



# Information on Intern Resident Registrar Positions for 2021

## **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 2021 clinical year.

### **EXECUTIVE DIRECTOR MEDICAL SERVICES**

The Executive Director Medical Services and Clinical Governance, A/Prof. Vikas Wadhwa, has overall responsibility for professional medical matters within Peninsula Health.

### **MEDICAL WORKFORCE UNIT**

Mr Andrew Wilson is the Director of the Medical Workforce. Ms Jasmin Caddy manages and supports the Junior Medical Staff (JMS) at Peninsula Health. Ms Darlene O'Brien supports the Senior Medical Staff (SMS) at Peninsula Health. Mr Peter Watts is the Medical Welfare Officer. Our team also includes:

- Administration Assistant, Candice Murphy;
- Operations Officer, Susan Bennet, Carol McKechnie & Rebecca Wilhelm;
- CME/Project Coordinator, Valerie Reid.

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;
- Oversight of the Simulation and Clinical Skills Centre.

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

Dr Ana-Louise Martin is the Director of Clinical Training (DCT), Supervisor of Intern Training and Medical Director Simulation Centre. The DCT 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 Inas El Kady. The Medical Education Officer co-ordinates and supports:

- Weekly Intern Education sessions;
- Resident Education Program;
- International Medical Graduates (IMGs) orientation & education program;
- Co-ordination of the mentoring program for JMS;
- Preparation of online resources to support JMS;
- Monitoring of rotation evaluation for JMS;
- Liaison with Clinical Directors for education support;
- Assisting with cultural support for IMGs;
- Responsible for the Intern & Resident accreditation process;
- Developing, coordinating & delivering JMO Orientation programs;
- Management of mandatory training modules for all interns and residents.

## **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:**

Dr Helen Kolawole

Dr Louise Parker

Dr Melinda Miles

The Department of Anaesthesia is staffed by the above staff and 11 accredited Registrars who are part of the Monash Anaesthesia Training Scheme and are not appointed directly by Peninsula Health. Senior consultants in the Department participate in the selection committee for these positions.

The Department provides anaesthesia services to Frankston Hospital on a 24-hour basis. Frankston Hospital is a busy general metropolitan hospital and provides a range of services:

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

## **ANAESTHETIC REGISTRARS**

Registrar positions involve provisioning of anaesthesia services both in and out of hours and with a range of experience in both elective and non-elective surgery. Supervision of registrars in and out of hours will be in accordance with the Australian and New Zealand College of Anaesthetists guidelines and departmental policy.

The Registrar's primary responsibility is to provide anaesthesia and other services to hospital patients. Registrar duties will also include provision of labour ward epidurals, attendance at the Pre-Admission Anaesthetic Clinic for assessment and optimisation of patients prior to admission, cover for acute resuscitation in the Emergency Department, assisting in the teaching roles of the department, assisting in the collection and collation of clinical data pertaining to anaesthesia for the purpose of quality improvement, clinical audits and research, participating in clinical rounds with the acute pain service, presentation of interesting cases in inter and intra departmental meetings and participation in research projects.

The Anaesthetic Department coordinates the Acute Pain Service with daily ward rounds undertaken by of a Pain Nurse and Registrar of patients who have had service with close Consultant support.

Peninsula Health has a Persistent Pain Service that is independent from the Acute Pain service and the Dept. of Anaesthesia.

The wellbeing of registrars is a priority and will be addressed as part of your orientation to the Department. All accredited trainees are strongly encouraged to have a mentor. These are arranged by the Monash Anaesthesia Training Scheme.

## Training Program

The Department of Anaesthesia is accredited by the Australian and New Zealand College of Anaesthetists.

Primary and fellowship tutorials are arranged by the Monash Anaesthesia Training Scheme, and accredited trainees are rostered for these.

Monthly Morbidity/Mortality Meetings and a number of simulation sessions and workshops occur during the year.

Currently a number of research projects are taking place.

