

PENINSULA HEALTH

Information on

Intern

Resident

Registrar

Positions

For

2019

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.

This brochure details the Intern, HMO and Registrar positions offered for the 2018 clinical year.

EXECUTIVE DIRECTOR MEDICAL SERVICES

The Executive Director Medical Services and Clinical Governance, Dr Timothy Williams, has overall responsibility for professional medical matters within Peninsula Health.

MEDICAL WORKFORCE UNIT

Mr Peter Naughton is the Director of the Medical Workforce. Mr Peter Watts manages and supports the Junior Medical Staff (JMS) at Peninsula Health. Ms Darlene O'Brien 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 the Simulation and Clinical Skills Centre
- Oversight of patient transport support

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
- 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.

MENTORS

Interns at Peninsula Health are offered the opportunity to have the support of 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

The MWU supports Dr Debra ReNouf who oversees Monash medical student programs at Peninsula Health.

SIMULATION AND CLINICAL SKILLS CENTRE

The Simulation Centre Manager (Ms Joy Davis) oversees 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) - topics include suturing, plaster application, airway management skills and immersive simulation scenarios.
- HMO Simulation Sessions - topics include paediatric clinical skills, catheter insertion, LP's and immersive simulation scenarios.
- 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: Drs Sam Leong, Helen Kolawole, Louise Parker,

Director of Anaesthetic Research & Education: A/Prof Terry Loughnan

Staff:

- Dr Rogier Backx
- Dr Vanita Bodhankar
- Dr John Copland
- Dr Tyron Crofts
- Dr Eric Gunasekera
- Dr Paul Hales
- Dr Nirmala Jayasekera
- Dr Helen Kolawole
- Dr Sam Leong
- Dr Julian Mahood
- Dr Andrew McLaughlin
- Dr Melinda Miles
- Dr Louise Parker
- Dr Michael Patterson
- Dr Wai Tam
- Dr Ashley Webb
- Dr Chris O'Loughlin
- Dr Sarah Wallis
- Dr Rob Wengritzky

VMOs:

- Dr Theo Adraktas
- Dr John Campbell
- Dr Gary McKenzie
- Dr Peter Clarke
- Dr Rachel Corris
- Dr Rebecca Dabars
- Dr Thomas Edgley
- Dr Andrew Green
- Dr David Henry
- Dr David Ip
- Dr Rabb Salarzadeh
- Dr Anna Loughnan
- Dr Nam Le
- Dr Stuart Marshall
- Dr Jim Shim
- Dr Chris Stokes
- Dr Jacqui 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

Deputy Director:

Dr Jonathan Dowling

Clinical Director RHED

Dr Helen Hewitt

Director of Emergency Training:

Dr Mohan Kamalanathan

DEMTs:

Dr Mahes Masilamany

Dr Siba Sulaeman

Dr Meredith Adie

Consultants:

Dr Saad Al Noaman

Dr Sean Arendse

Dr Kate Bristow

Dr Dawn Chan

Dr Ifeanyi Chiezey

Dr Leong Goh

Dr Darsim Haji

Dr Martin Jackson (Lead Clinician in HITH)

Dr Maureen Koo

Dr Shera Leonny

Dr Jakub Matera

Dr Andrew Rosengarten

Dr Mark Smith

Dr Denise Van Vugt

Dr Seema Nimesh

Dr Jay Patnam

Dr Andy Lim

Dr Herman Chiu

Dr Charith De Silva

Dr Yigal Reuben

The Emergency Department at Frankston Hospital is a busy department which sees approximately 75,000 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 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, Psychiatry, Cardiology 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 weekly 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 sought 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 22,000 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 the Emergency Department.

