

Mr C Cham
Mr A Jayathillake
Mr N Corcoran
Mr P Gilmore

Mr Dymo Diamantaris
Head of ENT Unit

Mr J Priestley
Mr N De Silva
Mr V Mahanta

Surgical Services provides a wide range of general and specialty services to the community. The Registrar positions in General, Vascular Surgery, Plastic Surgery, Orthopaedics Surgery, Urological Surgery & Paediatric Surgery are approved by the Royal Australasian College of Surgeons for advanced training in Surgery. The General positions are filled by rotations from Monash Medical Centre and The Alfred Hospital and the Speciality Rotations are filled by the college.

There is a weekly program of postgraduate education - Surgical Forum – Monday Fortnightly 0730-0830 and Registrar teaching from 1100-1200 which are Mortality & Morbidity meeting with Pathology and X-ray Review and Unit Clinical Audits. In addition, there are other speciality meetings and rounds during the week. Intern Education is held on Tuesday lunchtime by Surgical Staff and Allied Health. The Surgery Research Meeting is held Monthly on a Wednesday morning at 7am, all staff are invited to attend and Medical Students, Registrars and Interns are highly encouraged to participate in research projects.

There is a Department of Surgery Data/Research Manager who can assist with data and research projects.

Medical students from Monash University & Gippsland Medical School are attached to General Surgery Service & Surgical Specialities throughout the year and receive teaching from Surgery Service staff.

This hospital provides a unique combination of an interesting but heavy caseload in a friendly environment.

There is a rotating Surgical Registrar and Surgical Intern rotated to Rosebud Hospital throughout the year.

Detailed handbooks specific to surgical positions for registrars, HMO's including Surgical Specialties and Interns will be available upon request from the Department of Surgery. Included in the handbook will be a weekly routine roster for each Surgical Unit.

WEST GIPPSLAND HOSPITAL, WARRAGUL

(INTERN ROTATION ONLY)

Accident & Emergency Intern

Function:

There are 3 Interns on rotation to Warragul each term and they are responsible for patients attending the Emergency Department.

Responsibility:

The Interns are responsible to the West Gippsland Hospital Warragul Director of Medical Services for their overall performance. Clinical supervision is provided by Medical Staff and Visiting Medical Officers appointed to the West Gippsland Hospital.

Duties:

The Intern works alongside a Senior Medical Staff member and Residents in the Emergency Department and is responsible to:

- Assess and treat patients in order of medical priority.
- Order all appropriate investigations of patients in consultation with the patient's VMO or the Senior HMO/Registrar rostered on duty with the intern.
- Consult with the appropriate VMO or Senior HMO/Registrar where additional assessment or opinion is required.
- Maintain adequate medical records.
- Complete clinical incident reports as required.
- Follow the administrative and clinical guidelines set out in the Emergency Department Procedure Manual.
- Provide a clinical handover for HMO's rostered to the next shift in the Emergency Department. Unrostered overtime will only be supported under exceptional circumstances.
- Participate in emergency responses and the disaster response of the hospital as set out in the emergency procedures manual.
- Participate in postgraduate educational activities including the Peninsula Health education program utilising video conference facilities.
- Participate in quality improvement activities as required.
- Supervise medical students.
- Undertake additional duties as required from time to time including relieving other HMO's.

Suitable accommodation is provided on site at Warragul Hospital with frequent support visits by Medical Workforce Unit Staff.

WONTHAGGI INTERN ROTATION

(INTERN ROTATION ONLY)

Four Interns also rotate to Wonthaggi and work in the ED Department at the Hospital. These Interns are under direct supervision of a senior GP clinician. Superior accommodation is provided in Wonthaggi. The Interns participate in the Peninsula Health education program and receive education and professional support throughout their rotation.

The Medical Workforce Unit makes frequent support visits to Wonthaggi.