## **EMERGENCY DEPARTMENT**

### **Frankston and Rosebud**

#### **Clinical Director:**

Dr Shyaman Menon

#### **Deputy Director:**

Dr Jonathan Dowling

#### **Clinical Director Rosebud Hospital ED:**

Dr Helen Hewitt

#### **Director of Emergency Training:**

Dr Mohan Kamalanathan

#### **DEMTs:**

Dr Mahes Masilamany

Dr Meredith Adie

Dr Saad Al Noaman

#### **Consultants:**

Dr Martin Jackson (*Lead Clinician in HITH*)

Dr Sean Arendse

Dr Kate Bristow

Dr Dawn Chan

Dr Ifeanyi Chiezey

Dr Siba Sulaeman

Dr Leong Goh

Dr Darsim Haji

Dr Maureen Koo

Dr Shera Leonny

Dr Jakub Matera

Dr Andrew Rosengarten

Dr Seema Nimesh

Dr Jay Patnam

Dr Herman Chiu

Dr Charith De Silva

Dr Yigal Reuben

Dr Peter Carter

Dr Rosie Dwyer

Dr Danielle Feigin

Dr Olga Gaitsgoru

Dr Jonathan Henry

Dr Vincent Khoo

Dr Angela LaMacchia

Dr Ash Leadbeatter

Dr Ben Lui

Dr Sara Mackenzie

Dr Chris Parry

Dr Yigal Reuben

Dr Visu Viswanathan

Dr Katie Waldman

Dr Abrar Waliuddin

Dr Clare Wellard

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 are 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 hours 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. However, there are 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

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

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

- All ECG's and x-rays ordered by an intern are to be reviewed by the Emergency Department Consultant or Registrar.
- Interns must discuss all patients with the Emergency Department Consultant or Registrar *prior* to contacting a specialty registrar.
- Interns are not to discharge from the Emergency Department ANY patient without the approval of the Emergency Department Registrar or Consultant.
- Interns are not to undertake any procedure or to initiate any treatment unless:
  - They have previously demonstrated competence in that particular area.
  - They have discussed the case with the Emergency Department Consultant or Registrar.
- Investigations ordered must comply with the Traffic Lights Policy of the hospital.
- 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.
- 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 William Slater

### **Director of Physician Education:**

Dr Sameer Kaul

### **PHYSICIANS:**

#### **Cardiology**

Dr Phillip Carillo (*Head of Unit*)

Dr Arunothayaraj

Dr Mark Freilich

Dr Robert Lew

Dr Brian Wood

Dr Lisa Lefkovitis

Dr Manuja Premaratne

A/Prof. Jamie Layland

Dr Damon Jackson

Dr Justin Cole

Dr Logan Bittinger

Dr Nay Htun

Dr Roshan Prakash

#### **Endocrinology**

A/Prof. Debra Renouf (*Head of Unit*)

Dr Deepak Dutta

Dr Chin Tan

Dr Michelle Gordon

Dr Jimmy Shen

Dr Stella Sarlos

Dr Mor Aik Wee

Dr Michelle Lui

#### **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 Manjula Vidyaratne  
Dr Christopher Karayannis  
Dr Travis Churchill  
Dr Shanal Kumar  
Dr Kumari Gamage  
Dr Stephanie Than

### Haematology

Dr Patricia Walker (*Head of Unit*)  
Dr Natasha Curtin  
Dr Huy Tran  
Dr Kay Htun

### Infectious Diseases

Dr Peter Kelley (*Head of Unit*)  
Dr Paul Vinton  
Dr Chanard Harangozo  
Dr Catherine Marshall  
Dr Emma Bishop  
Dr Kasha Singh

### Neurology

A/Prof. Ernie Butler (*Head of Unit*)  
Dr Jayantha Rupasinghe  
Dr Sanjya Raghav  
Dr Saman Gardyia Punchihewa  
Dr Wen Wen Yang  
Dr Joshua Laing

### Oncology

A/Prof Zee Wan Wong (*Head of Unit*)  
Dr Nicole Potasz  
Dr Jacqueline Thomson  
Dr Yoland Antill  
A/Prof. Vinod Ganju  
Dr Sanjeev Sewak  
Dr Emma Beardsley  
Dr Babak Tamjid

### 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  
Dr Joy Sha

## Rheumatology

Dr Juan Aw

### THE MEDICAL UNITS

Currently there are 11 Medical Specialties, as follows:

- Acute Care of the Elderly (ACE);
- Cardiology;
- Endocrinology;
- Gastroenterology;
- General Medicine (6 units);
- Haematology;
- Infectious Diseases;
- Nephrology;
- Neurology;
- Oncology;
- Respiratory.

Rotations to The Alfred, 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.

### 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. A 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 three Advanced Trainees, one registrar, three HMO's
- The Coronary Care Unit is supported by the Department of Cardiology's investigative facilities

## 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 Trainee, 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.

## 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.

## 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.

## 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 Advanced Trainee, one Registrar, two interns;
- The ACE Unit Home Ward is 5GN.

## Neurology

- Ward rounds are 4 times per week;
- The unit is staffed by two Advanced Trainees a registrar and 3 HMOs;
- 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.