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
Deputy Director of Medicine: Dr Elizabeth Nye
Director of Physician Education: Dr Sameer Kaul

PHYSICIANS:

Cardiology

Dr Phillip Carrillo Head of Unit
Dr Greg Szto
Dr Arunothayaraj
Dr Mark Freilich
Dr Robert Lew
Dr Rodney Teperman
Dr Brian Wood
Dr Lisa Lefkovitis
Dr Manuja Premaratne
A/Prof Jamie Layland
Dr Damon Jackson
Dr Han Ling
Dr David Tong

Endocrinology

A/Prof Debra Renouf Head of Unit
Dr Deepak Dutta
Dr Kati Matthiesson
Dr Chin Tan
Dr Michelle Gordon
Dr Jimmy Shen
Dr Stella Sarlos
Dr Mor Aik Wee

Gastroenterology

Dr David Badov Head of Unit
Dr Askin Gunes
Dr Aaron Thornton
Dr Leon Fisher
Dr Richard La Nauze
Dr Suji Chandran
Dr Robert Herrmann

General Medicine

Dr Elisabeth Nye Head of Unit
Dr Anmol Bassi
Dr William Slater
Dr Bruce Maydom
Dr Navin Aramasinghe
Dr Kim Wong
Dr Sameer Kaul
Dr Sam Kaldas
Dr Manjula Vidyaratne
Dr Jun Shen

Haematology

Dr Patricia Walker **Head of Unit**
Dr John Catalano
Dr Natasha Curtin
Dr Huy Tran

Infectious Diseases

Dr Peter Kelley **Head of Unit**
Dr Paul Vinton
Dr Chanard Harangozo
Dr Catherine Marshall
Dr Emma Bishop

Neurology

A/Prof Ernie Butler **Head of Unit**
Dr Jayantha Rupasinghe
Dr Sanjya Raghav
Dr Saman Gardyia Punchihewa
Dr Mahi Jasinarchchi
Dr Anita Vinton

Oncology

Dr Nicole Potasz **(Acting) Head of Unit**
Dr Jacqueline Thomson **(Acting) Head of Unit**
Dr Yoland Antill
A/Prof Vinod Ganju
Dr Sanjeev Sewak
Dr Emma Beardsley
Dr David Blakey **(Radiation Oncology)**

Renal

Dr Kim Wong **Head of Unit**
Dr Robert Flanc
Dr Vinod Venkataraman
Dr Alinda (Sze Fung) Chiu

Respiratory

A/Prof David Langton **Head of Unit**
Dr Nicholas Manolitsas
Dr Juan Mulder
Dr Sameer Kaul
Dr Gary Braun
Dr William Slater
Dr Nicole Gaffney

Rheumatology

Dr Eric Thevathasan **Head of Unit**
Dr Juan Aw

Chronic Pain

Dr Murray Taverner **Head of Unit**
Dr Ray Chan
Dr Tony Prendergast

THE MEDICAL UNITS

Currently there are 15 Medical Units, as follows:

- i. Oncology,
- ii. Haematology
- iii. Cardiology
- iv. Endocrinology
- v. Gastroenterology
- vi. General Medicine (5 units)
- vii. Infectious Diseases
- viii. Nephrology
- ix. Neurology
- x. Respiratory
- xi. 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 and Coronary Care**

Frankston Hospital operates a fully equipped 24 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 SMS & 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. The hospital has a cardiac angiography suite performing cardiac angiograms and percutaneous coronary interventions
- The Unit is staffed by two Senior Registrar's, two registrars, three HMO's, one intern
- The Coronary Care Unit is supported by the Department of Cardiology's investigative facilities

2. **Endocrinology**

- A unit that functions mostly by providing referral services to other medical and surgical units.
- A large number of clinics including diabetes complications, diabetes stabilisation, gestational diabetes, young adults with diabetes, high risk foot, rapid review and a separate endocrine clinic.
- Staffing One Advanced Registrar, One BPT registrar and one HMO
- 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 Gastroenterology VMO's. A specialist Gastroenterology Advanced Trainee, along with a registrar and one HMO rotate through the Unit.