## Oncology

- Staffing Oncology two Advanced Trainees, one registrar and two HMOs;
- Busy Oncology, Day Chemotherapy Unit;
- Designated Oncology ward;
- Complex inpatients;
- Outpatient Clinics (including radiation Oncology).

## Respiratory Medicine

- The Respiratory unit deals with complex inpatient and Outpatient Clinics, Bronchoscopy twice 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 Advanced Trainees, one registrar and a HMO will rotate through the unit.

## Nephrology Services

- Peninsula Health Renal Service (PHRS) provides secondary Nephrology service to residents of Mornington Peninsula. The inpatient 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 Advanced Trainee, a registrar and a HMO who rotates through the unit;
- The Renal Registrar is an accredited position for advanced training with RACP.

## Infectious Diseases Unit

- Inpatient and referral Unit;
- There are one Advanced Trainee, a registrar and two HMOs;
- Two Clinics per week.

## 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 5 medical registrars and 2 medical HMO's and two Interns.

## 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;
- Primary schools are nearby. A 2-bedroom flat is available within the hospital grounds and it is a centre of dairy farms & orchards;
- 4 of our medical registrars will rotate there each year.

## 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 rotation 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 outpatient's 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.

## 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 2021.

### 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](mailto: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 Zee Wan Wong regarding this position.

## **GENERAL MEDICINE ADVANCED TRAINEES**

*(Accredited for Advanced Training with RACP)*

There are 8 positions available for 2021 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 are 2 positions available for 2021 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:**

Prof. John Botha

### **Deputy Director of Intensive Care Unit:**

A/Prof. Ian Carney

### **Director of Research:**

Prof. Ravindranath Tiruvoipati

### **Supervisor of Training:**

Dr Sachin Gupta

### **INTENSIVISTS:**

A/Prof. Andrew Davies

A/Prof. Ian Carney

Dr Ashwin Subramaniam

Dr 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 the term we 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

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.

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.

Opportunities exist for the Registrar to attend conferences and training sessions depending on their level of experience and progress in terms of examinations

# REHABILITATION, AGING, PAIN AND PALLIATIVE CARE (RAPPS)

## Senior Medical Staff

*Prof. Velandai Srikanth (Clinical Director of RAPPS)*  
*Dr Anjali Khushu (Head of Geriatric Medicine)*  
*Dr Nathan Johns (Head of Rehabilitation)*  
*Dr Sandeep Bhagat (Head of Palliative Care)*

## Consultants:

Dr Kamran Kheryi - Geriatric Medicine  
Dr Kim Tew - Geriatric Medicine  
Dr Rajesh Singh - Geriatric Medicine  
Dr Yu Mei Law – Geriatric Medicine  
Dr Kristy Siostrom – Geriatric Medicine  
Dr Angel Lee – Geriatric Medicine  
Dr Po’uliva’anti Funaki – Geriatric Medicine  
Dr Ziqiu Ming – Geriatric Medicine  
Dr Chris Moran – Geriatric Medicine  
Dr Alice Lac – Geriatric Medicine  
Dr Daniela Pasagic - Rehabilitation  
Dr James Ting - Rehabilitation  
Dr Juleen Lim - Rehabilitation  
Dr Kapil Gupta – Rehabilitation  
Dr Gayathri Aravinthan - Rehabilitation  
Dr Brinda Thirugnanam - Rehabilitation  
Dr Aisling Griffin - Palliative Care  
Dr Melanie Benson - Palliative Care  
Dr Robert Lewis – Palliative Care

## Interns & Resident Hours of Duty

Monday to Friday 0830 to 1700 with one rostered ½ day per week. There are on-call weeknights with some variation to the start and finish times. Attendance on public holidays is not required, except when on call.

Rehabilitation, Geriatric Medicine, Chronic Pain and Palliative Care Services are under the auspices of Peninsula Health is managed by the Medical Services and Clinical Governance Cluster. Inpatient services are provided at three campuses; Separation Street, Mornington, Golf Links Road, Frankston and Rosebud Hospital with a total bed number of 195.

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 (e.g. tendency to wander).

### **HMO Medical Staff:**

- 5 Registrars in Geriatric Medicine
- 4 Registrars in Rehabilitation Medicine
- 2 Registrars in Palliative Care
- 1 Registrar in Chronic Pain
- 10 Second/Third year HMO's
- 2 Interns (one position in Rehabilitation, one in Geriatric Medicine)

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 (e.g. 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.

Weekly Senior Staff and HMO's meet for either a clinical audit meeting (where clinical cases, deaths or complications that occurred are discussed), radiology meeting (where films and reports are discussed) or education sessions. The HMOs are actively encouraged to participate and contribute in clinical discussions. HMOs also present a compulsory case presentation during their rotation and participate in journal Club education sessions. 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 Efe Obudu

### Staff Specialists O & G:

A/Prof. 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:

- Completion of an electronic discharge summary;
- Completion of discharge prescriptions;
- 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 Obstetrics & 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 Karen O'Brien

### Paediatricians:

Dr Peter Francis

Dr Katherine van Schilfgaarde

Dr Robert Stunden

Dr Simon Stokes

Dr Melanie Pillay

Dr Anne O'Neil

Dr Rosie Murphy

Dr Victoria McKay

Dr Peter McCombe

Dr Mandy Li

Dr Hugh Kelso

Dr Sian Hughes

Dr Peter Francis

Dr Georgie Bell

## PAEDIATRIC HOSPITAL MEDICAL OFFICER

### 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.

### 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.

## 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.

## 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.

## 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.

## 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.

## 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.

## 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,

## 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.

## 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.

## 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.

## Outpatients

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

## MENTAL HEALTH

### Clinical Director Mental Health Service:

Prof. Richard Newton

### Operations Director Mental Health Service:

Bronwyn Lawman

### Head of Aged Persons Mental Health:

A/Prof. Dhiren Singh

### Head of Adult Mental Health:

Dr Kerry Rubin

### Psychiatrists:

23 full-time & part-time Consultant Psychiatrists across the service sites

## PSYCHIATRY INTERN, HOSPITAL MEDICAL OFFICERS & REGISTRARS

*(Registrar positions accredited for FRANZCP)*

19 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; In Patient, Consultation Liaison services, Access and Assessment Team, Youth Mental Health, Y-PARC service community-based services and external child and adolescent services, A-PARC which is the Adult community-based service and a Community Care Unit. Aged Persons inpatient and community positions are also available.

2 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. 1 Intern position based on the aged inpatient unit.

## Hours

- Registrars rostered 86 hours per fortnight. Hours are 0830 – 1700, 3 days per week, 1 day 0800-1700 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 - 1700 Monday – Friday with a half day off per week;
- All junior medical staff participate on an after-hours roster over 7 days.

## 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 centred 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 (HOPE)

## 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 12.00 – 1.30 pm, which all medical staff are expected to attend, from consultants to interns.

Presentations will include 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 Mental Health M drive and usually includes all junior medical staff spending 6 months or more in psychiatry. A bi-monthly 'All Medical Staff' meeting is held including both junior and senior medical staff. **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, e.g. 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

Rosebud Hospital has a 9 bed Emergency Department, 24 bed General Medical Unit, 6-8 bed Short Stay Unit, 4-day surgical beds serving one operating theatre, a 30 Subacute bed Rehabilitation Ward, Chemotherapy Unit with 4 chairs, 9 dialysis chairs and a Community Rehabilitation.

Rosebud Hospital provides a comprehensive range of Health Care services from the Rosebud Hospital site, including Community Health, Mental Health, Allied Health and Dental Health Services.

Parking is available at the rear of the hospital in the dedicated car parking spaces for staff.

A Kiosk is located at the front of the hospital, opened Monday – Friday 10.00am – 3.45pm, Saturday 11.00am – 3.00pm, and closed Sunday. Opened 11.00am – 3.00pm on public holidays. The hospital kitchen offers microwave meals for \$7.50.

A menu is available each day in the Hillview Annexe staff dining room. After 8pm, contact the PSM to arrange a meal.

### PERSONNEL & TEAM STRUCTURE

<b>Rosebud Hospital</b>	
Operations Director / DON	Jodi Foley
Clinical Director – Rosebud Medicine	Dr Gary Braun
Clinical Director Emergency Service	Dr Shyaman Menon
Clinical Director – Rosebud Hospital Emergency	Dr Helen Hewitt
Quality Manager	Linda Goodwin
Patient Service Manager - #6658 for all	Dayne Collins
Patient Service Manager	Anne Anderson
Patient Service Manager	Karin de Vries
Patient Service Manager	Dan McMahon
Patient Service Manager	Anne Nelson
Patient Service Manager	Julie Richardson
Patient Service Manager	Mandy Rogers
Patient Service Manager	Linda Stoneham
Nurse Unit Manager Emergency Department	Jacqueline Allen
Nurse Unit Manager Walker Ward & Day Surgery	Kylie Bradley
Nurse Unit Manager Dialysis / Chemotherapy	Andrea Sutton
Nurse Unit Manager Hillview Rehabilitation	Katrina Hidalgo
Nurse Unit Manager	Wayne Miller