4. General Medicine

- 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.
- Outpatient Clinic

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 Apt and registrar and 2 HMOs and an Intern
- 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. Oncology

- Staffing Oncology Advanced Trainee, Oncology Registrar and a HMO
- Busy Oncology, Day Chemotherapy Unit
- Designated Oncology ward
- Complex inpatients
- Outpatient Clinics (including radiation Oncology)

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. 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.
- 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.

- The Renal Registrar is an accredited position for advanced training with RACP.
- 10. Infectious Diseases Unit**
- Inpatient and referral Unit
 - There are two ID registrars and a HMO
 - 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 26 bed medical unit.
 - There is a haemodialysis unit and chemotherapy unit.
 - The medical unit is staffed by 4 medical registrar and 2 medical HMO's and two Interns.
- 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.
- 14. The Alfred Hospital**
- BPT Registrar rotates to The Alfred for one term to work within the General Medicine Unit base at The Alfred.

MEDICAL REGISTRAR AND HMO

(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 Sameer Kaul on 9784-7250 with regards to rotations in 2018.

ADVANCED PHYSICIAN TRAINEE

(Accredited for Advanced Training with RACP)

CARDIOLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

These positions are matched to Peninsula Health by the Cardiology APT Education Unit based at St Vincent's Hospital. The positions are for 6 months

GASTROENTEROLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

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

ENDOCRINOLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with RACP)

Please contact A/Prof Debra Renouf on Drenouf@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 1190 for details on this position.

ONCOLOGY ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

Please contact Dr Nicole Potasz on npotasz@phcn.vic.gov.au regarding this position.

GENERAL MEDICINE ADVANCED TRAINEES

(Accredited for Advanced Training with RACP)

There are 2 positions available for 2018 and for more information please contact Dr Elisabeth Nye on 9784 7250 regarding this position.

NEUROLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with the RACP)

There is 1 position available for 2018 and for more information please contact A/Prof Ernie Butler on 9784 7250

HAEMATOLOGY ADVANCED TRAINEE

(Accredited for Advanced Training with the RACP)

These positions are matched to Peninsula Health by the Haematology APT Education Unit based at The Alfred Hospital. The positions are for 3 months

INTENSIVE CARE UNIT

Director of Intensive Care Unit:	Professor John Botha
Deputy Director of Intensive Care Unit:	Associate Professor Ian Carney
Director of Research:	Professor Ravindranath Tiruvoipati
Supervisor of Training:	Doctor Kavi Haji

INTENSIVISTS:

Associate Professor Andrew Davies
Doctor Sachin Gupta
Doctor Ashwin Subramaniam
Doctor Mallikarjuna Reddy

Frankston Hospital operates a 15 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 8 advanced trainees and 2 ED registrars who work 0830-2100 hours, 2030-0900 hours on alternating rosters. On each shift there is also a resident from Anaesthesia, General Medicine and 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 year's 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 Director Sub Acute Services:	Professor Velandai Srikanth
Head of Geriatric Medicine:	Dr Anjali Khushu
Head of Rehabilitation:	Dr Nathan Johns
Head of Palliative Care:	Sandeep Bhagat

Consultants:	Dr Aisling Griffin	Palliative Care
	Dr Anjali Khushu	Aged Care
	Dr Daniela Pasagic	Rehabilitation
	Dr David Lyall	Aged Care
	Dr James Ting	Rehabilitation
	Dr Juleen Lim	Rehabilitation
	Dr Kamran Kheryi	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: Dr Jolyon Ford

Staff Specialists O & G: Associate Professor Amar Trivedi
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 2900 babies 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 Richard Newton

Operations Director Mental Health Service: Sharon Sherwood

Head of Aged Persons Mental Health: A/Prof Dhiren Singh

Head of Adult Inpatient Mental Health: Dr Binita Sharma

Head of Community Mental Health: Dr Jaideep Thoduguli

Psychiatrists:

- Dr Denis O'Loughlin
- Dr Michael Lee
- Dr Binita Sharma
- Dr Carmel Peavey
- Dr Melyse Jung
- Dr Kristy McIntyre
- Dr Carmen Yeung
- Dr Geeta Rudra
- Dr Jaideep Thoduguli
- Dr Jennifer Hodgson
- Dr Astha Tomar
- Dr Victor Ojo
- Dr Ana-Louise Martin
- Dr Carolyn Simms
- Dr Hiranthi Perera
- Dr Nader Yakoub
- Dr Simon Kimberley
- Dr Lochanie Fonseka
- Dr Fran Murdoch

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

- Registrars rostered 86 hours per fortnight. Hours are 0830 – 1706, 4 days per week and 1 day of 0830-1200 per week with the afternoon off for 5 hours training time. Training time should always be separate from clinical working time, and the registrar should not be contacted during their training time wherever possible.
- HMO's and interns are rostered 76 hours per fortnight. Hours are 0830 to 1700 Monday – Friday. HMOs and interns are rostered off for half a day per week, total of 4 hours.

Clinical Responsibilities

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.

Our Mental Health Service provides a range of recovery orientated, person centered services to the youth, adult and aged population in the Mornington Peninsula region of Melbourne. Services are provided across community and inpatient settings.

Care is provided by a multidisciplinary team that focuses on a person centred, recovery orientated framework which supports consumers to make decisions about their care and treatment.

Our services include:

- Youth (16-24) Mental Health Services
Youth mental health services provide support, assessment and treatment options to people aged 16 to 25 years experiencing a mental health concern.
- Adult (16 – 64) Mental Health Services
Adult mental health services provide support, assessment, and treatment services to people aged 16 to 64 years experiencing a mental health concern.
- Aged (65 and older) Mental Health Services
Aged mental health services provide support, assessment and treatment services to people aged 65 years and older experiencing a mental health concern.
- Consultation and Liaison (General Hospital) Consultation and Liaison (ED)
This service covers all ages.
- Mental health telephone triage.
- Psychiatric Assessment and Planning Unit
This service covers all ages.
- Families Where a Parent Has a Mental Illness(FaMPI)
- Forensic Specialist

Access Planning and Suicide Prevention (APSP)

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 Discharge 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, GPs and all relevant private health care providers such as Psychologists or Psychiatrists. 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.

Role of Split Shift HMOs

If employed as a split shift HMO, you will be one of two HMOs. Each pair will rotate through. Whilst on days, the HMO will be expected to participate fully in the educational activities as well as provide clinical services. After 1700hours, the HMO will be expected to provide psychiatric and medical services to the inpatient unit and other wards if required and the ED in collaboration with our CL service. Please refer to the section below, Guidelines for registrars and HMOs working afterhours, for further details.

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.

Education Program

Peninsula Health Psychiatry Services is committed to providing a quality training experience for all junior medical staff, including interns, HMO's and registrars.

A weekly Journal Club teaching session occurs on Tuesdays from 12.30 – 1.30 pm, which all medical staff are expected to attend, from consultants to interns.

Presentations will alternate weekly between review and critique of relevant journal articles and case presentations with occasional guest speakers. All junior medical staff are expected to attend regularly unless urgent clinical matters prevail. A roster of presenters is available on the M drive and usually includes all junior medical staff spending 6 months or more in psychiatry.

Journal Club is preceded fortnightly by administration meetings from 11.45am – 12.30pm. This includes the monthly 'All Medical Staff' meeting. **This must be attended to as a priority by all medical staff.**

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 Discharge 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, GPs and all relevant private health care providers such as Psychologists or Psychiatrists. 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. It is important to contact the next of kin/nominated person/carers as soon as practicable.

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. Please inform the ward clerk regarding any discharge summaries to be faxed to GPs or private practitioners.

ROSEBUD HOSPITAL

Operations Director, Rosebud Hospital – Ms Jodi Foley

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

Acting Director: Mr Ali Andrabi

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 Ali Andrabi

Acting Head of Upper GI Unit

Mr P Evans

Mr C Pilgrim

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 Jedynak

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 at the secondment site.
- 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.