Operating Suite	
Radiology Manager	Damien Barbour
Head Pharmacist	Eric Long
Allied Health Senior	Stephen Bird
<b>Administration Staff</b>	
Operations Assistant	Dianne Kitchin (Mon – Wed)
Operations Assistant	Amelia Fangmeier (Thurs – Fri)
Operations Assistant/Roster Manager	Debbie Hobbs (Mon-Fri) based at Frankston
Patient Reception Manager	Karen Booth Mon – Fri
Faculties Manager	Wayne Kitchin

## **MEDICINE - JUNIOR 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'. 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**

- 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;
- Provide assistance in ward emergencies.

### **GENERAL MEDICINE UNIT – ROSEBUD HOSPITAL**

Located in Walker ward (WW) with 24 inpatient beds (4 monitored beds)

#### **Medical Staff Structure**

- Consultant on duty
- Medical registrars



- HMOs
- Intern

The General Medicine registrars work seven days on, seven days off roster. This is to facilitate ward cover over the weekend. The HMOs (4 of them also work seven on seven off) cover the evening and night shifts with the intern working Monday to Friday. Rosebud Rehabilitation (Hillview Ward) is covered by Medicine staff when the rehab doctors have finished for the day and on weekends.

General Medical Unit covers day to day medical matters and Met calls in Chemotherapy unit, Dialysis unit and surgical patients staying requiring an overnight admission.

General Medical Registrars assists in the Emergency Department during periods of high activity, especially after hours and over-night. ED registrars attend and help with Code Blue calls and unstable patients in Walker ward.

Duty consultants rotate fortnightly, and will do consultant ward rounds three times a week, and once during weekend

### **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.

### **INTERNS**

- Rosebud Walker ward has two interns working during weekdays and one on weekends;
- You are expected to do daily ward rounds and clearly document problem list, relevant investigations, plan of management & discharge planning. It is important to document all the details clearly as Afternoon and night HMO does not come to the ward rounds and when they need to review patients in afterhours they rely on your documentation;
- You are expected to examine patients and then present them to either the Registrar and/or Consultant and discuss plan of management. It is important to document all the details and make a discharge plan on admission and start and update the discharge summaries in timely manner;
- Please do not persist endlessly with a procedure if you are not succeeding within a reasonable number of attempts (Put yourself in the place of the patient and estimate what you would consider reasonable), ask for help when necessary;
- Make sure you check discharge summaries and scrips (prepared in advance by HMO) and add anything new or follow up plans for the patients planned to be discharge on the day before the ward rounds. Discharge time in Walker ward is 1000, preferably before the ward rounds;
- Make sure appropriate blood tests are ordered on Friday for the weekend & Monday morning;

- You may be asked to help with patients with chemotherapy unit or dialysis unit, if you have any uncertainties, please discuss with Oncology registrar or Renal registrar at Frankston Hospital or WW Medical registrar and or consultant;
- Administrative staff should make the changes on the IPM database, but Interns need to confirm the changes with the ward clerks on the ward;
- Death certificates are done online now and be familiar with the process, please do a complete death certificate and make sure to document cause of death properly (do not use abbreviations or any other comments), write antecedent causes if any and other significant conditions. Always discuss with registrar or consultant regarding cause of death before finalising the document. Once you have submitted it you cannot change it. Be aware about the list of reportable death & complete section one when you do the death certificate;
- Discuss with your registrar if you have any questions or concerns! Then go to the consultant if you are unable to speak with the registrar.

### HMO

- HMO x 2 each shift, rotating week on / week off roster. One HMO works 0800-1700 & second HMO works from 1200 to 2230;
- Make sure you get a hand over from registrar regarding all the patients in the ward & update with issues, management plan and resuscitation status form registrar or HMO & hand over to registrar in the morning;
- Afternoon HMO starts at 1200 is expected to get a hand over from the registrar, then look at the doctor's hand over book at doctor's work area and complete the tasks;
- When admitting patients, make sure to document complete history, examination investigations, problem list & plan of management, order appropriate tests for next day also, make sure to check medication & do the medication reconciliation (Annex 2);
- Chart appropriate DVT prophylaxis and document electronically regarding risk of DVT;
- Document resus status in the paper & electronic, discuss with registrar or consultant;
- If any uncertainty regarding diagnosis, investigations or management plan discuss with Walker ward registrar (till 1800) or medical registrar at Frankston Hospital (Cruiser phone #1129 or #1130) or the on-call consultant;
- Start the discharge summaries during the first day itself and update regularly. Night Reg will assist to complete discharge summaries on the discharge day or day before (but please do not finalise it) & do discharge script ready for the intern to finalise & print;
- After Registrar finishes for the day, HMO looks after Walker ward patients (26 beds) and helps with Hillview rehab patients (30 Beds) when necessary. Nursing staff of Hillview

rehab contacts you when necessary and please make sure to attend them in timely manner. Also make sure Rehab doctors give you a hand over regarding patients who needs reviewing or chase investigations;

- HMO to carry the cruiser phone #4153 after registrar finishes for the day and assist with all Code Grey's onsite;
- Afternoon HMO completes all admissions to ward;
- Please do not persist endlessly with a procedure if you are not succeeding within a reasonable number of attempts. (Put yourself in the place of the patient and estimate what you would consider reasonable);
- HMO only are to complete a death certificates when necessary. Please do a complete death certificate and make sure to document cause of death properly (do not use abbreviations or any other comments), check for antecedent causes and other significant conditions and document. If uncertain, discuss with registrar or consultant & make sure to do a complete and accurate document as once it's submitted you cannot change it. Complete the section one when you dot eh death certificate. Death certificates are done electronic now, please familiarise with the process. Aware about list of reportable death & always check with consultant or registrar if any concerns;
- If patients moved to ED following MET call (for monitoring or treatment) follow up on plan of treatment as patient might return to ward;
- You may be asked to help with patients with chemotherapy unit or dialysis unit and attend Met calls, if you have any uncertainties, please discuss with Oncology registrar / consultant or Renal registrar at Frankston Hospital or WW Medical registrar or consultant;
- Afternoon HMO is encouraged to attend to the daily rapid rounds at 1300 as it will help you to keep beware about management plans of the patients;
- Night HMO to ensure countdown to discharge board is up to date and paperwork completed for 10am discharge following day.

## REGISTRARS

- Two Registrars are working in a roster of week on week off starting on Thursdays and finishing on Thursdays where finishing registrar gives a hand over to registrar starting & see discharges before leaving;
- The Registrar is expected to do daily ward rounds and lead the rounds. Consultant does ward rounds every other day & once during weekend;
- Registrar will carry cruiser phone no 4153 and accepts patients referred from ED Frankston or external Hospital's for admissions, please refer to admission criteria for the Rosebud Hospital (Annex 2);
- Notify the on-call consultants about deterioration patients, MET calls & and patients being transferred to Frankston Hospital or other acute Hospital due to acute medical issues;

- Registrar is doing ward rounds in weekends expected to do discharges, complete & print discharge summary and script. It is important discharge summaries started on admission & updated regular basis and filled in the day before & scripts being done by the night HMO (Registrar);
- Registrar is expected to help with Hillview rehab patients and attend all MET calls during weekends and after hours until the afternoon HMO starts. Please make sure you attend them timely manner;
- Daily Rapid Rounds starts at 1300 at the meeting room in Walker ward. The objective of the Rapid Round is to improve communication between the health care staff and the patient. This should facilitate good patient centred care. Representatives from the Medical, Nursing, PSM and Allied health attend and actively contribute to provide a seamless hospital journey. The Registrars attendance is compulsory, and punctuality is the key. Every patient in the ward is discussed. The discussion is limited to 1 minute per patient. You are expected to present the relevant issues for each of your patients with a plan for the day, the plan for the stay and an Expected length of stay. Any barriers to discharge the patient should also be highlighted at this meeting;
- Registrar hands over all the patients to afternoon HMO. On Thursday mornings hand over all the patients to the oncoming Registrar;
- Make sure all the patients have a resuscitation plan, even if they are for full resuscitation and refer appropriate patients for advance care planning (with patients consent);
- Registrars are encouraged to attend educational activities happening at Frankston hospital on their off week;
- Registrar Journal club is on Thursday 1000 to 1030 every other week (alternating with mortality meeting);
- Registrar to carry the Code Grey pager and assist with all Code Grey's onsite;
- If patients moved to ED following MET call (for monitoring or treatment) follow up on plan of treatment as patient might return to ward;
- Night Registrar to ensure countdown to discharge board is up to date and paperwork completed for 10am discharge following day;
- Start the discharge summaries during the first day itself and update regularly. Night Reg will assist to complete discharge summaries on the discharge day or day before (but please do not finalise it) & do discharge script ready for the intern to finalise & print.

## **SURGERY**

### **Clinical Director of Surgery:**

Mr Peter Evans

### **Visiting Specialists:**

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

### **Surgical Units:**

The specialist surgical services provided are General Surgery, Orthopaedics, Plastics, Vascular, Paediatric Surgery, Gynaecology & Obstetrics, Cardiothoracic, Ear Nose & Throat (ENT)/Faciomaxillary and Urology.

### **Deputy Director of Surgery**

Mr Charles Pilgrim

Mr Hasanga Jayasekara

### **Head of Upper GI Unit**

Mr Ali Andrabi

### **Head of Colorectal Unit**

Mr Eric Torey

Mr Tilan Beneragama

Mr Mikhail Fisher

Mr Senthilkumar Sundaramurthy

Mr Vladimir Bolshinsky

Mr Tristan Leech

### **Head of Breast & Endocrine Unit**

Mr Ross Ferguson

Ms Belinda Brown

Ms Josephine Chitty

Prof Jonathan Serpell

### **Head of Plastic & Reconstructive Surgery Unit**

Mr David Hunter-Smith,

### **Deputy Director of Surgery & Director of Research**

Ms Marie Rostek

Mr Snehal Shah

Mr Mathew Lee

Mr David Syme

Ms Carmen Munteanu

Mr Marc Seifman

Mr George Pratt

Mr Peter McCombe

Mr Warren Rozen

### **Head of Orthopaedic Unit**

Mr Nigel Broughton  
Mr Peter Hamilton  
Mr Ian Young  
Mr Brad Crick  
Mr Richard Large  
Mr Theo Partsalis  
Mr Keith Winters  
Mr Sam Joseph  
Ms Amy Touzell  
  
Mr Adrian Pick

### **Head of Thoracic Unit**

Mr Sergei Mitnovetski  
Mr Wai-Leng Chue

### **Head of Vascular Unit**

Mr Charlie Last  
Mr George Somjen  
Mr Yew-Ming Kuan  
Mr Yahya Lahham  
Mr Justin Jedynek  
Mr Christopher Brooks  
Mr Robert Stunden

### **Head of Paediatric Surgery Unit**

Mr Paul Gilmore

### **Head of Urology Unit**

Mr Chee Wee Cham  
Mr Anuranda Jayathillake  
Mr Niall Corcoran  
Mr Phil Dundee  
Mr Heath Liddell  
Mr Diamo Diamantaris  
Mr Benjamin Thomas

### **Head of Ear, Nose & Throat Unit**

Mr Vibhuti Mahanta  
Mr Nalaka de Silva

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 postgraduate education available. The Surgical Forum is on Monday fortnightly from 0730-0830. Registrar teaching is 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. 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 Specialities 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)

### Position Title:

Emergency Intern

### Employment Type:

Rotational placement via Parent Hospital (Latrobe Regional Hospital/Peninsula Health)

### Reporting Relationship:

Responsible to the Director of Medical Services.

### Enterprise Agreement:

Victorian Public Health Sector Doctors in Training Enterprise Agreement 2018-2021

### Division:

Medical Services

### Classification:

Hospital Medical Officer Year 1 (HM11)

### Location:

West Gippsland Healthcare Group (Hospital Site)

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### Position Summary:

The Emergency Intern provides initial assessment and management of patients attending the Emergency Department. Under the direction of the Emergency Medicine Consultant, the interns and HMOs are expected to coordinate their activity to ensure that patients are seen to within required time frames and receive appropriate treatment for their presenting conditions. The position acknowledges the requirements of intern training and is structured to ensure exposure to the range of Emergency Department presentations, interactions with inpatient units and transfers as required.

### Organisation Overview:

The West Gippsland Healthcare Group (WGHG) is a sub-regional provider located in the Shire of Baw Baw, located approximately 100 kms east of Melbourne. Services include the Allied & Community Health Departments in Warragul and Trafalgar, Rawson Community Health Centre, Coinda Lodge Aged Care Residence (60 beds co-located with the hospital, Andrews House Aged Care Residence (51 beds in Trafalgar), Warragul Linen Service and West Gippsland Hospital. The Hospital has 96 beds and provides a broad range of services including acute medical and surgical, paediatric, obstetrics & gynaecology, emergency, aged care and community services. The primary catchment area is the Shire of Baw Baw, although patients also present from other Local Government Areas in Gippsland and outer Melbourne.



### Vision:

To improve the health and wellbeing of our community.

### Mission:

West Gippsland Healthcare Group is committed to the provision of high quality, integrated health care that meets the changing needs of individuals and our community.

### What we value:

**Our Customers:** Be committed to continuity of care for individual whilst recognising rights, responsibilities & participation.

**Our community:** Be responsible corporate citizen and neighbour in caring for our community and environment.

**Our Staff** We are committed to our staff's wellbeing and ongoing development.

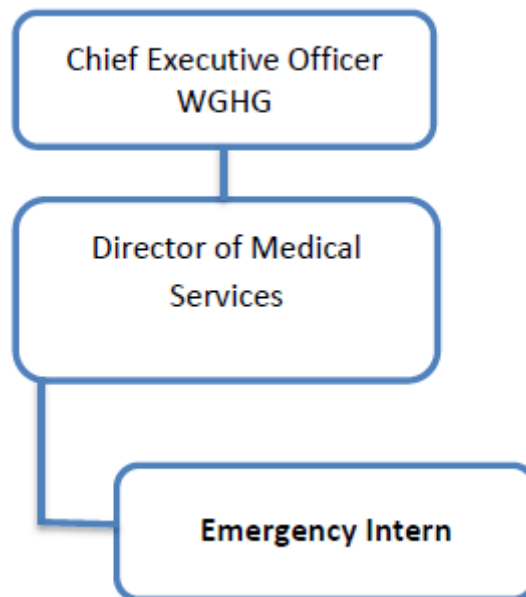
**Leadership** Be a role model in the planning and delivery of health services.

**Improving Performance** Ensure continuous quality improvement.

### Organisational Structure:

The Intern will report to the Director of Medical Services.

*Direct reporting line:*



The Emergency Intern will be required to liaise with:

- **Externally:** Patients and their families/carers, relevant consultants, other Medical networks;
- **Internally:** Other medical and Nursing staff, Allied Health, Consultants, Pharmacy, Pathology, radiology, medical Students, Interns and Administrative staff.

## Key Selection Criteria:

### Personal Attributes:

- Excellent communication both verbally and nonverbally;
- Work well with in a team environment;
- Effective time management;
- Willingness to learn and teach;
- Ability to work as part of a team as well as independently and under supervision.

### Mandatory Qualifications, Skills & Experience:

- MBBS or equivalent degree with registration with the Australian Health Practitioners Board of Australia (AHPRA);
- Australian Healthcare Experience, having worked in either a Hospital or similar environment;
- Demonstrated appropriate level experience and skills in the medical assessment and clinical management of patients;
- High level interpersonal and communication skill;
- Evidence of on-going professional development to continually update personal medical knowledge and skills.

### Key Responsibilities:

- Assess & treat patients in order of medical priority;
- To order all appropriate investigations of patients in consultation with the Consultant or Registrar on duty;
- Consult with the Consultant or Registrar in the event of a second opinion being required upon a patient. It is expected that the Intern will consult with a more senior doctor or paediatrician for all patients under the age of two (2) years of age;
- Organise transfer of patients to another hospital;
- Attend to the emergency department patients as the first priority except in the event of a medical emergency involving an inpatient;
- 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 clinical hand over for Emergency Interns rostered to the next shift in the Emergency Department;
- Attend scheduled handover sessions with all other Medical Officers;

- Participate in the emergency responses and disaster response of the hospital as set out in the emergency procedures manual;
- Participate in postgraduate educational activities as required;
- Participation in quality improvement activities as required;
- Undertake other duties as required from time to time.

### **Personnel Reporting to This Position:**

Not applicable.

### **Personal Responsibilities:**

- To work within the organisation's vision and mission;
- Comply with record keeping policies and standards;
- Comply with all Occupational Health & Safety Regulations;
- Comply with all legislative requirements;
- Uphold the organisation's commitment to providing patient centred care in a culturally aware and respectful manner;
- To complete mandatory training annually that has been identified as being a requirement of the position;
- To uphold the organisation's commitment to child safety and proactively manage the risks of abuse to children;
- Participate in continuous quality improvement;
- Ensure that effective lines of communication are maintained with key stakeholders;
- To participate in an annual performance appraisal every twelve (12) months;
- To practice Health Literacy principles in everyday practice;
- Actively seek feedback from Stakeholders (Health Professionals, Consumers, Carers & the Community).

### **Conditions of Employment:**

Employment subject to:

- Provision of satisfactory Police Record Check;
- Provision of valid Working with Children Check;

- Entitlement to work within Australia;
- 6 months' probationary period;
- Comply with all WGHG policies and procedures.